

RICK SCOTT GOVERNOR

#### Better Health Care for all Floridians

ELIZABETH DUDEK SECRETARY

#### **MEMORANDUM**

Date: June 13, 2013

To: Gay Munyon, Bureau Chief, Medicaid Contract Management

From: Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement

Subject: Retroactive Nursing Facility Per Diem Rates

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

|     | <u>Provider Name</u>                               | Provider      | Number of Rate |
|-----|--|---------------|----------------|
|     |  | <u>Number</u> | Change Notices |
| 1.  | Royal Manor  | 0 006489-00   | 2              |
| 2.  | The Crossings                                      | 0 028100-00   | 8              |
| 3.  | Cross Terrace Rehab Center                         | 0 028148-00   | 8              |
| 4.  | Grace Healthcare of Lake Wales                     | 0 034504-00   | 5              |
| 5.  | Cross Landings Health and Rehab                    | 0 042138-00   | 6              |
| 6.  | Crosswinds Health and Rehab                        | 0 042140-00   | 6              |
| 7.  | Crestview Rehabilitation Center                    | 0 044886-00   | 4              |
| 8.  | River Valley Rehabilitation Center                 | 0 044889-00   | 4              |
| 9.  | Homestead Manor A Palace Community                 | 0 046017-00   | 4              |
| 10. | Gulf Coast Village Care Center                     | 0 201120-00   | 17             |
| 11. | South Jacksonville                                 | 0 205630-00   | 2              |
| 12. | Morton Plant Rehabilitation Center                 | 0 206431-00   | 8              |
| 14. | John Knox Village Medical Center                   | 0 210285-00   | 4              |
| 15. | Emory L. Bennett Memorial Veterans Nursing Home    | 0 210889-00   | 5              |
| 16. | Oakhurst Care & Rehab center                       | 0 251721-00   | 4              |
| 17. | Sunset Point Care & Rehab Center                   | 0 253430-00   | 12             |
| 18. | Lakeside Pavillion Care & Rehab Center             | 0 256846-00   | 12             |
| 19. | MCHS Venice  | 0 309788-00   | 2              |
| 20. | Zephyrhills Health & Rehab Center Inc.             | 0 320404-00   | 6              |
| 21. | Sunbelt Health & Rehab Center – Apopka Inc.        | 0 320412-00   | 6              |
| 22. | Heartland Health Care Center of South Jacksonville | 0 325287-00   | 1              |
| 23. | ManorCare Health Services                          | 0 325473-00   | 2              |
|     |  | Total         | 128            |

If you have any questions regarding the above contact Thomas Parker at 412-4110.

TP/dm Attachments



| ſ                      |                      | Single Level     | Level H: AIDS    | Single Level     | Single Level                   | Peds under 21     | l                    | T  |
|------------------------|----------------------|------------------|------------------|------------------|--------------------------------|-------------------|----------------------|--|
|                        | Effective Date       | -                |                  |                  |                                |                   |                      |  |
| Provider               | Format               | Intermediate I   | Skilled AIDS     | Intermediate II  | i                              | 4 4               | MCM                  | Audit  |
| Number<br>000648900    | 20120701             | (IN1)<br>225.14  | (SKA)<br>374,35  | (IN2)<br>225.14  | <b>Skilled (SKD)</b><br>225.14 | Level U<br>494.10 | 73273-13             | Number   |
| 000648900              | 20130101             | 228.92           | 379.73           | 228.92           | 228.92                         | 500.77            | 73273-13             |  |
| 002810000              | 20100630             | 246.22           | 388.14           | 246.22           | 246.22                         | 502.02            | 73273-13             |  |
| 002810000              | 20100701             | 249.41           | 392.75           | 249.41           | 249.41                         | 507.78            | 73273-13             |  |
| 002810000              | 20110101             | 252.51           | 397.37           | 252.51           | 252.51                         | 513.62            | 73273-13             |  |
| 002810000              | 20110201             | 257.13           | 401.99           | 257.13           | 257.13                         | 518.24            | 73273-13             | ļ  |
| 002810000              | 20110701             | 248.25<br>250.09 | 394.45<br>397.70 | 248.25<br>250.09 | 248.25<br>250.09               | 511.78<br>516.16  | 73273-13<br>73273-13 | -  |
| 002810000              | 20120701             | 259.01           | 408.22           | 259.01           | 259.01                         | 527.97            | 73273-13             | ļ  |
| 002810000              | 20130101             | 254.85           | 405.66           | 254.85           | 254.85                         | 526.70            | 73273-13             |  |
| 002814800              | 20100630             | 214.61           | 356.53           | 214.61           | 214.61                         | 470.41            | 73273-13             |  |
| 002814800              | 20100701             | 217.66           | 361.00           | 217.66           | 217.66                         | 476.03            | 73273-13             | ļ  |
| 002814800<br>002814800 | 20110101             | 219.34<br>225.41 | 364.20<br>370.27 | 219.34<br>225.41 | 219.34<br>225.41               | 480.45<br>486.52  | 73273-13<br>73273-13 | ļ  |
| 002814800              | 20110201             | 217.61           | 363.81           | 217.61           | 217.61                         | 480.52            | 73273-13             |  |
| 002814800              | 20120101             | 218.98           | 366.59           | 218.98           | 218.98                         | 485.05            | 73273-13             |  |
| 002814800              | 20120701             | 226.76           | 375.97           | 226.76           | 226.76                         | 495.72            | 73273-13             |  |
| 002814800              | 20130101             | 213.13           | 363.94           | 213.13           | 213.13                         | 484.98            | 73273-13             |  |
| 003450400              | 20110309             | 200.93           | 345.79           | 200.93           | 200.93                         | 462.04            | 73273-13             |  |
| 003450400              | 20110701             | 192.45           | 338.65           | 192.45           | 192.45                         | 455.98            | 73273-13             | <u> </u>   |
| 003450400<br>003450400 | 20120101             | 195.35<br>201.27 | 342.96<br>350.48 | 195.35<br>201.27 | 195.35<br>201.27               | 461.42<br>470.23  | 73273-13<br>73273-13 | -  |
| 003450400              | 20120701             | 203.58           | 354.39           | 203.58           | 201.27                         | 475.43            | 73273-13             | <del> </del>                                     |
| 004213800              | 20110628             | 228.30           | 373.16           | 228.30           | 228.30                         | 489.41            | 73273-13             | <u> </u>   |
| 004213800              | 20110701             | 221.32           | 367.52           | 221.32           | 221.32                         | 484.85            | 73273-13             | 1  |
| 004213800              | 20120101             | 224.80           | 372.41           | 224.80           | 224.80                         | 490.87            | 73273-13.            |  |
| 004213800              | 20120201             | 227.81           | 375.42           | 227.81           | 227.81                         | 493.88            | 73273-13             |  |
| 004213800              | 20120701             | 235.53           | 384.74           | 235.53           | 235.53                         | 504.49            | 73273-13             | ļ  |
| 004213800<br>004214000 | 20130101<br>20110628 | 238.29<br>225.59 | 389.10<br>370.45 | 238.29<br>225.59 | 238.29<br>225.59               | 510.14<br>486.70  | 73273-13<br>73273-13 | <b>_</b>   |
| 004214000              | 20110028             | 218.96           | 365.16           | 218.96           | 218.96                         | 482.49            | 73273-13             |  |
| 004214000              | 20120101             | 222.45           | 370.06           | 222.45           | 222.45                         | 488.52            | 73273-13             | 1  |
| 004214000              | 20120201             | 228.24           | 375.85           | 228.24           | 228.24                         | 494.31            | 73273-13             |  |
| 004214000              | 20120701             | 236.07           | 385.28           | 236.07           | 236.07                         | 505.03            | 73273-13             |  |
| 004214000              | 20130101             | 238.14           | 388.95           | 238.14           | 238.14                         | 509.99            | 73273-13             | ļ  |
| 004488600<br>004488600 | 20120201             | 206.84<br>214.59 | 354.45<br>363.80 | 206.84<br>214.59 | 206.84<br>214.59               | 472.91<br>483.55  | 73273-13<br>73273-13 |  |
| 004488600              | 20120701             | 217.55           | 366.76           | 217.55           | 217.55                         | 486.51            | 73273-13             | <del> </del>                                     |
| 004488600              | 20130101             | 219.80           | 370.61           | 219.80           | 219.80                         | 491.65            | 73273-13             |  |
| 004488900              | 20120201             | 208.80           | 356.41           | 208.80           | 208.80                         | 474.87            | 73273-13             |  |
| 004488900              | 20120701             | 215.64           | 364.85           | 215.64           | 215.64                         | 484.60            | 73273-13             |  |
| 004488900              | 20120801             | 220.85           | 370.06           | 220.85           | 220.85                         | 489.81            | 73273-13             | ļ  |
| 004488900              | 20130101             | 222.36           | 373.17           | 222.36           | 222.36                         | 494.21            | 73273-13             | ļ  |
| 004601700              | 20111101<br>20120101 | 236.04<br>238.25 | 382.24<br>385.86 | 236.04<br>238.25 | 236.04<br>238.25               | 499.57<br>504.32  | 73273-13<br>73273-13 | <u> </u>   |
| 004601700              | 20120701             | 248.34           | 397.55           | 248.34           | 248.34                         | 517.30            | 73273-13             | <del>                                     </del> |
| 004601700              | 20130101             | 251.54           | 402.35           | 251.54           | 251.54                         | 523.39            | 73273-13             |  |
| 020112000              | 20070101             | 186.36           | 315.96           | 186.36           | 186.36                         | 419.95            | 73273-13             | NH11-097W  |
| 020112000              | 20070201             | 192.39           | 321.99           | 192.39           | 192.39                         | 425.98            | 73273-13             | NH11-097W  |
| 020112000              | 20070301             | 186.36           | 315.96<br>318.89 | 186.36<br>186.05 | 186.36                         | 419.95            | 73273-13             | NH11-097W  |
| 020112000              | 20070701<br>20080101 | 186.95<br>190.62 | 318.89           | 186,95<br>190.62 | 186.95<br>190.62               | 424.75<br>432.14  | 73273-13<br>73273-13 | NH11-097W<br>NH11-097W                           |
| 020112000              | 20080701             | 188.71           | 324.99           | 188.71           | 188.71                         | 434.34            | 73273-13             | NH11-097W  |
| 020112000              | 20090101             | 188.67           | 327.02           | 188.67           | 188.67                         | 438.03            | 73273-13             | NH11-097W  |
| 020112000              | 20090301             | 172.86           | 311.21           | 172.86           | 172.86                         | 422.22            | 73273-13             | NH11-097W  |
| 020112000              | 20090401             | 203.85           | 342.20           | 203.85           | 203.85                         | 453.21            | 73273-13             | NH11-097W  |
| 020112000              | 20090701             | 206.26           | 346,61           | 206.26           | 206.26                         | 459.23            | 73273-13             | NH11-097W  |
| 020112000              | 20100101             | 205.51<br>206.73 | 347.43<br>350.07 | 205.51<br>206.73 | 205.51<br>206.73               | 461.31<br>465.10  | 73273-13<br>73273-13 | NH11-097W<br>NH11-097W                           |
| 020112000              | 20100701             | 205.85           | 350.71           | 205.85           | 205.85                         | 466.96            | 73273-13             | NH11-097W  |
| 020112000              | 20110701             | 202.82           | 349.02           | 202.82           | 202.82                         | 466.35            | 73273-13             | NH11-097W  |
| 020112000              | 20120101             | 204.85           | 352.46           | 204.85           | 204.85                         | 470.92            | 73273-13             | NH11-097W  |
| 020112000              | 20120701             | 215.56           | 364.77           | 215.56           | 215.56                         | 484.52            | 73273-13             | NH11-097W  |
| 020112000              | 20130101             | 219.02           | 369.83           | 219.02           | 219.02                         | 490.87            | 73273-13             | NH11-097W  |
| 020563000              | 20070101             | 155.67           | 285.27           | 155.67           | 155.67                         | 389.26            | 73273-13             | NH11-120C  |
| 020563000              | 20070701             | 164.51           | 296.45           | 164.51           | 164.51                         | 402.31            | 73273-13             | NH11-120C  |

|                                 |                                | Single Level                      | Level H: AIDS         | Single Level             | Single Level     | Peds under 21    |                           |                          |
|---------------------------------|--------------------------------|-----------------------------------|-----------------------|--------------------------|------------------|------------------|---------------------------|--------------------------|
| Provider<br>Number<br>020643100 | Effective Date Format YYYYMMDD | Intermediate (<br>(IN1)<br>192.80 | Skilled AIDS<br>(SKA) | Intermediate II<br>(IN2) | Skilled (SKD)    | Level U          | MCM<br>number<br>73273-13 | Audit<br>Number          |
| 020643100                       | 20090101                       | 176.64                            | 331.15<br>314.99      | 192.80<br>176.64         | 192.80<br>176.64 | 442.16<br>426.00 | 73273-13                  | ļ                        |
| 020643100                       | 20090301                       | 212.63                            | 350.98                | 212.63                   | 212.63           | 461.99           | 73273-13                  |                          |
| 020643100                       | 20090701                       | 217.91                            | 358.26                | 217.91                   | 217.91           | 470.88           | 73273-13                  |                          |
| 020643100                       | 20100101                       | 220.04                            | 361.96                | 220.04                   | 220.04           | 475.84           | 73273-13                  |                          |
| 020643100                       | 20100701                       | 221.63                            | 364.97                | 221.63                   | 221.63           | 480.00           | 73273-13                  |                          |
| 020643100                       | 20110101                       | 226.12                            | 370.98                | 226.12                   | 226.12           | 487.23           | 73273-13                  |                          |
| 020643100                       | 20110701                       | 216.98                            | 363.18                | 216.98                   | 216.98           | 480.51           | 73273-13                  |                          |
| 021028500                       | 20100101                       | 203.56                            | 345.48                | 203.56                   | 203.56           | 459.36           | 73273-13                  |                          |
| 021028500                       | 20100701                       | 204.18                            | 347.52                | 204.18                   | 204.18           | 462.55           | 73273-13                  |                          |
| 021028500                       | 20110101                       | 214.77                            | 359.63                | 214.77                   | 214.77           | 475.88           | 73273-13                  |                          |
| 021028500                       | 20110701                       | 204.35                            | 350.55                | 204.35                   | 204.35           | 467.88           | 73273-13                  |                          |
| 021088900                       | 20090701                       | 216.90                            | 357.25                | 216.90                   | 216.90           | 469.87           | 73273-13                  | NH11-059L                |
| 021088900                       | 20100101                       | 217.08                            | 359.00                | 217.08                   | 217.08           | 472.88           | 73273-13                  | NH11-059L                |
| 021088900                       | 20100701                       | 217.88                            | 361.22                | 217.88                   | 217.88           | 476.25           | 73273-13                  | NH11-059L                |
| 021088900                       | 20110701                       | 215.67                            | 361.87                | 215.67                   | 215.67           | 479.20           | 73273-13                  | NH11-059L                |
| 021088900                       | 20120701                       | 226.48                            | 375.69                | 226.48                   | 226,48           | 495.44           | 73273-13                  | NH11-059L                |
| 025172100                       | 20080701                       | 163.48                            | 299.76                | 163.48                   | 163.48           | 409.11           | 73273-13<br>73273-13      | NH11- 115W               |
| 025172100<br>025172100          | 20090101<br>20090301           | 163.44<br>149.74                  | 301.79<br>288.09      | 163.44<br>149.74         | 163.44<br>149.74 | 412.80<br>399.10 | 73273-13                  | NH11- 115W<br>NH11- 115W |
| 025172100                       | 20090301                       | 182.80                            | 321.15                | 182.80                   | 182.80           | 432.16           | 73273-13                  | NH11- 115W               |
| 025343000                       | 20080701                       | 167.89                            | 304.17                | 167.89                   | 167.89           | 413.52           | 73273-13                  | NH11- 110W               |
| 025343000                       | 20090101                       | 169.64                            | 307.99                | 169.64                   | 169.64           | 419.00           | 73273-13                  | NH11- 110W               |
| 025343000                       | 20090301                       | 155.42                            | 293.77                | 155.42                   | 155.42           | 404.78           | 73273-13                  | NH11- 110W               |
| 025343000                       | 20090401                       | 192.36                            | 330.71                | 192.36                   | 192.36           | 441.72           | 73273-13                  | NH11- 110W               |
| 025343000                       | 20090701                       | 193.30                            | 333.65                | 193.30                   | 193.30           | 446.27           | 73273-13                  | NH11- 110W               |
| 025343000                       | 20100101                       | 195.28                            | 337.20                | 195.28                   | 195.28           | 451.08           | 73273-13                  | NH11- 110W               |
| 025343000                       | 20100701                       | 192.79                            | 336.13                | 192.79                   | 192.79           | 451.16           | 73273-13                  | NH11- 110W               |
| 025343000                       | 20110101                       | 195.23                            | 340.09                | 195.23                   | 195.23           | 456.34           | 73273-13                  | NH11- 110W               |
| 025343000                       | 20110701                       | 183.01                            | 329.21                | 183.01                   | 183.01           | 446.54           | 73273-13                  | NH11- 110W               |
| 025343000                       | 20120101                       | 186.02                            | 333.63                | 186.02                   | 186.02           | 452.09           | 73273-13                  | NH11- 110W               |
| 025343000                       | 20120701                       | 191.39                            | 340.60                | 191.39                   | 191.39           | 460.35           | 73273-13                  | NH11- 110W               |
| 025343000                       | 20130101                       | 193.49                            | 344.30                | 193.49                   | 193.49           | 465.34           | 73273-13                  | NH11- 110W               |
| 025684600                       | 20080701                       | 182.90                            | 319.18                | 182.90                   | 182.90           | 428.53           | 73273-13                  | NH11-112W                |
| 025684600                       | 20090101                       | 183.41                            | 321.76                | 183.41                   | 183.41           | 432.77           | 73273-13                  | NH11-112W                |
| 025684600                       | 20090301                       | 168.04                            | 306.39                | 168.04                   | 168.04           | 417.40           | 73273-13                  | NH11-112W                |
| 025684600                       | 20090401                       | 206.98                            | 345.33                | 206.98                   | 206.98           | 456.34           | 73273-13                  | NH11-112W                |
| 025684600                       | 20090701                       | 204.23                            | 344.58                | 204.23                   | 204.23           | 457.20           | 73273-13                  | NH11-112W                |
| 025684600                       | 20100101                       | 206.32<br>209.31                  | 348.24<br>352.65      | 206.32<br>209.31         | 206.32<br>209.31 | 462.12<br>467.68 | 73273-13<br>73273-13      | NH11-112W<br>NH11-112W   |
| 025684600                       | 20100701                       | 212.34                            | 357.20                | 212.34                   | 212.34           | 473.45           | 73273-13                  | NH11-112W                |
| 025684600                       | 20110701                       | 197.09                            | 343.29                | 197.09                   | 197.09           | 460.62           | 73273-13                  | NH11-112W                |
| 025684600                       | 20120101                       | 198.33                            | 345.94                | 198.33                   | 198.33           | 464.40           | 73273-13                  | NH11-112W                |
| 025684600                       | 20120701                       | 203.04                            | 352.25                | 203.04                   | 203.04           | 472.00           | 73273-13                  | NH11-112W                |
| 025684600                       | 20130101                       | 205.31                            | 356.12                | 205.31                   | 205.31           | 477.16           | 73273-13                  | NH11-112W                |
| 030978800                       | 20070101                       | 169.41                            | 299.01                | 169.41                   | 169.41           | 403.00           | 73273-13                  | NH11-124C                |
| 030978800                       | 20070701                       | 183.47                            | 315.41                | 183.47                   | 183.47           | 421.27           | 73273-13                  | NH11-124C                |
| 032040400                       | 20100701                       | 207.77                            | 351.11                | 207.77                   | 207.77           | 466.14           | 73273-13                  | NH11-010W                |
| 032040400                       | 20110101                       | 211.07                            | 355.93                | 211.07                   | 211.07           | 472.18           | 73273-13                  | NH11-010W                |
| 032040400                       | 20110701                       | 198.59                            | 344.79                | 198.59                   | 198.59           | 462.12           | 73273-13                  | NH11-010W                |
| 032040400                       | 20120101                       | 199.90                            | 347.51                | 199.90                   | 199.90           | 465.97           | 73273-13                  | NH11-010W                |
| 032040400                       | 20120701                       | 202.47                            | 351.68                | 202.47                   | 202.47           | 471.43           | 73273-13                  | NH11-010W                |
| 032040400                       | 20130101                       | 204.82                            | 355.63                | 204.82                   | 204.82           | 476.67           | 73273-13                  | NH11-010W                |
| 032041200                       | 20100701                       | 197.11                            | 340.45                | 197.11                   | 197.11           | 455.48           | 73273-13                  | NH11-009W                |
| 032041200                       | 20110101                       | 202.53                            | 347.39                | 202.53                   | 202.53           | 463.64           | 73273-13                  | NH11-009W                |
| 032041200                       | 20110701                       | 195.96                            | 342.16<br>345.82      | 195.96                   | 195.96           | 459.49           | 73273-13                  | NH11-009W                |
| 032041200<br>032041200          | 20120101<br>20120701           | 198.21<br>202.32                  | 345.82<br>351.53      | 198.21<br>202.32         | 198.21<br>202.32 | 464.28<br>471.28 | 73273-13<br>73273-13      | NH11-009W<br>NH11-009W   |
| 032041200                       | 20120701                       | 202.32                            | 355.49                | 202.32                   | 202.32           | 471.28           | 73273-13                  | NH11-009W                |
| 032528700                       | 20071220                       | 164.51                            | 296.45                | 164.51                   | 164.51           | 402.31           | 73273-13                  | NH11-120C                |
| 032547300                       | 20071220                       | 183.47                            | 315.41                | 183.47                   | 183.47           | 421.27           | 73273-13                  | NH11-124C                |
| 032547300                       | 20080101                       | 181.62                            | 315.62                | 181.62                   | 181.62           | 423.14           | 73273-13                  | NH11-124C                |
| -02071000                       |                                |                                   |                       |                          |                  |                  |                           |                          |



| Royal Manor   |   |              |  | Provider Number:   | 0 006489-00      |
|---|---|--------------|--|--|------------------|
| 600 Business Parkway  |   |              |  | Date:  | 6/12/2013        |
| Royal Palm Beach FL 33  | 411   |              |  | Fiscal Year End:   | 12/31/2011       |
|   |   |              |  | Audit Status:  | Unaudited [3]    |
| Provider Type:  |   |              |  | Audit Status.  | Onaddica [5]     |
| Trovides Types  |   | <u> </u>     | Current<br>Rate  | New<br>Rate  | Effective Date   |
| Nursing Home  | Single Level  |              | 223.33   | 225.14   | 7/1/2012         |
| I   | Level H: AIDS   |              | 372.54   | 374.35   | 7/1/2012         |
| I   | Level U: Fragile Under 21   |              | 492.29   | 494.10   | 7/1/2012         |
| Inte  | al Interim<br>rim Component<br>lement based on costs<br>r Provider Prospective data |              |  | e<br>Total Prospective<br>Prospective Adjusted<br>Total Prospective with |                  |
| Budget X Unaudited cost Field audited cost Field audit - in Desk audited c Desk Audit - In Desk Audit - P | costs<br>aterim portion<br>osts   | Changes:     | Usual and<br>Target Ra<br>FRVS Ch<br>Amended<br>Rate Sem | cl Cost Report FYE 1:<br>ester Change<br>[2] as of 01/01/1999            |                  |
| Contract Manageme   | ent / Fiscal Agent  |              | 10   | Thomas Parker  |                  |
| Permanent File For information No Change in   | on Only   | Med          | licaid Cost  | Reimbursement Plann  | ning and Finance |
| Home Office:  | Pensacola Administrative Se<br>2 North Palafox Street<br>Pensacola FI 32502         | ervices, LLC |  |  |                  |



| Royal Manor                             |                                 |              |                 | Provider Number:                      | 0 006489-00  |
|---|---------------------------------|--------------|-----------------|---------------------------------------|--|
| 600 Business Parkwa                     |                                 | -            |                 | Date:                                 | 6/12/2013  |
| Royal Palm Beach FI                     | . 33411                         | _            |                 | Fiscal Year End:                      | 12/31/2011   |
|   |                                 |              |                 | Audit Status:                         | Unaudited [3]  |
| Provider Type:                          |                                 |              |                 |                                       |  |
|   |                                 |              | Current<br>Rate | New<br>Rate                           | Effective<br>Date  |
| Nursing Home                            | Single Level                    |              | 226.54          |                                       | 1/1/2013   |
| ,                                       | Level H: AIDS                   |              | 377.35          | 379.73                                | 1/1/2013   |
|   | Level U: Fragile Under 21       |              | 498.39          | 500.77                                | 1/1/2013   |
|   |                                 |              |                 |                                       |  |
| Rate Type:                              |                                 |              |                 |                                       |  |
| Interim                                 |                                 | X            | Prospectiv      | re                                    |  |
|   | Total Interim                   |              |                 | Total Prospective                     |  |
|   | nterim Component                |              |                 | Prospective Adjusted                  |  |
| *************************************** | Settlement based on costs       |              |                 | Total Prospective with                | Interim Component  |
|   | Prior Provider Prospective data |              |                 |                                       |  |
| Basis:                                  |                                 | Changes:     |                 |                                       |  |
| Budget                                  |                                 |              | Licensure       | e Rating Change                       |  |
| X Unaudited of                          | costs                           |              |                 | d Customary Limitatio                 | n  |
| Field audite                            | · ·                             |              |                 | ate limitation change                 |  |
| Field audit                             | - interim portion               |              | FRVS Cl         | nange                                 |  |
| Desk audite                             |                                 | X            |                 | d Cost Report FYE 1                   | 2/31/2011  |
|   | - Interim Portion               |              |                 | lester Change<br>[2] as of 01/01/1999 |  |
|   | - Prospective portion           |              |                 | [2] as of 01/01/1999                  | THE STATE OF THE S |
| Distribution:                           | . / 71                          |              | 0               | Thomas Parker                         |  |
| _                                       | ement / Fiscal Agent            | Med          | licaid Cost     | Reimbursement Plant                   | ning and Finance   |
| Permanent File                          | w 0.1                           |              |                 |                                       |  |
| For inform                              | •                               |              |                 |                                       |  |
| No Chang                                | e in Kate                       |              |                 |                                       |  |
| Home Office:                            | Pensacola Administrative S      | ervices, LLC |                 |                                       |  |
|   | 2 North Palafox Street          |              |                 |                                       |  |
|   | Pensacola Fl 32502              |              |                 |                                       |  |
|   | ·                               |              |                 |                                       | ,  |



| The Crossings                                       | ·                         | _       |                       | Provider Number:  | 0 028100-00         |
|---|---------------------------|---------|-----------------------|---|---------------------|
| 4445 Pine Forest Driv                               | ve                        |         |                       | Date:   | 5/22/2013           |
| Lake Worth FL 33463                                 |                           | •       |                       | Fiscal Year End:  | 1/31/2011           |
|   |                           |         |                       | Audit Status:   | Unaudited [3]       |
| Provider Type:                                      |                           | _       | Current<br>Rate       | New<br>Rate   | Effective<br>Date   |
| Nursing Home  | Single Level              | _       | 241.26                |   | 6/30/2010           |
|   | Level H: AIDS             | _       | 383.18                | 388.14  | 6/30/2010           |
|   | Level U: Fragile Under 21 | -       | 497.06                | 502.02  | 6/30/2010           |
| Basis:  Budget X Unaudited of Field audited         |                           | Changes | Licensur-<br>Usual an | Total Prospective Prospective Adjusted Total Prospective wit  e Rating Change d Customary Limitatio ate limitation change | h Interim Component |
| Desk audite Desk audit -                            | _                         | X       | Rate Sen              | tlement FYE 1/31/20<br>nester Change<br>[2] as of 11/01/1988  | 11                  |
| <b>Distribution:</b>                                |                           |         | )-P                   | Thomas Parker   |                     |
| Contract Manage Permanent File For inform No Change | ·                         | Me      | edicaid Cos           | t Reimbursement Plan  | ning and Finance    |
| Home Office:  | 1 - No Home Office        |         |                       |   |                     |



| The Crossings   |   |          |  | Provider Number:   | 0 028100-00       |
|---|---|----------|--|--|-------------------|
| 4445 Pine Forest Drive                                |   |          |  | Date:  | 5/22/2013         |
| Lake Worth FL 33463                                   |   |          |  | Fiscal Year End:   | 1/31/2011         |
|   |   |          |  | Audit Status:  | Unaudited [3]     |
| Provider Type:  | •   |          |  | Audit Status.  | Ollandica [5]     |
| Trovidor Typer  |   |          | Current<br>Rate  | New<br>Rate  | Effective<br>Date |
| Nursing Home  | Single Level  |          | 243.68   | 249.41   | 7/1/2010          |
|   | Level H: AIDS   |          | 387.02   | 392.75   | 7/1/2010          |
|   | Level U: Fragile Under 21   |          | 502.05   | 507.78   | 7/1/2010          |
| In X Se   | otal Interim terim Component ettlement based on costs for Provider Prospective data | Changes: |  | Total Prospective Prospective Adjusted Total Prospective with  |                   |
| Desk audited Desk audit -                             | l costs interim portion   | X        | Usual and<br>Target Ra<br>FRVS Cl<br>Cost Sett<br>Rate Sem | e Rating Change I Customary Limitation the limitation change nange Element FYE 1/31/201 tester Change [2] as of 11/01/1988 |                   |
| Distribution:   | , J   |          | 7-50   | Thomas Parker  |                   |
| Contract Manager Permanent File For informa No Change | -   | Med      | licaid Cost  | Reimbursement Plant  | ning and Finance  |
| Home Office:  | 1 - No Home Office  |          | ,  |  |                   |



| The Crossings         |   |   |                                   | Provider Number:   | 0 028100-00         |
|-----------------------|---|---|-----------------------------------|--|---------------------|
| 4445 Pine Forest Driv | re  | -                                       |                                   | Date:  | 5/22/2013           |
| Lake Worth FL 33463   | 3   | _                                       |                                   | Fiscal Year End:   | 1/31/2011           |
|                       |   |   |                                   | Audit Status:  | Unaudited [3]       |
| Provider Type:        |   |   |                                   |  |                     |
| • •                   |   |   | Current                           | New  | Effective           |
|                       | ~   | _                                       | Rate                              | Rate   | Date                |
| Nursing Home          | Single Level  | *************************************** | 244.02                            |  | 1/1/2011            |
|                       | Level H: AIDS   |   | 388.88                            | 397.37   | 1/1/2011            |
|                       | Level U: Fragile Under 21                                   |   | 505.13                            | 513.62   | 1/1/2011            |
| I                     | Total Interim  Interim Component  Settlement based on costs |   |                                   | e Total Prospective Prospective Adjusted Total Prospective with        |                     |
|                       | rior Provider Prospective data                              |   |                                   | Total 1 Tospootivo Will  | The the things here |
| Basis:                | 1   | Changes:                                |                                   |  |                     |
|                       | ed costs - interim portion                                  |   | Usual and<br>Target Ra<br>FRVS Cl | •  |                     |
|                       | d costs - Interim Portion - Prospective portion             | X                                       | Rate Sem                          | t <b>lement FYE 1/31/20</b> 1<br>nester Change<br>[2] as of 11/01/1988 | 11                  |
| Distribution:         |   |   | 7-60                              | Thomas Parker  | •                   |
| Permanent File        | ement / Fiscal Agent sation Only e in Rate                  | Med                                     | dicaid Cost                       | Reimbursement Plan   | ning and Finance    |
| Home Office:          | 1 - No Home Office  |   |                                   | į  |                     |



| The Crossings         |  |           |             | Provider Number:                     | 0 028100-00         |
|-----------------------|--|-----------|-------------|--------------------------------------|---------------------|
| 4445 Pine Forest Driv | 7e   | -         |             | Date:                                | 5/22/2013           |
| Lake Worth FL 33463   | 3  | •         |             | Fiscal Year End:                     | 1/31/2011           |
|                       |  |           |             | Audit Status:                        | Unaudited [3]       |
| Provider Type:        |  |           |             |                                      |                     |
| •                     |  |           | Current     | New                                  | Effective           |
|                       |  |           | Rate        | Rate                                 | Date                |
| Nursing Home          | Single Level   | _         | 244.02      |                                      | 2/1/2011            |
|                       | Level H: AIDS  |           | 388.88      | 401.99                               | 2/1/2011            |
|                       | Level U: Fragile Under 21  |           | 505.13      | 518.24                               | 2/1/2011            |
| Rate Type:            |  | X         | Prospectiv  |                                      |                     |
|                       | Total Interim  | •         |             | Total Prospective                    |                     |
|                       | nterim Component   |           |             | Prospective Adjusted                 |                     |
|                       | Settlement based on costs Prior Provider Prospective data  |           |             | Total Prospective with               | i interim Component |
|                       | Tior From the Composition of the |           |             |                                      | -                   |
| Basis:                | !  | Changes:  | _           |                                      |                     |
| Budget                |  |           | Licensure   | Rating Change                        |                     |
| X Unaudited of        | costs  |           | -           | l Customary Limitatio                | n                   |
| Field audite          | ed costs   |           |             | ite limitation change                |                     |
|                       | - interim portion  |           | FRVS Ch     | •                                    |                     |
| Desk audite           | l l  | X         |             | lement FYE 1/31/201                  | 11                  |
|                       | - Interim Portion - Prospective portion  | -         | _           | ester Change<br>[2] as of 11/01/1988 |                     |
| Distribution:         |  |           | 20          | Thomas Parker                        |                     |
| <del>-</del>          | ement / Fiscal Agent   | Me        | dicaid Cost | Reimbursement Plant                  | ning and Finance    |
| Permanent File        |  |           |             |                                      |                     |
| For inform            | •  |           |             |                                      |                     |
| No Change             | e in Rate  |           |             |                                      |                     |
| Home Office:          | 1 - No Home Office   | . I A ROW |             |                                      |                     |
|                       |  |           |             | 1                                    |                     |
|                       |  |           |             |                                      |                     |
|                       |  |           |             |                                      |                     |



| The Crossings   |   |          | Provider Number:                                | 0 028100-00  |  |
|---|---|----------|---|--|--|
| 4445 Pine Forest Driv   | /e  | •        |   | Date:  | 5/22/2013                                |
| Lake Worth FL 33463   | 3   | •        |   | Fiscal Year End:   | 1/31/2011                                |
|   |   |          |   | Audit Status:  | Unaudited [3]                            |
| Provider Type:  |   |          | Current<br>Rate                                 | New<br>Rate  | Effective<br>Date                        |
| Nursing Home  | Single Level  |          | 232.87  |  | 7/1/2011                                 |
|   | Level H: AIDS   |          | 379.07  | 394.45   | 7/1/2011                                 |
|   | Level U: Fragile Under 21   |          | 496.40  | 511.78   | 7/1/2011                                 |
| X S   | Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data | X        |   | re<br>Total Prospective<br>Prospective Adjusted<br>Total Prospective with  |  |
| Desk audite Desk audit  | ed costs - interim portion  | Changes: | Licensure Usual and Target Ra FRVS CI Cost Sett | e Rating Change d Customary Limitation ate limitation change nange tlement FYE 1/31/201 lester Change [2] as of 11/01/1988 |  |
| Distribution:   |   |          | 700   | Thomas Parker  | V - / * * ****************************** |
| Contract Manage Permanent FileFor informNo Chang Home Office: | ·   | Me       | dicaid Cost                                     | Reimbursement Plann  | ning and Finance                         |



| The Crossings   |           |                 | Provider Number:                         | 0 028100-00         |  |
|---|-----------|-----------------|--|---------------------|--|
| 4445 Pine Forest Drive                                      |           |                 | Date:                                    | : 5/22/2013         |  |
| Lake Worth FL 33463   |           |                 | Fiscal Year End:                         | 1/31/2011           |  |
|   |           |                 | Audit Status:                            | Unaudited [3]       |  |
| Provider Type:  |           |                 | Addit Status.                            | Onaddica [5]        |  |
|   | •         | Current<br>Rate | New<br>Rate                              | Effective<br>Date   |  |
| Nursing Home Single Level                                   | _         | 232.73          | 250.09                                   | 1/1/2012            |  |
| Level H: AIDS   |           | 380.34          | 397.70                                   | 1/1/2012            |  |
| Level U: Fragile Under 21                                   |           | 498.80          | 516.16                                   | 1/1/2012            |  |
|   |           |                 |  |                     |  |
| Rate Type:  |           |                 |  |                     |  |
| Interim   | <u> X</u> | Prospective     |  |                     |  |
| Total Interim   |           |                 | Total Prospective                        | C. Niew Cout        |  |
| Interim Component   |           |                 | Prospective Adjusted                     |                     |  |
| X Settlement based on costs Prior Provider Prospective data |           |                 | Total Prospective with                   | i interim Component |  |
| Filoi Flovidei Flospective data                             |           | T               |  |                     |  |
| Basis:  | Changes:  |                 |  |                     |  |
| _ ,   |           | T :             | Dating Change                            |                     |  |
| Budget X Unaudited costs                                    |           |                 | Rating Change                            |                     |  |
| Field audited costs   | İ         |                 | Customary Limitatio te limitation change |                     |  |
| Field audit - interim portion                               |           | FRVS Ch         | _  |                     |  |
| Desk audited costs  | X         |                 | lement FYE 1/31/201                      | 11                  |  |
| Desk audit - Interim Portion                                |           |                 | ester Change                             |                     |  |
| Desk Audit - Prospective portion                            |           | On FRV [        | 2] as of 11/01/1988                      | ·                   |  |
| Distribution:   |           | 70              | Thomas Parker                            |                     |  |
| Contract Management / Fiscal Agent                          | Med       | licaid Cost     | Reimbursement Plans                      | ning and Finance    |  |
| Permanent File  |           |                 |  |                     |  |
| For information Only  |           |                 |  |                     |  |
| No Change in Rate   |           |                 |  |                     |  |
| Home Office: 1 - No Home Office                             |           |                 |  |                     |  |
|   |           |                 |  |                     |  |



| The Crossings  |   |            |   | Provider Number:   | 0 028100-00             |
|--|---|------------|---|--|-------------------------|
| 4445 Pine Forest Driv  | ve  |            |   | Date:  | 5/22/2013               |
| Lake Worth FL 3346   | 3   |            |   | Fiscal Year End:   | 1/31/2011               |
|  |   |            |   | Audit Status:  | Unaudited [3]           |
| Provider Type: Nursing Home  | Single Level  |            | Current Rate 240.07                           | New Rate <b>259.01</b>   | Effective Date 7/1/2012 |
|  | Level H: AIDS   |            | 389.28  | 408.22   | 7/1/2012                |
|  | Level U: Fragile Under 21   |            | 509.03  | 527.97   | 7/1/2012                |
| I  | Total Interim Interim Component Settlement based on costs Prior Provider Prospective data | X Changes: |   | e Total Prospective Prospective Adjusted Total Prospective with                            |                         |
| X Unaudited of Field audited of Field audited of Field audited Desk audited Desk audited Desk audited Desk audited | ed costs - interim portion  | X          | Target Ra<br>FRVS Cl<br>Cost Sett<br>Rate Sem | d Customary Limitation thange mange thement FYE 1/31/20 lester Change [2] as of 11/01/1988 |                         |
| Distribution: Contract Manage Permanent File   | ement / Fiscal Agent  | Med        | 8   | Thomas Parker Reimbursement Plan   | ning and Finance        |
| Home Office:   | 1 - No Home Office  |            |   |  |                         |



| The Crossings   |   |          |                             | Provider Number:  | 0 028100-00       |
|---|---|----------|-----------------------------|---|-------------------|
| 4445 Pine Forest Dri                                  |   |          |                             | Date:   | 5/22/2013         |
| Lake Worth FL 3346                                    | 3   | _        |                             | Fiscal Year End:  | 1/31/2012         |
|   |   |          |                             | Audit Status:   | Unaudited [3]     |
| Provider Type:  |   | _        | Current<br>Rate             | New<br>Rate   | Effective<br>Date |
| Nursing Home  | Single Level  | -        | 240.26                      | 254.85  | 1/1/2013          |
|   | Level H: AIDS   |          | 391.07                      | 405.66  | 1/1/2013          |
|   | Level U: Fragile Under 21   |          | 512.11                      |   | 1/1/2013          |
|   | Total Interim Interim Component Settlement based on costs Prior Provider Prospective data | <u> </u> |                             | e<br>Total Prospective<br>Prospective Adjusted<br>Total Prospective with                |                   |
| Basis:  |   | Change   | s:                          |   |                   |
| Budget X Unaudited Field audit Field audit Desk audit | ed costs<br>- interim portion   | X        | Usual and Target Ra FRVS Ch | e Rating Change I Customary Limitation the limitation change hange r 01/13 RS using FYI |                   |
|   | - Interim Portion<br>- Prospective portion  |          | Rate Sem                    | ester Change<br>[2] as of 11/01/1988  |                   |
| Distribution:   |   | ,        | 75                          | Thomas Parker   |                   |
| Permanent File  | ement / Fiscal Agent nation Only se in Rate   | M        | ledicaid Cost               | Reimbursement Plans   | ning and Finance  |
| Home Office:  | 1 - No Home Office  |          |                             |   |                   |



| Cross Terrace Rehabilitation Center              |  | Provider Number:                       | 0 028148-00         |
|--|--|--|---------------------|
| 1351 San Christopher Drive                       |  | Date:                                  | 5/29/2013           |
| Dunedin FL 34698                                 |  | Fiscal Year End:                       | 1/31/2011           |
|  |  | Audit Status:                          | Unaudited [3]       |
| Provider Type:                                   |  |  |                     |
| •  | Current<br>Rate  | New<br>Rate                            | Effective<br>Date   |
| Nursing Home Single Level                        | 213.28   |  | 6/30/2010           |
| Level H: AIDS                                    | 355.20   | 356.53                                 | 6/30/2010           |
| Level U: Fragile Under 21                        | 469.08   |  | 6/30/2010           |
| Rate Type :                                      |  |  |                     |
| X Interim  | Prospe   |  |                     |
| Total Interim                                    | Paris de la constante de la co | Total Prospective                      |                     |
| Interim Component                                | ***************************************  | Prospective Adjusted                   |                     |
| X Settlement based on costs                      |  | Total Prospective with                 | n Interim Component |
| Prior Provider Prospective data                  |  |  |                     |
| Basis:   | Changes:   |  |                     |
| Budget   | Licen  | sure Rating Change                     |                     |
| X Unaudited costs                                |  | and Customary Limitatio                | on                  |
| Field audited costs                              |  | t Rate limitation change               |                     |
| Field audit - interim portion                    |  | Change                                 |                     |
| Desk audited costs  Desk audit - Interim Portion |  | Settlement FYE 1/31/20 Semester Change | 11                  |
| Desk Audit - Prospective portion                 |  | RV [2] as of 10/01/1985                |                     |
| Distribution:                                    | 76   | Thomas Parker                          |                     |
| Contract Management / Fiscal Agent               | Medicaid C   | Cost Reimbursement Plan                | ning and Finance    |
| Permanent File                                   |  |  |                     |
| For information Only                             |  |  |                     |
| No Change in Rate                                |  |  |                     |
| Home Office: 1 - No Home Office                  |  |  |                     |



| Cross Terrace Rehabilitation Center 1351 San Christopher Drive |   |            | Provider Number:                           | 0 028148-00         |
|--|---|------------|--|---------------------|
|  |   | _          | Date:                                      | 5/29/2013           |
| Dunedin FL 34698   |   | -          | Fiscal Year End:                           | 1/31/2011           |
|  |   |            | Audit Status:                              | Unaudited [3]       |
| Provider Type:   |   |            | Audit Status.                              | Onaudica [5]        |
| Trovider Type.   |   | Curren     | t New                                      | Effective           |
|  |   | Rate       | Rate                                       | Date                |
| Nursing Home   | Single Level                            |            | <u>217.66</u>                              | 7/1/2010            |
|  | Level H: AIDS                           | 358.50     | 361.00                                     | 7/1/2010            |
|  | Level U: Fragile Under 21               | 473.53     | 3 476.03                                   | 7/1/2010            |
|  |   |            |  |                     |
| Rate Type:   |   |            |  |                     |
| X Interim  |   | Prospe     | ective                                     |                     |
| ,  | Total Interim                           |            | Total Prospective                          |                     |
|  | Interim Component                       |            | Prospective Adjusted                       |                     |
|  | Settlement based on costs               |            | Total Prospective wit                      | h Interim Component |
|  | Prior Provider Prospective data         |            |  |                     |
| Basis:   |   | Changes:   |  |                     |
| Budget   |   | Licen      | sure Rating Change                         |                     |
| X Unaudited  | costs                                   |            | and Customary Limitation                   | on .                |
| Field audit  | ed costs                                |            | et Rate limitation change                  |                     |
|  | - interim portion                       |            | S Change                                   |                     |
| Desk audite  | 1                                       |            | Settlement FYE 1/31/20                     | 11                  |
|  | - Interim Portion - Prospective portion |            | Semester Change<br>RV [2] as of 10/01/1985 |                     |
| Distribution:  |   |            | Thomas Parker                              |                     |
| Contract Manage  | ement / Fiscal Agent                    | Medicaid ( | Cost Reimbursement Plan                    | ming and Finance    |
| Permanent File   |   | Wicdicald  | cost Reimoursement i iai                   | ning and I manee    |
| For inform   | nation Only                             |            |  |                     |
| No Chang   | e in Rate                               |            |  |                     |
| Home Office:   | 1 - No Home Office                      |            |  |                     |
|  |   |            |  |                     |
|  | Í                                       |            |  |                     |
|  |   |            |  |                     |



| Cross Terrace Rehabilitation Center   |            |   | Provider Number:  | 0 028148-00             |
|---|------------|---|---|-------------------------|
| 1351 San Christopher Drive  |            |   | Date:   | 5/29/2013               |
| Dunedin FL 34698  |            |   | Fiscal Year End:  | 1/31/2011               |
|   |            |   | Audit Status:   | Unaudited [3]           |
| Provider Type:  Nursing Home Single Level   |            | Current Rate 218.34                               | New Rate  | Effective Date 1/1/2011 |
| Level H: AIDS   |            | 363.20  | 364.20  | 1/1/2011                |
| Level U: Fragile U  | Jnder 21   | 479.45  | 480.45  | 1/1/2011                |
| Rate Type:  X Interim Total Interim Component X Settlement based on component Prior Provider Prospection  Basis:  | ctive data | nanges:   | Total Prospective Prospective Adjusted to the Prospective with  |                         |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion |            | Usual and Target Ra FRVS Ch  X Cost Sett Rate Sem | Rating Change Customary Limitation te limitation change ange lement FYE 1/31/201 ester Change 2] as of 10/01/1985 |                         |
| Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office: 1 - No Home                           | Office     | Medicaid Cost                                     | Thomas Parker Reimbursement Plann   | ning and Finance        |



| Cross Terrace Rehabilitation   | Center  |             |   | Provider Number:  | 0 028148-00      |
|--|---|-------------|---|---|------------------|
| 1351 San Christopher Drive   |   | _           |   | Date:   | 5/29/2013        |
| Dunedin FL 34698   |   | -           |   | Fiscal Year End:  | 1/31/2011        |
|  | 1   |             |   | Audit Status:   | Unaudited [3]    |
| Provider Type:   |   |             |   | Addit Status.   | Chadared [5]     |
| - 10 (1001 1 ) pot   |   | (           | Current   | New   | Effective        |
|  |   | <del></del> | Rate  | Rate  | Date             |
| Nursing Home Sin   | gle Level   | -           | 218.34  |   | 2/1/2011         |
| Leve   | el H: AIDS  | 3           | 363.20  | 370.27  | 2/1/2011         |
| Leve   | el U: Fragile Under 21                                      |             | 479.45  | 486.52  | 2/1/2011         |
| X Settlem  | nterim Component ent based on costs ovider Prospective data | X Changes:  | ]   | e  Fotal Prospective  Prospective Adjusted to  Fotal Prospective with |                  |
| Budget X Unaudited costs Field audited costs Field audit - interi Desk audited costs Desk audit - Interi Desk Audit - Prosp  Distribution: | m portion<br>m Portion                                      | X           | Usual and<br>Target Ra<br>FRVS Ch<br>Cost Sett<br>Rate Seme | lement FYE 1/31/201<br>ester Change<br>2] as of 10/01/1985            |                  |
|  | T. 1.4  |             | 0   | Thomas Parker   |                  |
| Contract Management / Permanent File For information C No Change in Ra   | Only<br>te  | Med         | icaid Cost  | Reimbursement Plann   | ning and Finance |
| Home Office:   | 1 - No Home Office  |             | •   |   |                  |



| Cross Terrace Rehabi                    | ilitation Center                |   |             | Provider Number:   | 0 028148-00       |
|---|---------------------------------|---|-------------|--|-------------------|
| 1351 San Christopher                    | r Drive                         |   |             | Date:  | 5/29/2013         |
| Dunedin FL 34698                        |                                 |   |             | Fiscal Year End:   | 1/31/2011         |
|   |                                 |   |             | Audit Status:  | Unaudited [3]     |
| Provider Type:                          |                                 |   |             | A AMOUNT IS CONTROL OF THE PARTY IS CONTROL OF THE PAR |                   |
| • •                                     |                                 | ,                                       | Current     | New  | Effective         |
|   |                                 |   | Rate        | Rate   | Date              |
| Nursing Home                            | Single Level                    |   | 210.97      |  | 7/1/2011          |
|   | Level H: AIDS                   |   | 357.17      | 363.81   | 7/1/2011          |
|   | Level U: Fragile Under 21       |   | 474.50      | 481.14   | 7/1/2011          |
|   |                                 |   |             |  |                   |
| Rate Type :                             |                                 | *************************************** |             |  |                   |
| Interim                                 |                                 | X                                       | Prospectiv  | 'e   |                   |
|   | Γotal Interim                   |   |             | Total Prospective  |                   |
|   | Interim Component               |   |             | Prospective Adjusted:  |                   |
|   | Settlement based on costs       |   |             | Total Prospective with   | Interim Component |
| F                                       | Prior Provider Prospective data |   |             |  |                   |
| Basis:                                  |                                 | Changes:                                |             |  |                   |
| Dudaat                                  |                                 |   | Licensure   | e Rating Change  |                   |
| Budget  X Unaudited                     | costs                           |   |             | d Customary Limitatio  | n                 |
| Field audite                            | Į.                              |   |             | ate limitation change  |                   |
| Field audit                             | - interim portion               |   | FRVS Cl     | nange  |                   |
| Desk audite                             | ed costs                        | X                                       | Cost Sett   | tlement FYE 1/31/201   | 11                |
| *************************************** | - Interim Portion               |   |             | ester Change   |                   |
|   | - Prospective portion           |   | OHERV       | [2] as of 10/01/1985   |                   |
| Distribution:                           |                                 | /                                       | 7           | Thomas Parker  |                   |
| _                                       | ement / Fiscal Agent            | Me                                      | dicaid Cost | Reimbursement Plant  | ning and Finance  |
| Permanent File                          |                                 |   |             |  |                   |
| For inform                              | •                               |   |             |  |                   |
| No Chang                                | e in Rate                       |   |             |  |                   |
| Home Office:                            | 1 - No Home Office              |   |             |  |                   |
|   |                                 |   |             |  |                   |
|   |                                 |   |             |  |                   |
|   |                                 |   |             |  |                   |



| Cross Terrace Rehabilitation Center   |             |  | Provider Number:  | 0 028148-00             | )  |
|---|-------------|--|---|-------------------------|----|
| 1351 San Christopher Drive  |             |  | Date:   | 5/29/2013               |    |
| Dunedin FL 34698  | <del></del> |  | Fiscal Year End:  | 1/31/2011               |    |
|   |             |  | Audit Status:   | Unaudited [3            | ;] |
| Provider Type:  Nursing Home Single Level   |             | Current Rate 212.10  | New Rate 218.98   | Effective Date 1/1/2012 |    |
| Level H: AIDS   |             | 359.71   | 366.59  | 1/1/2012                |    |
| Level U: Fragile Under 21   | _           | 478.17   | 485.05  | 1/1/2012                |    |
| Interim  Total Interim  Interim Component  X Settlement based on costs  Prior Provider Prospective data  Basis:   | X Changes:  |  | e Total Prospective Prospective Adjusted: Total Prospective with  |                         | t  |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion | X           | Usual and<br>Target Ra<br>FRVS CI<br>Cost Sett<br>Rate Sem | e Rating Change I Customary Limitation the limitation change hange Element FYE 1/31/201 ester Change [2] as of 10/01/1985 |                         |    |
| Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office: 1 - No Home Office                 | Me          | dicaid Cost  | Thomas Parker Reimbursement Plant   | ning and Finance        | _  |
| Home Office: 1 - No Home Office   |             |  |   |                         |    |



| Cross Terrace Rehabilitation Center 1351 San Christopher Drive |   |         |   | Provider Number:  | 0 028148-00      |
|--|---|---------|---|---|------------------|
|  |   |         | Date:   |   | 5/29/2013        |
| Dunedin FL 34698   |   |         |   | Fiscal Year End:  | 1/31/2011        |
|  |   |         |   | Audit Status:   | Unaudited [3]    |
| Provider Type:   |   |         | Current<br>Rate                                 | New<br>Rate   | Effective Date   |
| Nursing Home   | Single Level  | _       | 219.70  | 226.76  | 7/1/2012         |
|  | Level H: AIDS   |         | 368.91  | 375.97  | 7/1/2012         |
|  | Level U: Fragile Under 21   | -       | 488.66  | 495.72  | 7/1/2012         |
| Data Type  |   |         |   |   |                  |
| X  | Total Interim Interim Component Settlement based on costs Prior Provider Prospective data | X       | ]   | e<br>Fotal Prospective<br>Prospective Adjusted<br>Fotal Prospective with  |                  |
| Basis:   |   | Changes | :   |   | ·                |
| Desk audite<br>Desk audit                                      | ed costs - interim portion  | X       | Usual and Target Ra FRVS Ch Cost Sett Rate Semi | Rating Change Customary Limitation te limitation change ange lement FYE 1/31/201 ester Change 2] as of 10/01/1985 |                  |
| Distribution:  |   |         | フかう   | Thomas Parker   | - 1              |
| Permanent File   | ement / Fiscal Agent nation Only se in Rate   | M       | edicaid Cost                                    | Reimbursement Plans   | ning and Finance |
| Home Office:   | 1 - No Home Office  | ,       |   |   |                  |



| Cross Terrace Rehabilitation Center  |   | Provider Number:   | 0 028148-00             |
|--|---|--|-------------------------|
| 1351 San Christopher Drive   |   | Date:  | 5/29/2013               |
| Dunedin FL 34698   |   | Fiscal Year End:   | 1/31/2012               |
|  |   | Audit Status:  | Unaudited [3]           |
| Provider Type:  Nursing Home Single Level  | Current Rate 220.37                               | New Rate 213.13  | Effective Date 1/1/2013 |
| Level H: AIDS  | 371.18  | 363.94   | 1/1/2013                |
| Level U: Fragile Under 21  | 492.22  | 484.98   | 1/1/2013                |
| Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  |   | e<br>Fotal Prospective<br>Prospective Adjusted t<br>Fotal Prospective with   |                         |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: | Usual and Target Ra FRVS Ch  X Retro for Rate Sem | Rating Change Customary Limitation Relimitation change Rating Change Relimitation chan | •                       |
| Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  1 - No Home Office  | Medicaid Cost                                     | Reimbursement Plann  | ning and Finance        |



| Grace Healthcare of Lak  | e Wales   |          |  | Provider Number:                 | 0 034504-00             |  |
|--|---|----------|--|----------------------------------|-------------------------|--|
| 730 North Scenic Highway   |   |          |  | Date:                            | 5/29/2013               |  |
| Lake Wales FL 33853  |   |          |  | Fiscal Year End:                 | 12/31/2011              |  |
|  |   |          |  | Audit Status:                    | Unaudited [3]           |  |
| Provider Type: Nursing Home  | Single Level  |          | Current Rate 211.52  | New Rate 200.93                  | Effective Date 3/9/2011 |  |
| Truising Home  |   |          | 211.52   |                                  | 3/9/2011                |  |
| ]  | Level H: AIDS   |          | 356.38   | 345.79                           | 3/9/2011                |  |
| ]  | Level U: Fragile Under 21   | _        | 472.63   | 462.04                           | 3/9/2011                |  |
| Rate Type:  X Interim Total  | al Interim  |          | Prospectiv   | e<br>Fotal Prospective           |                         |  |
|  | rim Component   |          |  | Prospective Adjusted i           | for New Costs           |  |
| X Sett   | lement based on costs   |          | ,  | Total Prospective with           | Interim Component       |  |
| Prio   | r Provider Prospective data   |          |  |                                  |                         |  |
| Basis:   |   | Changes: |  |                                  |                         |  |
| Budget  X Unaudited cost Field audited cost Field audit - in Desk audited cost Desk audited cost | costs Interim portion Costs Interim Portion   | X        | Usual and<br>Target Ra<br>FRVS Ch<br>Cost Sett<br>Rate Sem | lement FYE 12/31/20 ester Change |                         |  |
|  | rospective portion  |          | OHFRV  | 2] as of 03/09/2011              |                         |  |
| <b>Distribution:</b>   |   |          | 8  | <b>Thomas Parker</b>             |                         |  |
| Contract Management Permanent FileFor information No Change in                                   | on Only   | Med      | licaid Cost  | Reimbursement Plann              | ning and Finance        |  |
| Home Office:   | Grace Healthcare, Inc<br>Randy Martin<br>7201 Shallowford Rd, STE 200<br>Chattanooga TN 37421 |          |  |                                  |                         |  |



| Grace Healthcare of Lak  | re Wales   |          |                        | Provider Number:  | 0 034504-00       |
|--|--|----------|------------------------|---|-------------------|
| 730 North Scenic Highw   | /ay  |          |                        | Date:   | 5/29/2013         |
| Lake Wales FL 33853  |  |          |                        | Fiscal Year End:  | 12/31/2011        |
|  |  |          |                        | Audit Status:   | Unaudited [3]     |
| Provider Type: Nursing Home                                    | Single Level   |          | Current Rate 202.36    | New Rate 192.45   | Effective         |
| ;  | Level H: AIDS  |          | 348.56                 | 338.65  | 7/1/2011          |
| ;  | Level U: Fragile Under 21  |          | 465.89                 | 455.98  | 7/1/2011          |
| Inte X Sett  |  | Changes: | Licensure<br>Usual and | e Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitatio Ite limitation change | Interim Component |
| Field audit - ir Desk audited c Desk audit - In Desk Audit - P | costs  | X        | Rate Sem               | ange<br>lement FYE 12/31/20<br>ester Change<br>[2] as of 03/09/2011   | 911               |
| Distribution:  |  |          | 20                     | Thomas Parker   |                   |
| Contract Manageme Permanent File For information No Change in  | on Only  | Med      | licaid Cost            | Reimbursement Plann   | ning and Finance  |
| Home Office:   | Grace Healthcare, Inc Randy Martin 7201 Shallowford Rd, STE 200 Chattanooga TN 37421 |          |                        |   |                   |



| Grace Healthcare of Lake  | Wales   |                   |  | Provider Number:  | 0 034504-00       |  |
|---|---|-------------------|--|---|-------------------|--|
| 730 North Scenic Highway  | У   |                   |  | Date:   | 5/29/2013         |  |
| Lake Wales FL 33853   |   |                   |  | Fiscal Year End:  | 12/31/2011        |  |
|   |   |                   |  | Audit Status:   | Unaudited [3]     |  |
| Provider Type:  |   |                   |  |   |                   |  |
| -   |   | (                 | Current<br>Rate  | New<br>Rate   | Effective<br>Date |  |
| Nursing Home Si   | ingle Level   |                   | 202.08   | 195.35  | 1/1/2012          |  |
| Le  | evel H: AIDS  |                   | 349.69   | 342.96  | 1/1/2012          |  |
| Le  | evel U: Fragile Under 21  |                   | 468.15   | 461.42  | 1/1/2012          |  |
| Interio   | Interim m Component ment based on costs Provider Prospective data                             | X Changes:        | I  | e Fotal Prospective Prospective Adjusted to Fotal Prospective with  |                   |  |
| Budget X Unaudited costs Field audited cost Field audit - inte Desk audit - Inte Desk Audit - Pro | erim portion<br>sts<br>crim Portion   | X                 | Usual and<br>Target Ra<br>FRVS Ch<br>Cost Settl<br>Rate Seme<br>On FRV [ | Rating Change Customary Limitation te limitation change ange lement FYE 12/31/20 ester Change 2] as of 03/09/2011 |                   |  |
| Distribution: Contract Management   | t / Fiscal Agent  | Med               | licaid Cost  | Thomas Parker Reimbursement Plant   | ning and Finance  |  |
| Permanent FileFor informationNo Change in F   | •   |                   |  |   |                   |  |
| Home Office:  | Grace Healthcare, Inc<br>Randy Martin<br>7201 Shallowford Rd, STE 200<br>Chattanooga TN 37421 | The second second |  |   |                   |  |



| Date:   5/29/2013   Lake Wales FL 33853   Fiscal Year End:   12/31/2011  | Grace Healthcare of Lak | te Wales                     |   |             | Provider Number:                        | 0 034504-00         |
|--|-------------------------|------------------------------|---|-------------|---|---------------------|
| Provider Type:    Nursing Home   Single Level   Single   Single Level   Single Le |                         | /ay                          |   |             | Date:                                   | 5/29/2013           |
| Provider Type:    Current   New   Rate   Date  | Lake Wales FL 33853     |                              |   |             | Fiscal Year End:                        | 12/31/2011          |
| Provider Type:   Nursing Home   Single Level   206.83   201.27   7/1/2012     Level H: AIDS   356.04   350.48   7/1/2012     Level U: Fragile Under 21   475.79   470.23   7/1/2012     Rate Type :  |                         |                              |   |             |   |                     |
| Nursing Home  Single Level  Level H: AIDS Level U: Fragile Under 21  Level U: Fragile Under 21  Level U: Fragile Under 21  A75.79  A70.23  A71/2012   Rate Type:  Interim  Total Interim  Total Interim  Interim Component  X Prospective  Prospective Adjusted for New Costs  X Settlement based on costs  Prior Provider Prospective data   Basis:  Changes:  Changes:  Licensure Rating Change  Usual and Customary Limitation  Target Rate limitation change  Field audited costs  Field audited costs  Field audit - Interim portion  Desk audited - Prospective portion  Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Grace Healthcare, Inc   | Provider Type:          |                              |   |             | 1 |                     |
| Level H: AIDS   356.04   350.48   7/1/2012   | •                       |                              | •                                       |             |   |                     |
| Level H: AIDS Level U: Fragile Under 21    A75.79  | NI                      | Cinala I anal                | =010-                                   |             |   |                     |
| Rate Type:  Interim  Total Interim  Interim Component  Interim Component  Prospective Adjusted for New Costs  Total Prospective with Interim Component  Prior Provider Prospective data  Basis:    Changes:  | Nursing Home            | Single Level                 |   | 206.83      |   | 7/1/2012            |
| Interim  |                         | Level H: AIDS                |   | 356.04      | 350.48                                  | 7/1/2012            |
| Interim  Total Interim  Interim Component  Interim Component  X Settlement based on costs  Prior Provider Prospective data    Basis:   |                         | Level U: Fragile Under 21    |   | 475.79      | 470.23                                  | 7/1/2012            |
| Interim  Total Interim  Interim Component  Interim Component  X Settlement based on costs  Prior Provider Prospective data    Basis:   | Rate Type :             |                              | 177000000000000000000000000000000000000 |             |   |                     |
| Interim Component X Settlement based on costs Prior Provider Prospective data    Basis:  |                         |                              | X                                       | Prospective | e                                       |                     |
| Budget   | Tot                     | al Interim                   |   |             | Total Prospective                       |                     |
| Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  X Cost Settlement FYE 12/31/2011 Rate Semester Change On FRV [2] as of 03/09/2011  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance   | Inte                    | erim Component               |   |             |   |                     |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  X Cost Settlement FYE 12/31/2011 Rate Semester Change On FRV [2] as of 03/09/2011  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  | X Sett                  | lement based on costs        |   |             | Total Prospective with                  | 1 Interim Component |
| Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Licensure Rating Change Usual and Customary Limitation FRVS Change  V Cost Settlement FYE 12/31/2011 Rate Semester Change On FRV [2] as of 03/09/2011  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance  | Pric                    | or Provider Prospective data |   |             |   |                     |
| X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Usual and Customary Limitation Target Rate limitation change  FRVS Change  X Cost Settlement FYE 12/31/2011 Rate Semester Change On FRV [2] as of 03/09/2011  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance   | Basis:                  |                              | Changes:                                |             |   | The Market Co.      |
| X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Usual and Customary Limitation Target Rate limitation change  FRVS Change  X Cost Settlement FYE 12/31/2011 Rate Semester Change On FRV [2] as of 03/09/2011  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance   | Rudget                  |                              |   | Licensure   | Rating Change                           |                     |
| Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Target Rate limitation change  FRVS Change  X Cost Settlement FYE 12/31/2011  Rate Semester Change On FRV [2] as of 03/09/2011  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance  |                         | ts                           |   |             |   | n                   |
| Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  X Cost Settlement FYE 12/31/2011 Rate Semester Change On FRV [2] as of 03/09/2011  Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance   | Field audited of        | costs                        |   |             |   |                     |
| Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  Rate Semester Change On FRV [2] as of 03/09/2011  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  |                         | ,                            |   |             | -                                       |                     |
| Desk Audit - Prospective portion  On FRV [2] as of 03/09/2011  Thomas Parker  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  Grace Healthcare, Inc  |                         |                              | X                                       |             |   | 011                 |
| Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance  |                         | i                            |   |             | ~                                       |                     |
| Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance  |                         | Posses                       | 7.                                      | 8           |   |                     |
| Permanent File  For information Only  No Change in Rate  Home Office: Grace Healthcare, Inc  | Contract Manageme       | ent / Fiscal Agent           | Med                                     | licaid Cost | Reimhursement Plant                     | ning and Finance    |
| No Change in Rate  Home Office: Grace Healthcare, Inc  | Permanent File          |                              | 1120                                    | ivalo cost  |   | ang bita i mailee   |
| Home Office: Grace Healthcare, Inc   | For information         | on Only                      |   |             |   |                     |
| TAME CAMP.   | No Change in            | n Rate                       |   |             |   |                     |
|  | Home Office:            | Grace Healthcare, Inc        |   |             |   |                     |
|  |                         | Randy Martin                 |   |             | ;                                       |                     |
| 7201 Shallowford Rd, STE 200   |                         |                              |   |             |   |                     |
| Chattanooga TN 37421   |                         | Chattanooga TN 3/421         |   |             |   |                     |



| Grace Healthcare of Lak  | e Wales  |          |  | Provider Number:  | 0 034504-00             |
|--|--|----------|--|---|-------------------------|
| 730 North Scenic Highw   | ay   |          |  | Date:   | 5/29/2013               |
| Lake Wales FL 33853  |  |          |  | Fiscal Year End:  | 12/31/2011              |
|  |  |          |  | Audit Status:   | Unaudited [3]           |
| Provider Type: Nursing Home  | Single Level   |          | Current Rate 206.99  | New Rate 203.58   | Effective Date 1/1/2013 |
|  | Level H: AIDS<br>Level U: Fragile Under 21   | A100000  | 357.80<br>478.84   | <u>354.39</u><br><u>475.43</u>  | 1/1/2013                |
| Rate Type :  |  |          |  |   |                         |
| Inte X Sett  | al Interim<br>rim Component<br>lement based on costs<br>or Provider Prospective data | <u>X</u> | P  | otal Prospective rospective Adjusted to otal Prospective with   |                         |
| Basis:  Budget X Unaudited cost Field audited cost Field audit - in Desk audit - In Desk Audit - P | costs aterim portion costs   | Changes: | Licensure Usual and Target Rat FRVS Cha Cost Settl Rate Seme | Rating Change Customary Limitation te limitation change ange ement FYE 12/31/20 ster Change 2] as of 03/09/2011 |                         |
| Distribution:  Contract Management Permanent File  | ent / Fiscal Agent   | Med      | 9  | Thomas Parker Reimbursement Plant   | ning and Finance        |
| For information No Change in Home Office:  | ·  |          |  |   |                         |
|  | Chattanooga TN 37421   |          | •  | !   |                         |



| Cross Landings Health and Rehab                   |  |                 | Pro      | vider Numbe         | r: 0 042           | 138-00   |
|---|--|-----------------|----------|---------------------|--------------------|----------|
| 1780 N Jefferson Street                           |  |                 |          | Date                | e: 5/24/           | /2013    |
| Monticello FL 32344                               |  |                 | Fis      | cal Year End        | : 1/31/            | 2012     |
|   |  |                 |          | Audit Status        | s: Unaud           | ited [3] |
| Provider Type:                                    |  |                 |          |                     |                    |          |
|   |  | Current<br>Rate |          | New                 | Effective<br>Date  |          |
| Nursing Home Single Level                         |  | 228.97          | *****    | Rate 228.30         | 6/28/2011          |          |
|   |  |                 |          |                     | <u> </u>           | Announce |
| Level H: AIDS                                     |  | 373.83          | _        | 373.16              | 6/28/2011          |          |
| Level U: Fragile Under 21                         | · -                                    | 490.08          | 4        | 489.41              | 6/28/2011          |          |
|   |  |                 |          |                     |                    |          |
| Rate Type:  |  |                 | 1 2      |                     |                    |          |
| X Interim   |  | Prospectiv      | /e       |                     |                    |          |
| Total Interim                                     |  |                 |          | Prospective         |                    |          |
| Interim Component                                 |  |                 |          | _                   | ed for New Costs   |          |
| X Settlement based on costs                       |  |                 | Total 1  | Prospective w       | th Interim Comp    | onent    |
| Prior Provider Prospective data                   |  |                 |          |                     |                    | 4        |
| Basis:  | Changes:                               |                 |          |                     |                    |          |
|   |  |                 |          |                     |                    |          |
| Budget  |  |                 |          | g Change            |                    |          |
| X Unaudited costs                                 |  | _               |          | omary Limita        |                    |          |
| Field audited costs                               |  | FRVS Cl         |          | itation change      | 5                  |          |
| Field audit - interim portion  Desk audited costs |  | •               | <u> </u> | A 1015 ZHO 4 /04 /0 | 1012               |          |
| Desk audit - Interim Portion                      | X                                      | Rate Sem        |          | t FYE 1/31/2        | 2012               |          |
| Desk Audit - Prospective portion                  |  |                 |          | of 04/01/2009       | )                  |          |
| Distribution:                                     |  | 7-18            | )        | mas Parker          |                    |          |
| Contract Management / Fiscal Agent                | —————————————————————————————————————— | dicaid Cost     | Paimi    | nursement Dis       | anning and Finance |          |
| Permanent File                                    | . IVIC                                 | dicaid Cost     | Cum      | ourscinem r ic      | mining and I main  |          |
| For information Only                              |  |                 |          |                     |                    |          |
| No Change in Rate                                 |  |                 |          |                     |                    |          |
| Home Office: 1 - No Home Office                   |  |                 |          | ,                   |                    |          |
| Home Office.                                      |  |                 |          |                     |                    |          |
|   |  |                 |          |                     |                    | -        |
|   |  |                 |          |                     |                    |          |
|   |  |                 |          |                     |                    |          |



| Cross Landings Healt  | th and Rehab                    |          |   | Provider Number:                        | 0 042138-00       |
|-----------------------|---------------------------------|----------|---|---|-------------------|
| 1780 N Jefferson Stre | <del></del>                     | <b>-</b> |   | Date:                                   | 5/24/2013         |
| Monticello FL 32344   |                                 | -        |   | Fiscal Year End:                        | 1/31/2012         |
|                       |                                 |          |   | Audit Status:                           | Unaudited [3]     |
| Provider Type:        | •                               |          |   |   |                   |
|                       |                                 |          | Current<br>Rate                         | New<br>Rate                             | Effective Date    |
| Nursing Home          | Single Level                    |          | 222.04                                  |   | 7/1/2011          |
|                       | Level H: AIDS                   |          | 368.24                                  | 367.52                                  | 7/1/2011          |
|                       | Level U: Fragile Under 21       |          | 485.57                                  | 484.85                                  | 7/1/2011          |
|                       |                                 |          |   |   |                   |
| Rate Type:            |                                 |          | •                                       |   |                   |
| X Interim             |                                 |          | Prospective                             | ;                                       |                   |
|                       | Total Interim                   |          | *************************************** | otal Prospective                        |                   |
| *******               | nterim Component                |          | *************************************** | rospective Adjusted                     |                   |
|                       | Settlement based on costs       |          | T                                       | otal Prospective with                   | Interim Component |
| P                     | Prior Provider Prospective data |          |   |   |                   |
| Basis:                |                                 | Change   | s:                                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | •                 |
| Budget                |                                 |          | Licensure                               | Rating Change                           | the second        |
| X Unaudited of        | costs                           |          |   | Customary Limitation                    | <b>n</b> .        |
| Field audite          |                                 |          |   | e limitation change                     |                   |
|                       | - interim portion               |          | FRVS Cha                                | -                                       | •                 |
| Desk audite           | d costs - Interim Portion       | <u> </u> |   | ement FYE 1/31/201<br>ster Change       |                   |
|                       | - Prospective portion           | -        |   | 2] as of 04/01/2009                     |                   |
| Distribution:         |                                 |          | 200                                     | Thomas Parker                           |                   |
| Contract Manage       | ment / Fiscal Agent             |          | [edicaid Cost ]                         | Reimbursement Plann                     | ning and Finance  |
| Permanent File        |                                 | ,        |   |   |                   |
| For inform            | ation Only                      |          |   |   |                   |
| No Change             | e in Rate                       |          |   | •                                       |                   |
| Home Office:          | 1 - No Home Office              |          |   |   |                   |
| FIGHIO OTHIOC.        |                                 |          |   |   |                   |
|                       |                                 |          |   |   |                   |
|                       |                                 |          |   |   |                   |
|                       |                                 |          |   | ,                                       |                   |



| Cross Landings Heal   | th and Rehab                                  |  | ٠           | Provider Number:                                 | 0 042138-00      |
|-----------------------|---|--|-------------|--|------------------|
| 1780 N Jefferson Stro |   |  |             | Date:  | 5/24/2013        |
| Monticello FL 32344   |   |  | ,           | Fiscal Year End:                                 | 1/31/2012        |
|                       | •   |  |             | Audit Status:                                    | Unaudited [3]    |
| Provider Type:        |   |  |             |  |                  |
|                       |   |  | Current     | New  | Effective        |
| ***                   |   |  | Rate        | Rate   | Date             |
| Nursing Home          | Single Level                                  |  | 223.73      |  | 1/1/2012         |
|                       |   |  |             | •  |                  |
|                       | Level H: AIDS                                 | _                                      | 371.34      |  | 1/1/2012         |
| •                     | Level U: Fragile Under 21                     | _                                      | 489.80      | 490.87   | 1/1/2012         |
|                       |   |  |             |  |                  |
| Rate Type:            |   |  |             | •  |                  |
|                       |   | •                                      |             |  | •                |
| X Interim             | Total Interim                                 |  | Prospective |  | • •              |
|                       |   |  |             | Fotal Prospective<br>Prospective Adjusted f      | For Navy Costs   |
|                       | nterim Component<br>lettlement based on costs |  |             | Frospective Adjusted I<br>Fotal Prospective with |                  |
|                       | rior Provider Prospective data                |  |             | Total Frospective with                           | miermi component |
|                       | TIOT TO VIGO TO Special Cata                  |  | _           |  |                  |
| Basis:                |   | Changes                                | :           | ` .  |                  |
| <b>D</b> 1            |   |  | Linguage    | Dating Change                                    |                  |
| Budget X Unaudited of |   |  | -           | Rating Change                                    |                  |
| Field audite          |   |  |             | Customary Limitation te limitation change        | ·                |
|                       | - interim portion                             |  | FRVS Ch     |  |                  |
| Desk audite           | - ,   | <u> </u>                               | -           | 9-<br>lement FYE 1/31/201:                       | 2                |
|                       | Interim Portion                               | -                                      |             | ester Change                                     |                  |
| Desk Audit            | - Prospective portion                         |  | On FRV [    | 2] as of 04/01/2009                              |                  |
| Distribution:         |   |  | 7           | Thomas Parker                                    |                  |
| Contract Manage       | ment / Fiscal Agent                           | —————————————————————————————————————— | dicaid Cost | Reimbursement Plann                              | ing and Finance  |
| Permanent File        |   | 1710                                   | · ·         | remousement 1 mm                                 | ing and I manor  |
| For information       | ation Only                                    |  |             |  |                  |
| No Change             | e in Rate                                     |  |             | •  |                  |
| Home Office:          | 1 - No Home Office                            |  |             |  |                  |
| Home Office.          |   |  |             |  |                  |
|                       |   |  |             |  |                  |
| •                     |   |  |             |  | ٠,               |
|                       |   |  |             |  |                  |



| Cross Landings Heal                     | th and Rehab                    |         |                | Provider Number:   | 0 04213         | 8-00  |
|---|---------------------------------|---------|----------------|--|-----------------|-------|
| 1780 N Jefferson Str                    |                                 |         |                | Date:  | 5/24/20         | 013   |
| Monticello FL 32344                     | 1                               |         |                | Fiscal Year End:   | 1/31/20         | 12 .  |
|   |                                 |         |                | Audit Status:  | Unaudite        | d [3] |
| Provider Type:                          |                                 |         |                |  |                 |       |
| •                                       |                                 |         | Current        | New  | Effective       |       |
| Nuusina Hama                            | Cimala I aval                   | -       | Rate           | Rate   | Date            | -     |
| Nursing Home                            | Single Level                    | :<br>-  | 223.73         |  | 2/1/2012        | -     |
|   | Level H: AIDS                   |         | 371.34         | 375.42   | 2/1/2012        |       |
|   | Level U: Fragile Under 21       |         | 489.80         | 493.88   | 2/1/2012        | *     |
| Rate Type :                             |                                 |         |                |  |                 |       |
| Interim                                 |                                 | X       | Prospective    |  |                 |       |
|   | Total Interim                   |         | _              | otal Prospective   |                 |       |
|   | Interim Component               |         | Pr             | rospective Adjusted  | for New Costs   |       |
| <u>X</u> :                              | Settlement based on costs       | •       | To             | otal Prospective with  | Interim Compor  | nent  |
|   | Prior Provider Prospective data | •       |                |  |                 |       |
| Basis:                                  |                                 | Changes | <b>:</b>       |  |                 |       |
|   |                                 |         | T iconous T    | latina Chana   | ,               | * 4 * |
| Budget X Unaudited                      | coete                           |         |                | Rating Change<br>Customary Limitation  | •               |       |
| Field audit                             |                                 |         |                | limitation change  |                 |       |
| Field audit                             | - interim portion               |         | FRVS Chai      |  |                 |       |
| Desk audite                             | <del>-</del>                    | X       | Cost Settle    | ment FYE 1/31/201  | 2               |       |
|   | - Interim Portion               |         | Rate Semes     |  |                 |       |
|   | - Prospective portion           |         | On FRV [2]     | as of 04/01/2009   |                 |       |
| Distribution:                           |                                 |         |                | Thomas Parker  |                 |       |
| -                                       | ement / Fiscal Agent            | M       | edicaid Cost R | eimbursement Plann   | ing and Finance |       |
| Permanent File                          |                                 |         |                |  |                 |       |
| *************************************** | nation Only                     |         | •              |  |                 |       |
| No Chang                                | e in Rate                       |         |                |  |                 |       |
| Home Office:                            | 1 - No Home Office              | -       |                |  |                 |       |
| •                                       |                                 |         |                | Management of the Control of the Con |                 |       |
|   | i                               |         |                |  |                 |       |
|   |                                 |         |                |  | × .             |       |



| Cross Landings Health and Rehab  |          |             | Provider Number:       | 0 042138-0        | 0        |
|--|----------|-------------|------------------------|-------------------|----------|
| 1780 N Jefferson Street  |          |             | Date:                  | 5/24/2013         |          |
| Monticello FL 32344  |          |             | Fiscal Year End:       | 1/31/2012         |          |
|  |          |             | Audit Status:          | Unaudited [3      | 31       |
| Provider Type:   | •        |             | Addit Buitus.          | Ondatics [        | <u> </u> |
| The state of the s |          | Current     | New                    | Effective         |          |
|  |          | Rate        | Rate                   | Date              |          |
| Nursing Home Single Level  |          | 228.79      | 235.53                 | 7/1/2012          |          |
| Level H: AIDS  |          | 378.00      | 384.74                 | 7/1/2012          |          |
| Level U: Fragile Under 21  |          | 497.75      | 504.49                 | 7/1/2012          |          |
|  |          |             |                        |                   |          |
| Rate Type:   |          | -           |                        | <del></del>       |          |
| Interim  | X        | Prospective | e ·                    |                   |          |
| Total Interim  |          | 7           | Total Prospective      |                   |          |
| Interim Component  | • •      | F           | Prospective Adjusted f | for New Costs     |          |
| X Settlement based on costs  |          | 7           | Total Prospective with | Interim Component | t        |
| Prior Provider Prospective data  | •        |             |                        |                   |          |
| Basis:   | Changes: |             |                        |                   |          |
| Budget   |          | Licensure   | Rating Change          |                   |          |
| X Unaudited costs  |          |             | Customary Limitation   | 1                 |          |
| Field audited costs  |          |             | te limitation change   |                   |          |
| Field audit - interim portion  |          | FRVS Cha    | ange                   |                   |          |
| Desk audited costs   | X        | Cost Settl  | ement FYE 1/31/201     | 2                 |          |
| Desk audit - Interim Portion   |          |             | ester Change           | _                 |          |
| Desk Audit - Prospective portion   |          | On FRV [    | 2] as of 04/01/2009    |                   |          |
| Distribution:  |          | 76          | Thomas Parker          |                   |          |
| Contract Management / Fiscal Agent   | Med      | dicaid Cost | Reimbursement Plann    | ing and Finance   | _        |
| Permanent File   |          |             |                        |                   |          |
| For information Only   |          |             |                        |                   |          |
| No Change in Rate  |          |             | ,                      |                   |          |
| Home Office: 1 - No Home Office  |          |             |                        |                   |          |
| Home Office.   |          |             |                        |                   |          |
|  |          |             |                        |                   |          |
|  |          |             |                        |                   |          |
|  |          |             |                        |                   |          |



| Total   Interim   Marker   Total   Interim   Component   Interim Component   Interim Component   Prior Provider Dates   Total   Provider Date   Provider Type:    Total   Interim Component   Prior Provider Date   Prior Provider Prospective   Prior Provider Prospective   Prior Provider Prospective Date   Prior Provider Prior Prior Provider Prior Prio   | Cross Landings Health and Rehab   |          |               | Provider Number:                       | 0 042138-00       |   |
|--|---|----------|---------------|--|-------------------|---|
| Provider Type:   Current   Rate   Rate   Date  |   |          |               | Date:                                  | 5/24/2013         |   |
| Provider Type:    Current Rate Rate Rate Date  | Monticello FL 32344   |          |               | Fiscal Year End:                       | 1/31/2012         |   |
| Nursing Home  Single Level  Level H: AIDS Level U: Fragile Under 21  Rate Type:  Interim Total Interim Interim Component Interim Component X Prospective Prior Provider Prospective data  Current Rate Rate Rate Pake Rate Date Date  238.29  1/1/2013  1/1/2013  1/1/2013  1/1/2013  Prospective Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component  |   |          |               | Audit Status:                          | Unaudited [3]     |   |
| Nursing Home Single Level  Level H: AIDS Level U: Fragile Under 21  Rate Type:  Interim Total Interim Interim Component Interim Component Total Prospective Adjusted for New Costs X Settlement based on costs Prior Provider Prospective data  Basis:  Rate Rate Rate Date Date Date Date Date Date Date Date   | Provider Type:  |          |               |  |                   |   |
| Nursing Home    Single Level   228.96   238.29   1/1/2013     Level H: AIDS   379.77   389.10   1/1/2013     Level U: Fragile Under 21   500.81   510.14   1/1/2013     Rate Type :  |   |          | +             |  |                   |   |
| Level H: AIDS Level U: Fragile Under 21  Solution 1/1/2013  Level U: Fragile Under 21  Solution 500.81  Total Interim Total Interim Total Prospective Interim Component Prospective Adjusted for New Costs X Settlement based on costs Prior Provider Prospective data  Changes:  Changes:   | Nursing Home Single Level   | Menso    |               |  |                   |   |
| Level U: Fragile Under 21    Solution   Solu |   | *****    | 220.70        |  | 1/1/2010          |   |
| Rate Type:  Interim  Total Interim  Total Prospective Interim Component Interim Component Prospective Adjusted for New Costs X Settlement based on costs Prior Provider Prospective data  Basis:  Changes:   | Level H: AIDS   |          | 379.77        | 389.10                                 | 1/1/2013          |   |
| Interim X Prospective  Total Interim Total Prospective Interim Component Prospective Adjusted for New Costs X Settlement based on costs Prior Provider Prospective data  Changes:  Changes:  | Level U: Fragile Under 21   |          | 500.81        | 510.14                                 | 1/1/2013          |   |
| Interim X Prospective  Total Interim Total Prospective Interim Component Prospective Adjusted for New Costs X Settlement based on costs Prior Provider Prospective data  Changes:  Changes:  |   |          |               |  |                   |   |
| Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Changes:  Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component  Changes:   | Rate Type :   |          |               | ************************************** |                   | - |
| Interim Component Prospective Adjusted for New Costs  X Settlement based on costs Prior Provider Prospective data  Changes:    Changes:   Chang | Interim   | x        | Prospective   |  |                   |   |
| X Settlement based on costs Prior Provider Prospective data  Changes: Total Prospective with Interim Component Changes:  | Marie Control of the |          |               | -                                      | •                 |   |
| Prior Provider Prospective data    Changes:    -   |          |               | = =                                    |                   |   |
| Basis: Changes:  |   |          | T             | otal Prospective with                  | Interim Component |   |
|  | Prior Provider Prospective data   |          |               |  |                   |   |
|  | Basis:  | Changes: |               |  | ,                 |   |
| Budget Licensure Rating Change   | Dedeca  |          | Licensure     | Rating Change                          |                   |   |
| Budget Licensure Rating Change  X Unaudited costs Usual and Customary Limitation   |   |          |               |  | n                 |   |
| Field audited costs  Target Rate limitation change   |   |          |               |  |                   |   |
| Field audit - interim portion FRVS Change  |   |          |               |  |                   |   |
| Desk audited costs X Cost Settlement FYE 1/31/2012   |   | X        | Cost Settle   | ement FYE 1/31/201                     | 2                 |   |
| Desk audit - Interim Portion Rate Semester Change  |   |          |               |  |                   |   |
| Desk Audit - Prospective portion On FRV [2] as of 04/01/2009   |   |          | On FRV [2     | 2] as of 04/01/2009                    |                   |   |
| <u>Distribution:</u> Thomas Parker   | Distribution:   |          | 74)           | Thomas Parker                          |                   | , |
| Contract Management / Fiscal Agent  Medicaid Cost Reimbursement Planning and Finance   | Contract Management / Fiscal Agent  | Med      | licaid Cost I | Reimbursement Plann                    | ing and Finance   |   |
| Permanent File   | Permanent File  | 14100    | nound Cost I  | tonnour someric r ruini                | and I manov       |   |
| For information Only   | For information Only  |          |               |  |                   |   |
| No Change in Rate  | No Change in Rate   |          |               |  |                   |   |
| Home Office: 1 - No Home Office  | Home Office: 1 - No Home Office   |          |               |  |                   |   |
|  | Alomo Omo.  |          |               |  |                   |   |
|  |   |          | *             |  |                   |   |
|  |   |          |               |  |                   |   |



| Crosswinds Health ar | nd Rehab                                     |          |            | Provider Number:                      | 0 042140-00         |
|----------------------|--|----------|------------|---------------------------------------|---------------------|
| 13455 West US High   | iway 90                                      |          |            | Date:                                 | 6/5/2013            |
| Greenville FL 33231  |  |          |            | Fiscal Year End:                      | 1/31/2012           |
|                      |  |          |            | Audit Status:                         | Unaudited [3]       |
| Provider Type:       |  |          |            |                                       |                     |
|                      |  |          | Current    | New                                   | Effective           |
| NI YT                | a i i i                                      | -        | Rate       | Rate                                  | Date                |
| Nursing Home         | Single Level                                 |          | 225.89     |                                       | 6/28/2011           |
|                      | Level H: AIDS                                |          | 370.75     | 370.45                                | 6/28/2011           |
|                      | Level U: Fragile Under 21                    | _        | 487.00     | 486.70                                | 6/28/2011           |
|                      |  |          |            |                                       | ·                   |
| Rate Type :          |  |          |            | ,                                     |                     |
| X Interim            |  |          | Prospectiv | ve .                                  |                     |
|                      | Total Interim                                |          |            | Total Prospective                     |                     |
|                      | Interim Component                            |          |            | Prospective Adjusted                  |                     |
|                      | Settlement based on costs                    |          |            | Total Prospective wit                 | h Interim Component |
|                      | Prior Provider Prospective data              |          |            |                                       |                     |
| Basis:               |  | Changes: | ]          |                                       |                     |
| Budget               |  |          | Licensur   | e Rating Change                       |                     |
| X Unaudited          | costs  |          | •          | d Customary Limitatio                 | on                  |
| Field audit          | ed costs                                     |          | _          | ate limitation change                 |                     |
| Field audit          | t - interim portion                          |          | FRVS CI    | hange                                 | •                   |
| Desk audit           |  | X        |            | tlement FYE 1/31/20                   | 12                  |
|                      | - Interim Portion<br>t - Prospective portion |          |            | nester Change<br>[2] as of 10/01/1985 |                     |
| Distribution:        | Trooped ve potter                            |          | 2          |                                       |                     |
|                      | ement / Fiscal Agent                         |          | 1          | Thomas Parker                         |                     |
| Permanent File       | (St. 101)                                    | Me       | dicaid Cos | t Reimbursement Plan                  | ining and Finance   |
|                      | nation Only                                  |          |            |                                       |                     |
| No Chang             |  |          |            |                                       |                     |
|                      | 1 - No Home Office                           |          |            |                                       |                     |
| Home Office:         | 1 - No Home Office                           |          |            |                                       |                     |
|                      |  |          |            |                                       |                     |
|                      |  |          |            |                                       |                     |
|                      |  |          |            |                                       |                     |



| Fiscal Year End: 1/31/2012     Audit Status: Unaudited [3]   | Crosswinds Health ar | nd Rehab                        |          |             | Provider Number:       | 0 042140-00         |
|--|----------------------|---------------------------------|----------|-------------|------------------------|---------------------|
| Provider Type:    Current   New   Effective   Date   | 13455 West US High   | iway 90                         | -        |             | Date:                  | 6/5/2013            |
| Provider Type:    Current Rate Rate Date   | Greenville FL 33231  | ,                               | -<br>-   |             |                        |                     |
| Current   New   Effective   Date   |                      |                                 |          |             |                        |                     |
| Rate Type:  Level H: AIDS Level U: Fragile Under 21  Rate Type:  X Interim Interim Ormponent X Settlement based on costs Prior Provider Prospective data  Basis:  Changes:  Budget X Unaudited costs Field audite - interim portion Desk audit - Interim Portion Desk audit - Prospective portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Level H: AIDS  365.43 365.16 7/1/2011  Prospective  Prospective  Prospective Prospective  Prospective  Prospective  Total Prospective  Prospective with Interim Component  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  X Cost Settlement FYE 1/31/2012 Rate Semester Change On FRV [2] as of 10/01/1985  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance   | Provider Type:       |                                 |          |             |                        |                     |
| Level H: AIDS Level U: Fragile Under 21  Rate Type:  X Interim   |                      |                                 |          |             |                        |                     |
| Rate Type:  X Interim  | Nursing Home         | Single Level                    |          | 219.23      | 218.96                 | 7/1/2011            |
| Rate Type:  X Interim  |                      | Level H: AIDS                   |          | 365.43      | 365.16                 | 7/1/2011            |
| Total Interim  | ,                    | Level U: Fragile Under 21       |          | 482.76      | 482.49                 | 7/1/2011            |
| Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data    Basis:  | Rate Type :          |                                 |          |             |                        |                     |
| Interim Component X Settlement based on costs Prior Provider Prospective data    Basis:  | X Interim            |                                 |          | Prospectiv  | e                      |                     |
| Budget   Licensure Rating Change   Usual and Customary Limitation   Target Rate limitation change   Field audit - interim Portion   Desk audit - Interim Portion   Desk Audit - Prospective portion   Desk Audit - Prospective portion   Distribution:   Thomas Parker   Medicaid Cost Reimbursement Planning and Finance   Medicaid Cost Reimbursement Planning and Fina |                      | Total Interim                   |          |             | -                      |                     |
| Basis:  Budget  Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Changes:  Licensure Rating Change Usual and Customary Limitation FRVS Change  Usual and Customary Limitation FRVS Change  Vost Settlement FYE 1/31/2012 Rate Semester Change On FRV [2] as of 10/01/1985  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  |                      |                                 |          |             |                        |                     |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Cost Settlement FYE 1/31/2012 Rate Semester Change On FRV [2] as of 10/01/1985  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance   |                      |                                 |          |             | Total Prospective with | h Interim Component |
| Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  X Cost Settlement FYE 1/31/2012 Rate Semester Change On FRV [2] as of 10/01/1985  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance   |                      | Prior Provider Prospective data |          |             | _                      |                     |
| With the proof of the proof o | Basis:               |                                 | Changes: |             |                        |                     |
| Variable Costs   Usual and Customary Limitation   Target Rate limitation change   Field audit - interim portion   FRVS Change  | Budget               |                                 |          | Licensure   | Rating Change          |                     |
| Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion  Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  FRVS Change  X Cost Settlement FYE 1/31/2012  Rate Semester Change On FRV [2] as of 10/01/1985  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance   |                      | costs                           |          |             |                        | o <b>n</b>          |
| Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  X Cost Settlement FYE 1/31/2012 Rate Semester Change On FRV [2] as of 10/01/1985  Thomas Parker Medicaid Cost Reimbursement Planning and Finance   | Field audit          | ed costs                        |          | Target Ra   | ite limitation change  |                     |
| Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Rate Semester Change On FRV [2] as of 10/01/1985  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  |                      | -                               | -        | FRVS Ch     | ange                   |                     |
| Desk Audit - Prospective portion  On FRV [2] as of 10/01/1985  Thomas Parker  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  On FRV [2] as of 10/01/1985  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance   |                      |                                 | X        |             |                        | 12                  |
| Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  |                      | i                               |          |             | _                      |                     |
| Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance  |                      |                                 |          | 2           |                        |                     |
| Permanent File For information Only No Change in Rate  | Contract Manag       | ement / Fiscal Agent            |          | ()          |                        | . 1 m.              |
| No Change in Rate  | -                    |                                 | Med      | licaid Cost | Reimbursement Plan     | ning and Finance    |
|  | For inform           | nation Only                     |          |             |                        |                     |
| Home Office: 1 - No Home Office  | No Chang             | ge in Rate                      |          |             |                        |                     |
| Tione office.  | Home Office:         | 1 - No Home Office              |          |             |                        |                     |
|  | Home Office.         |                                 |          |             |                        |                     |
|  |                      |                                 |          |             |                        |                     |
|  |                      |                                 |          |             |                        |                     |



| Crosswinds Health an | nd Rehab                        |              |   | Provider Number:   | 0 042140         | -00   |
|----------------------|---------------------------------|--------------|---|--|------------------|-------|
| 13455 West US High   | way 90                          | <del>-</del> |   | Date:  | 6/10/2013        |       |
| Greenville FL 33231  |                                 | <del></del>  |   | Fiscal Year End:   |                  |       |
| ٠.                   |                                 |              |   | Audit Status:  | Unaudited        | 1 [3] |
| Provider Type:       |                                 |              |   |  | <del>4</del>     |       |
|                      |                                 |              | Current                                 | New  | Effective        |       |
| Nursing Home         | Single Level                    | -            | Rate                                    | Rate   | Date 1/1/2012    |       |
| Nursing Home         | Single Level                    | -            | 220.97                                  |  | 1/1/2012         |       |
|                      | Level H: AIDS                   |              | 368.58                                  | 370.06   | 1/1/2012         |       |
|                      | Level U: Fragile Under 21       |              | 487.04                                  | 488.52   | 1/1/2012         |       |
| Rate Type:           |                                 |              |   |  |                  |       |
| X Interim            |                                 |              | Prospectiv                              | e  |                  |       |
| 1                    | Total Interim                   |              | ,                                       | Total Prospective  |                  |       |
| I                    | nterim Component                |              |   | Prospective Adjusted   | for New Costs    |       |
| XS                   | Settlement based on costs       |              |   | Total Prospective with   | n Interim Compon | ent   |
| P                    | Prior Provider Prospective data |              |   |  |                  |       |
| Basis:               |                                 | Change       | s:                                      | And the second s |                  | 19    |
|                      |                                 |              |   |  |                  |       |
| Budget               | `                               |              |   | Rating Change  |                  |       |
| X Unaudited o        |                                 |              |   | d Customary Limitatio  | n                |       |
| Field audite         | -                               |              | FRVS Ch                                 | ate limitation change  |                  |       |
| Desk audite          | - interim portion               | X            |   | lange<br>lement FYE 1/31/201   | 12               |       |
|                      | - Interim Portion               | <u>A</u>     | _                                       | ester Change   | 12               |       |
| Desk Audit           | - Prospective portion           |              | On FRV                                  | [2] as of 10/01/1985   |                  |       |
| Distribution:        |                                 |              | 20                                      | Thomas Parker  |                  |       |
| Contract Manage      | ement / Fiscal Agent            |              | ledicaid Cost                           | Reimbursement Plans  | ning and Finance |       |
| Permanent File       |                                 |              |   |  | · ·              |       |
| For inform           | ation Only                      |              |   |  |                  |       |
| No Change            | e in Rate                       |              |   |  |                  |       |
| Home Office:         | 1 - No Home Office              |              |   |  |                  |       |
|                      |                                 |              |   |  |                  |       |
|                      |                                 |              |   |  |                  |       |
|                      |                                 |              | *************************************** |  |                  |       |



| rosswinds Health and                                  | l Rehab  |          |  | Provider Number:   | 0 042140-00       |
|---|--|----------|--|--|-------------------|
| 3455 West US Highw                                    | vay 90   |          |  | Date:  | 6/10/2013         |
| reenville FL 33231                                    |  |          |  | Fiscal Year End:   | 1/31/2012         |
|   |  |          |  | Audit Status:  | Unaudited [3]     |
| rovider Type:   |  |          |  | Addit Status.  | Olludariou [5]    |
| ioviani iypor   |  |          | Current<br>Rate  | New<br>Rate  | Effective<br>Date |
| ursing Home   | Single Level   |          | 220.97   | 228.24   | 2/1/2012          |
|   | Level H: AIDS  |          | 368.58   | 375.85   | 2/1/2012          |
|   | Level U: Fragile Under 21                                  | _        | 487.04   | 494.31   | 2/1/2012          |
|   | otal Interim   | X        |  | Total Prospective  |                   |
| X Se  | ettlement based on costs<br>rior Provider Prospective data |          |  | Prospective Adjusted Total Prospective with  |                   |
| Basis:  |  | Changes: |  |  |                   |
| Desk audited<br>Desk audit -                          | l costs interim portion                                    | X        | Usual and<br>Target Ra<br>FRVS Ch<br>Cost Sett<br>Rate Sem | e Rating Change d Customary Limitation ate limitation change mange tlement FYE 1/31/201 tester Change [2] as of 10/01/1985 |                   |
| Distribution:   |  |          | 7  | Thomas Parker  |                   |
| Contract Manager Permanent File For informa No Change |  | Med      | dicaid Cost  | Reimbursement Plani  | ning and Finance  |
| Home Office:  | I - No Home Office   |          |  |  |                   |



| Crosswinds Health ar                    | nd Rehab   |  |             | Provider Number:                       | 0 042140-00          |
|---|--|--|-------------|--|----------------------|
| 13455 West US High                      | iway 90  | <del>-</del>                                   |             | Date:                                  | 6/5/2013             |
| Greenville FL 33231                     |  | _  |             | Fiscal Year End:                       | 1/31/2012            |
|   |  |  |             | Audit Status:                          | Unaudited [3]        |
| Provider Type:                          |  |  |             |  |                      |
| · -                                     |  |  | Current     | New                                    | Effective            |
| NT * TY                                 | · C  |  | Rate        | Rate                                   | Date                 |
| Nursing Home                            | Single Level   |  | 226.01      |  | 7/1/2012             |
|   | Level H: AIDS  |  | 375.22      | 385.28                                 | 7/1/2012             |
|   | Level U: Fragile Under 21  | _  | 494.97      | 505.03                                 | 7/1/2012             |
|   |  | ody takana na | - 111       |  |                      |
| Rate Type:                              |  |  |             |  |                      |
| Interim                                 |  | <u>X</u>                                       | Prospectiv  |  |                      |
| *************************************** | Total Interim  |  |             | Total Prospective Prospective Adjusted | for Nov. Costs       |
|   | Interim Component Settlement based on costs  |  |             | Total Prospective with                 |                      |
|   | Prior Provider Prospective data  |  |             | Total Prospective will                 | i internii Component |
|   |  |  |             |  |                      |
| Basis:                                  |  | Changes:                                       | _           |  |                      |
| Budget                                  |  |  | Licensure   | e Rating Change                        |                      |
| X Unaudited                             | costs  |  |             | d Customary Limitatio                  | on                   |
| Field audit                             | ed costs   |  |             | ate limitation change                  |                      |
| Field audit                             | t - interim portion  |  | FRVS CI     | nange                                  |                      |
| Desk audit                              | · · · · · · · · · · · · · · · · · · ·  | X  |             | tlement FYE 1/31/20                    | 12                   |
|   | - Interim Portion t - Prospective portion  |  |             | ester Change<br>[2] as of 10/01/1985   |                      |
| Distribution:                           |  |  |             | Thomas Parker                          |                      |
| Contract Manag                          | ement / Fiscal Agent   |  | <u> </u>    |  | 1 T                  |
| Permanent File                          | , and the second | ме   | dicaid Cosi | Reimbursement Plan                     | ning and Finance     |
| For inform                              | nation Only  |  |             |  |                      |
| No Chang                                | ge in Rate   |  |             |  |                      |
| Home Office:                            | 1 - No Home Office   |  |             |  |                      |
| nome Office:                            |  |  |             |  |                      |
|   |  |  |             |  |                      |
|   |  |  |             |  |                      |
|   |  |  |             |  |                      |



| Crosswinds Health ar                   | Crosswinds Health and Rehab  |          |                        | Provider Number:   | 0 042140-00         |
|--|--|----------|------------------------|--|---------------------|
| 13455 West US High                     | iway 90  | •        |                        | Date:  | 6/5/2013            |
| Greenville FL 33231                    |  |          |                        | Fiscal Year End:   | 1/31/2012           |
|  |  |          |                        | Audit Status:  | Unaudited [3]       |
| Provider Type:                         |  |          |                        |  |                     |
|  |  | •        | Current<br>Rate        | New<br>Rate  | Effective Date      |
| Nursing Home                           | Single Level   | -        | 226.18                 | 238.14   | 1/1/2013            |
|  | Level H: AIDS  |          | 376.99                 | 388.95   | 1/1/2013            |
|  | Level U: Fragile Under 21  | *****    | 498.03                 | 509.99   | 1/1/2013            |
| Basis:  Budget X Unaudited Field audit | Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  costs | Changes: | Licensure<br>Usual and | Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation the limitation change | h Interim Component |
| Desk Audi                              | - Interim Portion<br>t - Prospective portion   | X        | Rate Sem               | lement FYE 1/31/20<br>ester Change<br>[2] as of 10/01/1985   | 12                  |
| Distribution:                          |  |          | 76/                    | Thomas Parker  |                     |
| Permanent File                         | gement / Fiscal Agent nation Only ge in Rate   | Мес      | dicaid Cost            | Reimbursement Plan   | ning and Finance    |
| Home Office:                           | 1 - No Home Office   |          |                        |  |                     |



| Crestview Rehabilitation Ce  | enter  |               |  | Provider Number:   | 0 044886-00             |
|--|--|---------------|--|--|-------------------------|
| 1849 First Avenue East   |  |               |  | Date:  | 5/30/2013               |
| Crestview FL 32539   |  |               |  | Fiscal Year End:   | 7/31/2012               |
|  |  |               |  | Audit Status:  | Unaudited [3]           |
| Provider Type:  Nursing Home Sin   | ngle Level   |               | Current Rate   | New Rate 206.84  | Effective Date 2/1/2012 |
|  |  | -             |  | •  |                         |
| Lev  | rel H: AIDS  |               | 354.65   | 354.45   | 2/1/2012                |
| Lev  | rel U: Fragile Under 21  |               | 473.11   | 472.91   | 2/1/2012                |
| X Settlem<br>Prior P   | nterim a Component nent based on costs rovider Prospective data          |               | ]  | e  Fotal Prospective  Prospective Adjusted  Fotal Prospective with   |                         |
| Budget  X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk Audit - Pros | im portion<br>s<br>im Portion  | Changes:      | Usual and<br>Target Ra<br>FRVS Ch<br>Cost Sett<br>Rate Sem | Rating Change I Customary Limitation the limitation change lange lement FYE 7/31/12 ester Change 2] as of 10/30/1987 | <b>n</b>                |
| Distribution:  |  | $\mathcal{I}$ | 6  | Thomas Parker  |                         |
| Permanent File For information on the No Change in Ra  | Only   | Med           | dicaid Cost  | Reimbursement Plant  | ning and Finance        |
| Home Office:   | R. Mark Cronquist<br>5887 Glenridge Drive, Suite 150<br>Atlanta GA 30328 |               |  |  |                         |



| Crestview Rehabilitation         | 1 Center   |  |              | Provider Number:   | 0 044886         | 5-00        |
|----------------------------------|--|--|--------------|--|------------------|-------------|
| 1849 First Avenue East           |  | -<br>-   |              | Date:  | 5/30/20          | )13         |
| Crestview FL 32539               |  | _  |              | Fiscal Year End:   | 7/31/20          | )12         |
|                                  |  |  |              | Audit Status:  | Unaudite         |             |
| Provider Type:                   |  |  |              | runt butus.  |                  | # [2]       |
|                                  |  |  | Current      | New  | Effective        |             |
|                                  |  | · _  | Rate         | Rate   | Date             | -           |
| Nursing Home                     | Single Level   |  | 214.74       |  | 7/1/2012         | <b>-</b> .  |
|                                  | Level H: AIDS  |  | 363.95       | 363.80   | 7/1/2012         |             |
|                                  | Level U: Fragile Under 21  |  | 483.70       | 483.55   | 7/1/2012         |             |
| Inte                             | tal Interim erim Component tlement based on costs or Provider Prospective data                   |  |              | re Total Prospective Prospective Adjusted Total Prospective with   |                  | nent        |
| Basis:                           |  | Changes  |              | a la constantina de  constantina de la constantina del constantina de la constantina | 1                |             |
| Budget                           |  |  | Licensure    | e Rating Change  |                  |             |
| X Unaudited cos                  | ets  |  |              | d Customary Limitatio  | n                |             |
| Field audited                    |  |  |              | ate limitation change  |                  |             |
| Field audit - in Desk audited of | -  | X  | - FRVS CI    | -  |                  |             |
| Desk audit - Ir                  | •  | Cost Settlement FYE 7/31/12 Rate Semester Change |              |  |                  |             |
| Desk Audit - I                   | Prospective portion  |  | On FRV       | [2] as of 10/30/1987   |                  |             |
| <b>Distribution:</b>             |  |  | 750          | Thomas Parker  |                  |             |
| Contract Manageme                | ent / Fiscal Agent   |  | edicaid Cost | Reimbursement Plans  | ning and Finance | <del></del> |
| Permanent File                   |  |  |              |  |                  |             |
| For informati                    | •  |  |              |  |                  |             |
| No Change in                     | n Rate   |  |              |  |                  |             |
| Home Office:                     | Southern HealthCare Mana<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 |  | 7            |  |                  |             |



| Crestview Rehabilitation (  | Center   |            |  | Provider Number:  | 0 044886-00             |
|---|--|------------|--|---|-------------------------|
| 1849 First Avenue East  |  |            |  | Date:   | 5/30/2013               |
| Crestview FL 32539  |  |            |  | Fiscal Year End:  | 7/31/2012               |
|   | rsing Home Single Level  Level H: AIDS  Level U: Fragile Under 21                                      |            |  | Audit Status:   | Unaudited [3]           |
| Provider Type:  Nursing Home S  | lingle Level   |            | Current<br>Rate<br>214.74                                  | New Rate 217.55   | Effective Date 8/1/2012 |
| . <b>L</b>  | evel H: AIDS   |            | 363.95   | 366.76  | 8/1/2012                |
| L   | evel U: Fragile Under 21   | _          | 483.70   | 486.51  | 8/1/2012                |
| Total Interi  | Interim im Component ement based on costs Provider Prospective data                                    | X Changes: |  | e<br>Total Prospective<br>Prospective Adjusted<br>Total Prospective with  |                         |
| Budget X Unaudited costs Field audited co Field audit - inte Desk audited co Desk audit - Inte Desk Audit - Pre | erim portion   | X          | Usual and<br>Target Ra<br>FRVS Ch<br>Cost Sett<br>Rate Sem | Rating Change I Customary Limitation the limitation change hange Hement FYE 7/31/12 ester Change [2] as of 10/30/1987 | n                       |
| Distribution:  Contract Management Permanent File For information No Change in                                  | n Only   | Me         | dicaid Cost  | Thomas Parker Reimbursement Plant   | ning and Finance        |
| Home Office:  | Southern HealthCare Manager<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite 15<br>Atlanta GA 30328 |            |  |   |                         |



| Crestview Rehabilitation Center                |  |   |   | Provider Number:                                 | 0 044886-00          |  |  |
|--|--|---|---|--|----------------------|--|--|
| 1849 First Avenue East                         |  |   |   | Date:  | 5/30/2013            |  |  |
| Crestview FL 32539                             |  |   |   | Fiscal Year End:                                 | 7/31/2012            |  |  |
|  |  |   |   | Audit Status:                                    | Unaudited [3]        |  |  |
| Provider Type:                                 |  |   |   |  |                      |  |  |
|  |  |   | Current   | New  | Effective            |  |  |
| Name II ama                                    | of Land  | ***************************************   | Rate  | Rate   | Date                 |  |  |
| Nursing Home Sin                               | gle Level  |   | 214.80  |  | 1/1/2013             |  |  |
| Leve   | el H: AIDS   |   | 365.61  | 370.61   | 1/1/2013             |  |  |
| Leve   | el U: Fragile Under 21   |   | 486.65  | 491.65   | 1/1/2013             |  |  |
| Rate Type :                                    |  |   |   |  |                      |  |  |
| Interim  |  | X   | Prospectiv  |  |                      |  |  |
| Total Interim                                  |  |   | Total Prospective  Prospective Adjusted for New Costs |  |                      |  |  |
| Interim Component  X Settlement based on costs |  |   |   | Prospective Adjusted I<br>Total Prospective with |                      |  |  |
|  | ovider Prospective data  |   |   | Total Flospective with                           | i internii Component |  |  |
| Basis:   |  | Chamasa   | 1   |  |                      |  |  |
| Dasis:   |  | Changes:  |   |  | ,                    |  |  |
| Budget   |  | Water Control of the | Licensure   | Rating Change                                    |                      |  |  |
| X Unaudited costs                              |  | de la companya de la | Usual and Customary Limitation                        |  |                      |  |  |
| Field audited costs                            | S  |   | Target Rate limitation change                         |  |                      |  |  |
| Field audit - interi                           | m portion  |   | FRVS Ch   | nange  |                      |  |  |
| Desk audited costs                             |  | X   |   |  |                      |  |  |
| Desk audit - Interior Desk Audit - Prosp       |  |   | Rate Semester Change On FRV [2] as of 10/30/1987      |  |                      |  |  |
| Distribution:                                  | )  |   | 7   | Thomas Parker                                    |                      |  |  |
| Contract Management /                          | Fiscal Agent   | Med   | dicaid Cost   | Reimbursement Plann                              | ning and Finance     |  |  |
| Permanent File                                 |  |   |   |  |                      |  |  |
| For information C                              | Only   |   |   |  |                      |  |  |
| No Change in Ra                                | te   |   |   |  |                      |  |  |
| Home Office:                                   | Southern HealthCare Manag  | gement, LLC   |   |  |                      |  |  |
|  | R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 |   |   |  |                      |  |  |



| River Valley Rehabilitatio   | n Center   |          |                     | Provider Number:  | 0 044889-00  |
|--|--|----------|---------------------|---|--|
| 17884 N.E. Crozier Center  | r  |          |                     | Date:   | 5/31/2013  |
| Blountstown FL 32424   |  |          |                     | Fiscal Year End:  | 7/31/2012  |
|  |  |          |                     | Audit Status:   | Unaudited [3]  |
| Provider Type:  Nursing Home S   | ingle Level  |          | Current Rate 209.75 | New Rate 208.80   | Effective Date 2/1/2012  |
| 8  | <b>3</b>   | •        |                     |   |  |
| Le   | evel H: AIDS   |          | 357.36              | 356.41  | 2/1/2012   |
| Le   | evel U: Fragile Under 21   |          | 475.82              | 474.87  | 2/1/2012   |
|  |  |          |                     |   |  |
| Interi<br>X Settle   | Interim m Component ment based on costs Provider Prospective data  | Changes: |                     | e<br>Total Prospective<br>Prospective Adjusted to<br>Total Prospective with |  |
| Budget X Unaudited costs Field audited co                              | sts  |          | Usual and           | e Rating Change  I Customary Limitation ate limitation change               | n .  |
| Field audit - into Desk audited coo Desk audit - Inte Desk Audit - Pro | sts  | <u> </u> | Cost Sett           | tlement FYE 7/31/201<br>tester Change<br>[2] as of 01/01/1987               | 12   |
| Distribution:  | appoint a recommission of the control of the contro |          | 2//                 | Thomas Parker   | and the second s |
| Contract Managemen Permanent File For information No Change in I       | ı Only   | Med      | dicaid Cost         | Reimbursement Plann   | ning and Finance   |
| Home Office:   | Southern HealthCare Manage<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite 1<br>Atlanta GA 30328   |          |                     |   |  |



| River Valley Rehabilitation Center                  |                 |                                    | Provider Number:       | 0 044889-00                             |  |  |
|---|-----------------|------------------------------------|------------------------|---|--|--|
| 17884 N.E. Crozier Center                           |                 |                                    | Date:                  | 5/31/2013                               |  |  |
| Blountstown FL 32424                                |                 |                                    | Fiscal Year End:       | 7/31/2012                               |  |  |
|   |                 |                                    | Audit Status:          | Unaudited [3]                           |  |  |
| Provider Type:                                      |                 |                                    |                        |   |  |  |
|   |                 | Current                            | New                    | Effective                               |  |  |
|   |                 | Rate                               | Rate                   | Date                                    |  |  |
| Nursing Home Single Level                           |                 | 216.91                             | 215.64                 | 7/1/2012                                |  |  |
| Level H: AIDS                                       |                 | 366.12                             | 364.85                 | 7/1/2012                                |  |  |
| Level U: Fragile Under 21                           |                 | 485.87                             | 484.60                 | 7/1/2012                                |  |  |
|   |                 |                                    |                        |   |  |  |
| Rate Type:  |                 |                                    |                        |   |  |  |
| X Interim   |                 | Prospective                        | e                      |   |  |  |
| Total Interim                                       |                 |                                    | Total Prospective      |   |  |  |
| Interim Component                                   |                 | Prospective Adjusted for New Costs |                        |   |  |  |
| X Settlement based on costs                         |                 |                                    | Total Prospective with | n Interim Component                     |  |  |
| Prior Provider Prospective da                       | ta              |                                    |                        |   |  |  |
| Basis:  | Change          | es:                                |                        | 1,1911000000000000000000000000000000000 |  |  |
| · · ·   |                 |                                    |                        |   |  |  |
| Budget  |                 | Licensure                          | Rating Change          |   |  |  |
| X Unaudited costs                                   |                 | Usual and                          | l Customary Limitatio  | on                                      |  |  |
| Field audited costs                                 |                 | Target Rate limitation change      |                        |   |  |  |
| Field audit - interim portion                       |                 | FRVS Ch                            | ange                   |   |  |  |
| Desk audited costs                                  | X               |                                    |                        |   |  |  |
| Desk audit - Interim Portion                        |                 |                                    | ester Change           |   |  |  |
| Desk Audit - Prospective portion                    |                 | On FRV                             | [2] as of 01/01/1987   |   |  |  |
| <u>Distribution:</u>                                |                 | フケー                                | Thomas Parker          |   |  |  |
| Contract Management / Fiscal Agent                  | <u></u>         | Medicaid Cost                      | Reimbursement Plans    | ning and Finance                        |  |  |
| Permanent File                                      |                 |                                    |                        |   |  |  |
| For information Only                                |                 |                                    |                        |   |  |  |
| No Change in Rate                                   |                 |                                    |                        |   |  |  |
| Home Office: Southern HealthCare                    | Management, LLC |                                    |                        |   |  |  |
| Home Office: Southern HealthCare  R. Mark Cronquist |                 |                                    |                        |   |  |  |
| 5887 Glenridge Drive                                | , Suite 150     |                                    |                        |   |  |  |
| Atlanta GA 30328                                    | ,               |                                    |                        |   |  |  |
|   |                 |                                    |                        |   |  |  |



| River Valley Rehabilitation Center     |   |  |   | Provider Number:       | 0 044889-00       |  |  |
|--|---|--|---|------------------------|-------------------|--|--|
| 17884 N.E. Crozier Center              |   |  |   | Date:                  | 5/31/2013         |  |  |
| Blountstown FL 32424                   |   |  |   | Fiscal Year End:       | 7/31/2012         |  |  |
|  |   |  |   | Audit Status:          | Unaudited [3]     |  |  |
| Provider Type:                         |   |  |   |                        |                   |  |  |
| · ·                                    |   |  | Current                                   | New                    | Effective         |  |  |
|  |   | ***************************************                      | Rate                                      | Rate                   | Date              |  |  |
| Nursing Home Si                        | ngle Level                              |  | 216.91                                    |                        | 8/1/2012          |  |  |
| Lev                                    | vel H: AIDS                             |  | 366.12                                    | 370.06                 | 8/1/2012          |  |  |
| Lev                                    | vel U: Fragile Under 21                 | _  | 485.87                                    | 489.81                 | 8/1/2012          |  |  |
| Rate Type :                            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |   |                        |                   |  |  |
| Interim                                |   | X  | Prospectiv                                | e                      |                   |  |  |
|  | Interim                                 |  | -   | Total Prospective      |                   |  |  |
| Interim Component                      |   |  |   | Prospective Adjusted   | for New Costs     |  |  |
| X Settlen                              | nent based on costs                     |  |   | Total Prospective with | Interim Component |  |  |
| Prior P                                | Provider Prospective data               |  |   |                        |                   |  |  |
| Basis:                                 |   | Changes:   |   |                        |                   |  |  |
|  |   |  | -   |                        |                   |  |  |
| Budget                                 |   | -  |   | Rating Change          |                   |  |  |
| X Unaudited costs                      |   | Usual and Customary Limitation Target Rate limitation change |   |                        |                   |  |  |
| Field audited cos                      | 1                                       |  |   | _                      |                   |  |  |
| Field audit - inter  Desk audited cost | -                                       | X  | TRVS Change Cost Settlement FYE 7/31/2012 |                        |                   |  |  |
| Desk audit - Inter                     |   | Rate Semester Change   |   |                        |                   |  |  |
| Desk Audit - Pros                      | spective portion                        |  | On FRV                                    | [2] as of 01/01/1987   |                   |  |  |
| Distribution:                          | 1                                       |  | 200                                       | Thomas Parker          |                   |  |  |
| Contract Management                    | / Fiscal Agent                          | Med  | dicaid Cost                               | Reimbursement Plant    | ning and Finance  |  |  |
| Permanent File                         |   | 1/10   |   |                        | mie mie i miliev  |  |  |
| For information                        | Only                                    |  |   |                        |                   |  |  |
| No Change in R                         | ate                                     |  |   |                        |                   |  |  |
| Home Office:                           | Southern HealthCare Manager             | nent, LLC  |   |                        |                   |  |  |
| nome office:                           | R. Mark Cronquist                       | ,  |   |                        |                   |  |  |
|  | 5887 Glenridge Drive, Suite 15          | 50   |   | •                      |                   |  |  |
|  | Atlanta GA 30328                        |  |   |                        |                   |  |  |
|  | F                                       |  |   |                        |                   |  |  |



| River Valley Rehabilitation  | Center   |          |  | Provider Number:  | 0 044889-00  |
|--|--|----------|--|---|--|
| 17884 N.E. Crozier Center  |  |          |  | Date:   | 5/31/2013  |
| Blountstown FL 32424   |  |          |  | Fiscal Year End:  | 7/31/2012  |
|  |  |          |  | Audit Status:   | Unaudited [3]  |
| Provider Type:  Nursing Home Si  | ngle Level   |          | Current Rate 216.67  | New Rate 222.36   | Effective Date 1/1/2013  |
|  | <b>3</b>   |          |  |   |  |
| Le   | vel H: AIDS  |          | 367.48   | 373.17  | 1/1/2013   |
| Le   | vel U: Fragile Under 21  |          | 488.52   | 494.21  | 1/1/2013   |
| Interin X Settler  | Interim n Component nent based on costs Provider Prospective data        | X        | F  | e Total Prospective Prospective Adjusted to Total Prospective with  |  |
| Basis:   |  | Changes: |  |   |  |
| Budget X Unaudited costs Field audited cos Field audit - inter Desk audited cos Desk audit - Inter Desk Audit - Pros | rim portion<br>ts<br>rim Portion   | X        | Usual and<br>Target Ra<br>FRVS Ch<br>Cost Settl<br>Rate Seme | Rating Change Customary Limitation te limitation change ange lement FYE 7/31/201 ester Change 2] as of 01/01/1987 |  |
| Distribution:  | · · · · · · · · · · · · · · · · · · ·                                    |          | 7/2  | Thomas Parker   | , and a second s |
| Contract Management Permanent File For information No Change in R Home Office:                                       | Only ate Southern HealthCare Manageme                                    |          | licaid Cost  | Reimbursement Plann   | ning and Finance   |
|  | R. Mark Cronquist<br>5887 Glenridge Drive, Suite 150<br>Atlanta GA 30328 |          |  |   |  |



| Homestead Manor A Pal | Homestead Manor A Palace Community                   |                      |   | Provider Number:       | 0 046017          | 7-00   |  |
|-----------------------|--|----------------------|---|------------------------|-------------------|--------|--|
| 1330 NW First Avenue  |  |                      |   | Date:                  | 5/30/20           | 13     |  |
| Homestead FL 33030    | -  |                      |   | Fiscal Year End:       | 6/30/20           | 12     |  |
|                       | •  | ,                    |   | Audit Status:          | Unaudited         |        |  |
| Provider Type:        |  |                      |   |                        |                   | + [- ] |  |
| . · · · ·             |  |                      | Current<br>Rate                         | New<br>Rate            | Effective<br>Date | ·<br>• |  |
| Nursing Home          | Single Level   |                      | 237.24                                  | 236.04                 | 11/1/2011         |        |  |
| I                     | evel H: AIDS   | _                    | 383.44                                  | 382.24                 | 11/1/2011         |        |  |
| I                     | evel U: Fragile Under 21                             |                      | 500.77                                  | 499.57                 | 11/1/2011         |        |  |
|                       |  |                      |   |                        |                   |        |  |
| Rate Type :           |  |                      |   |                        |                   |        |  |
| X Interim             |  |                      | Prospective                             | <b>e</b> .             |                   |        |  |
| Tota                  | l Interim  |                      | 7                                       | Total Prospective      |                   |        |  |
| Interim Component     |  |                      | I                                       | Prospective Adjusted   | for New Costs     |        |  |
| X Settl               | ement based on costs                                 |                      | 7                                       | Total Prospective with | n Interim Compon  | ient   |  |
| Prior                 | Provider Prospective data                            |                      |   |                        |                   |        |  |
| Basis:                |  | Changes:             |   |                        |                   |        |  |
| Budget                |  | ,                    | Licensure                               | Rating Change          |                   |        |  |
| X Unaudited costs     | s  |                      | -                                       | Customary Limitatio    | n                 |        |  |
| Field audited co      |  |                      | Target Rate limitation change           |                        |                   |        |  |
| Field audit - in      | terim portion  |                      | FRVS Ch                                 | ange                   |                   |        |  |
| Desk audited co       | osts   | X                    | X Cost Settlement using FYE 6/30/12 C/R |                        |                   |        |  |
| Desk audit - Int      |  | Rate Semester Change |   |                        |                   |        |  |
| Desk Audit - Pr       | ospective portion                                    |                      |   | 2] as of 11/01/2011    |                   |        |  |
| Distribution:         |  | Thomas Parker        |   |                        |                   |        |  |
| Contract Managemen    | nt / Fiscal Agent                                    | Me                   | dicaid Cost                             | Reimbursement Plant    | ning and Finance  |        |  |
| Permanent File        |  |                      |   |                        |                   |        |  |
| For informatio        | ·  |                      |   |                        |                   |        |  |
| No Change in          | Rate   |                      |   |                        |                   |        |  |
| Home Office:          | Professional Care I, Inc.                            |                      |   |                        |                   |        |  |
|                       | Oscar Roiz<br>10850 SW 113th Place<br>Miami FL 33176 |                      | ·                                       |                        | ·                 |        |  |



| Homestead Manor A Pa  | lace Community   |          |  | Provider Number:   | 0 046017-00       |  |
|---|--|----------|--|--|-------------------|--|
| 1330 NW First Avenue  |  |          |  | Date:  | 5/30/2013         |  |
| Homestead FL 33030  |  |          |  | Fiscal Year End:   | 6/30/2012         |  |
|   |  |          |  | Audit Status:  | Unaudited [3]     |  |
| Provider Type:  |  |          | Current<br>Rate                                | New<br>Rate  | Effective<br>Date |  |
| Nursing Home  | Single Level   |          | 239.44   |  | 1/1/2012          |  |
|   | Level H: AIDS  |          | 387.05   | 385.86   | 1/1/2012          |  |
|   | Level U: Fragile Under 21  |          | 505.51   | 504.32   | 1/1/2012          |  |
|   |  |          | •  |  |                   |  |
| Basis:  Budget X Unaudited cos Field audited                | nterim portion   | Changes: | Licensure<br>Usual and<br>Target Ra<br>FRVS CI | Total Prospective Prospective Adjusted to Total Prospective with  e Rating Change d Customary Limitation ate limitation change | Interim Component | The state of the s |
| Desk Audit - I  | Prospective portion  | ALLA W   |  | [2] as of 11/01/2011   |                   |  |
| <b>Distribution:</b>  |  |          | 7/   | Thomas Parker  |                   |  |
| Contract Manageme Permanent File For informati No Change in | on Only  | Med      | dicaid Cost                                    | Reimbursement Plann  | ning and Finance  |  |
| Home Office:  | Professional Care I, Inc. Oscar Roiz 10850 SW 113th Place Miami FL 33176 |          |  |  |                   |  |



| Homestead Manor A Palac   | ce Community   |          |  | Provider Number:  | 0 046017-00      |
|---|--|----------|--|---|------------------|
| 1330 NW First Avenue  |  |          |  | Date:   | 5/30/2013        |
| Homestead FL 33030  |  |          |  | Fiscal Year End:  | 6/30/2012        |
|   |  |          |  | Audit Status:   | Unaudited [3]    |
| Provider Type:  |  |          |  |   |                  |
| *1  |  |          | Current  | New   | Effective        |
|   |  |          | Rate   | Rate  | Date             |
| Nursing Home S  | ingle Level  | *****    | 248.01   |   | 7/1/2012         |
| Le  | evel H: AIDS   |          | 397.22   | 397.55  | 7/1/2012         |
| Le  | evel U: Fragile Under 21   |          | 516.97   | 517.30  | 7/1/2012         |
| Interior X Settle   | Interim m Component ment based on costs Provider Prospective data  | X        | F  | e<br>Total Prospective<br>Prospective Adjusted to<br>Total Prospective with                                       |                  |
| Basis:  | 1 to vacor 1 to speciate data  | Changes: |  | 111   |                  |
| Budget X Unaudited costs Field audited co Field audit - inte Desk audited cost Desk audit - Inte Desk Audit - Pro | erim portion sts rim Portion   | X        | Usual and<br>Target Ra<br>FRVS Ch<br>Cost Settl<br>Rate Seme | Rating Change Customary Limitation te limitation change ange ement using FYE 6/2 ester Change 2] as of 11/01/2011 |                  |
| Distribution:   | Transcription of the second se |          | 75-  | Thomas Parker   |                  |
| Contract Managemen Permanent File For information No Change in I  | ı Only   | Med      | licaid Cost  | Reimbursement Plann   | ning and Finance |
| Home Office:  | Professional Care I, Inc. Oscar Roiz 10850 SW 113th Place Miami FL 33176   |          |  |   |                  |



| Homestead Manor A Palace               | e Community                            |          |   | Provider Number:                          | 0 046017-00       |
|--|--|----------|---|---|-------------------|
| 1330 NW First Avenue                   |  |          |   | Date:                                     | 5/30/2013         |
| Homestead FL 33030                     |  |          |   | Fiscal Year End:                          | 6/30/2012         |
|  |  |          |   | Audit Status:                             | Unaudited [3]     |
| Provider Type:                         |  |          |   | radit Status.                             | Chadated [5]      |
| Trovides Types                         |  | •        | Current<br>Rate                         | New<br>Rate                               | Effective<br>Date |
| Nursing Home Sin                       | ngle Level                             | -        | 248.21                                  | 251.54                                    | 1/1/2013          |
| Lev                                    | vel H: AIDS                            |          | 399.02                                  | 402.35                                    | 1/1/2013          |
| Lev                                    | vel U: Fragile Under 21                | _        | 520.06                                  | 523.39                                    | 1/1/2013          |
| Rate Type:                             |  | x        | Prospective                             |   |                   |
| Total I                                | nterim                                 |          |   | Total Prospective                         |                   |
|  | n Component                            |          |   | Prospective Adjusted t                    |                   |
|  | nent based on costs                    |          |   | Total Prospective with                    | Interim Component |
| Prior P                                | rovider Prospective data               |          |   |   |                   |
| Basis:                                 | İ                                      | Changes: |   |   |                   |
|  |  |          |   |   |                   |
| Budget                                 |  |          |   | Rating Change                             |                   |
| XUnaudited costs<br>Field audited cost | te                                     | [        |   | Customary Limitation te limitation change | n                 |
| Field audit - inter                    |  |          | FRVS Ch                                 |   |                   |
| Desk audited cost                      | <del>-</del>                           | <u> </u> |   | lement using FYE 6/3                      | 30/12 C/R         |
| Desk audit - Inter                     | · · · · · · · · · · · · · · · · · · ·  |          | Rate Seme                               | ester Change                              |                   |
| Desk Audit - Pros                      | spective portion                       |          | On FRV                                  | 2] as of 11/01/2011                       |                   |
| <b>Distribution:</b>                   |  |          | 16-                                     | Thomas Parker                             |                   |
| Contract Management                    | / Fiscal Agent                         | Med      | licaid Cost                             | Reimbursement Planr                       | ning and Finance  |
| Permanent File                         |  |          |   |   | 6                 |
| For information                        | Only                                   |          |   |   |                   |
| No Change in R                         | ate                                    |          |   |   |                   |
| Home Office:                           | Professional Care I, Inc.              |          | *************************************** | 1   |                   |
|  | Oscar Roiz                             |          |   |   |                   |
|  | 10850 SW 113th Place<br>Miami FL 33176 |          |   | , ,                                       |                   |



| Gulf Coast Village Care Center          |                                 |          |                 | Provider Number:       | 0 201120-00       |  |
|---|---------------------------------|----------|-----------------|------------------------|-------------------|--|
| 1333 Santa Barbara I                    | 33 Santa Barbara Blvd.          |          |                 | Date:                  | 3/29/2013         |  |
| Cape Coral FL 33991                     |                                 |          |                 | Fiscal Year End:       | 12/31/2005        |  |
|   |                                 |          |                 | Audit Status:          | Field Audited [2] |  |
| Provider Type:                          |                                 |          |                 | Audit Status.          | Tica radica [2]   |  |
|   |                                 |          | Current<br>Rate | New<br>Rate            | Effective<br>Date |  |
| Nursing Home                            | Single Level                    |          | 194.77          | 186.36                 | 1/1/2007          |  |
|   | Level H: AIDS                   |          | 324.37          | 315.96                 | 1/1/2007          |  |
|   | Level U: Fragile Under 21       |          | 428.36          | 419.95                 | 1/1/2007          |  |
|   |                                 |          |                 |                        | ·                 |  |
| Rate Type :                             |                                 |          |                 |                        |                   |  |
| Interim                                 |                                 | X        | Prospective     | ę                      |                   |  |
|   | Total Interim                   |          |                 | Total Prospective      |                   |  |
|   | nterim Component                |          |                 | Prospective Adjusted   |                   |  |
|   | Settlement based on costs       |          |                 | Total Prospective with | Interim Component |  |
| <u> </u>                                | Prior Provider Prospective data |          |                 |                        |                   |  |
| Basis:                                  |                                 | Changes: |                 |                        |                   |  |
| Budget                                  |                                 |          | Licensure       | Rating Change          |                   |  |
| Unaudited of                            | costs                           |          |                 | Customary Limitatio    | n '               |  |
| X Field audite                          |                                 |          |                 | te limitation change   | ••                |  |
| Field audit                             | - interim portion               | -        | FRVS Ch         | ange                   |                   |  |
| Desk audite                             | _                               | X        | Field Aud       | lit NH11-097W FYE      | 12/31/2005        |  |
|   | - Interim Portion               |          |                 | ester Change           |                   |  |
|   | - Prospective portion           |          | On FRV          | 2] as of 08/28/1989    |                   |  |
| <u>Distribution:</u>                    |                                 |          | 7-15            | Thomas Parker          |                   |  |
| _                                       | ement / Fiscal Agent            | Med      | dicaid Cost     | Reimbursement Planr    | ning and Finance  |  |
| Permanent File                          |                                 |          |                 |                        |                   |  |
| *************************************** | ation Only                      |          |                 |                        |                   |  |
| No Chang                                | e in Rate                       |          |                 |                        |                   |  |
| Home Office:                            | 1 - No Home Office              |          | ×               |                        |                   |  |
|   |                                 |          |                 | -                      |                   |  |
|   |                                 |          |                 |                        |                   |  |
|   |                                 |          |                 |                        |                   |  |



| Gulf Coast Village C        | are Center                      |          |              | Provider Number:          | 0 201120-0         | 0   |
|-----------------------------|---------------------------------|----------|--------------|---------------------------|--------------------|-----|
| 1333 Santa Barbara l        | Blvd.                           | Da       |              | Date:                     | 3/29/2013          |     |
| Cape Coral FL 3399          |                                 | _        |              | Fiscal Year End:          | 12/31/2005         |     |
|                             |                                 |          |              | Audit Status:             | Field Audited      | [2] |
| Provider Type:              |                                 |          |              |                           |                    |     |
|                             |                                 |          | Current      | New                       | Effective          |     |
| Numering Home               | Cinale I and                    |          | Rate         | Rate                      | Date               |     |
| Nursing Home                | Single Level                    | _        | 197.82       | <u> 192.39</u> _          | 2/1/2007           |     |
|                             | Level H: AIDS                   |          | 327.42       | 321.99                    | 2/1/2007           |     |
|                             | Level U: Fragile Under 21       |          | 431.41       | 425.98                    | 2/1/2007           |     |
| Rate Type :                 |                                 | - 113144 |              |                           |                    |     |
|                             |                                 |          |              |                           |                    |     |
| Interim                     | ·                               | X        | Prospective  |                           |                    |     |
|                             | Total Interim                   |          |              | Fotal Prospective         | C- N C             |     |
|                             | Interim Component               |          |              | Prospective Adjusted      |                    |     |
|                             | Settlement based on costs       |          |              | Total Prospective with    | i Interim Componen | τ   |
|                             | Prior Provider Prospective data |          |              |                           |                    |     |
| Basis:                      |                                 | Changes  |              |                           |                    |     |
|                             |                                 | 4        |              | D. J. G.                  |                    |     |
| Budget                      |                                 |          | -            | Rating Change             |                    |     |
| Unaudited (X) Field audited |                                 |          |              | Customary Limitatio       | n                  |     |
|                             |                                 |          | FRVS Ch      | te limitation change      | •                  |     |
| Desk audite                 | - interim portion               | -        |              | ange<br>lit NH11-097W FYE | 12/21/2005         |     |
|                             | - Interim Portion               | X        |              | ester Change              | 12/31/2005         |     |
|                             | - Prospective portion           | -        |              | 2] as of 08/28/1989       |                    |     |
| Distribution:               |                                 |          | R            | Thomas Parker             |                    |     |
| Contract Manage             | ement / Fiscal Agent            |          | edicaid Cost | Reimbursement Plant       | ning and Finance   | _   |
| Permanent File              |                                 |          |              |                           |                    |     |
| For inform                  | nation Only                     |          |              |                           |                    |     |
| No Chang                    | e in Rate                       |          |              |                           |                    |     |
| Home Office:                | 1 - No Home Office              |          |              |                           |                    |     |
| nome Office:                | 1 110 110110                    |          |              |                           |                    |     |
|                             |                                 |          |              | Tanganga Ja               |                    |     |
|                             |                                 |          |              |                           |                    |     |
|                             |                                 |          |              |                           |                    |     |



| Gulf Coast Village Care Center  |                      |  | Provider Number:   | 0 201120-00             |
|---|----------------------|--|--|-------------------------|
| 1333 Santa Barbara Blvd.  | Date: 3 <sub>0</sub> |  | 3/29/2013  |                         |
| Cape Coral FL 33991   |                      |  | Fiscal Year End:   | 12/31/2005              |
|   |                      |  | Audit Status:  | Field Audited [2]       |
| Provider Type:  Nursing Home Single Level   |                      | Current Rate 194.77  | New Rate 186.36  | Effective Date 3/1/2007 |
| Level H: AIDS  Level U: Fragile Under 21  | ******               | 324.37<br>428.36   | 315.96<br>419.95   | 3/1/2007<br>3/1/2007    |
| Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  | X                    | ]  | e<br>Fotal Prospective<br>Prospective Adjusted :<br>Fotal Prospective with   |                         |
| Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion | Changes:             | Usual and<br>Target Ra<br>FRVS Ch<br>Field Aud<br>Rate Sem | Rating Change Customary Limitation Relimitation change Relimitation change Relimitation change Relimitation change Relimitation change Relimitation change Relimitation change Relimitation change Relimitation change Relimitation change Relimitation change Relimitation change Relimitation change Relimitation change Relimitation change Relimitation change Relimitation change Relimitation change |                         |
| Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office                | Med                  | icaid Cost   | Thomas Parker Reimbursement Plann  | ning and Finance        |



| Gulf Coast Village Care Center  |                     |  | Provider Number:  | 0 201120-00       |  |
|---|---------------------|--|---|-------------------|--|
| 1333 Santa Barbara Blvd.  | Santa Barbara Blvd. |  | Date:   | 3/29/2013         |  |
| Cape Coral FL 33991   | •                   |  | Fiscal Year End:  | 12/31/2005        |  |
|   | -                   |  |   | Field Audited [2] |  |
| Provider Type:  |                     |  | Audit Status:   | Field Addited [2] |  |
| Trovider Type.  |                     | Current<br>Rate  | New<br>Rate   | Effective<br>Date |  |
| Nursing Home Single Level   |                     | 202.19   | 186.95  | 7/1/2007          |  |
| Level H: AIDS   |                     | 334.13   | 318.89  | 7/1/2007          |  |
| Level U: Fragile Under 21   |                     | 439.99   | 424.75  | 7/1/2007          |  |
| Rate Type:  Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data   | · X                 |  | e<br>Total Prospective<br>Prospective Adjusted t<br>Total Prospective with  |                   |  |
| Basis:  | Changes:            |  |   |                   |  |
| Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion | X                   | Usual and<br>Target Ra<br>FRVS Ch<br>Field Aud<br>Rate Sem | e Rating Change I Customary Limitation the limitation change thange dit NH11-097W FYE ester Change [2] as of 08/28/1989 |                   |  |
| Distribution:   |                     | 2/0  | Thomas Parker   |                   |  |
| Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate   | Med                 | licaid Cost  | Reimbursement Plann   | ning and Finance  |  |
| Home Office: 1 - No Home Office   |                     |  |   |                   |  |



| Gulf Coast Village Care Center        |                                 |            |                 | Provider Number:       | 0 201120-00       |
|---------------------------------------|---------------------------------|------------|-----------------|------------------------|-------------------|
| 1333 Santa Barbara E                  |                                 | •          | Date:           |                        | 3/29/2013         |
| Cape Coral FL 33991                   |                                 | •          |                 | Fiscal Year End:       | 12/31/2006        |
|                                       |                                 |            |                 | Audit Status:          | Unaudited [3]     |
| Provider Type:                        |                                 |            | Current<br>Rate | New<br>Rate            | Effective<br>Date |
| Nursing Home                          | Single Level                    |            | 191.12          | <u> 190.62</u> _       | 1/1/2008          |
|                                       | Level H: AIDS                   | _          | 325.12          | 324.62                 | 1/1/2008          |
|                                       | Level U: Fragile Under 21       |            | 432.64          | 432.14                 | 1/1/2008          |
| Rate Type :                           |                                 | -          |                 |                        |                   |
| Interim                               |                                 | <b>X</b> - | Prospectiv      | e                      |                   |
|                                       | Total Interim                   |            | X               | Total Prospective      | •                 |
| I                                     | nterim Component                |            |                 | Prospective Adjusted i |                   |
| S                                     | Settlement based on costs       |            |                 | Total Prospective with | Interim Component |
| F                                     | Prior Provider Prospective data |            |                 |                        |                   |
| Basis:                                |                                 | Changes:   |                 |                        |                   |
| Budget                                |                                 |            | Licensure       | Rating Change          |                   |
| X Unaudited                           | costs                           |            | •               | Customary Limitatio    | n                 |
| Field audite                          |                                 |            |                 | te limitation change   | -                 |
| Field audit                           | - interim portion               |            | FRVS Ch         | ange                   |                   |
| Desk audite                           | -                               | X          | Effects of      | FA NH11-097W FY        | E 12/31/05        |
|                                       | - Interim Portion               |            |                 | ester Change           |                   |
| Desk Audit                            | - Prospective portion           |            | On FRV [        | [2] as of 08/28/1989   |                   |
| Distribution:                         | om ant / Piacal A cont          |            | 20              | Thomas Parker          |                   |
|                                       | ement / Fiscal Agent            | Med        | dicaid Cost     | Reimbursement Plant    | ning and Finance  |
| Permanent File                        | otion Only                      |            |                 |                        |                   |
| For inform                            | •                               |            |                 |                        | •                 |
| No Chang                              | e in Kate                       |            |                 |                        |                   |
| Home Office:                          | 1 - No Home Office              |            |                 |                        |                   |
| · · · · · · · · · · · · · · · · · · · |                                 |            |                 |                        |                   |
|                                       |                                 |            |                 |                        |                   |
|                                       |                                 |            |                 |                        |                   |



| Gulf Coast Village Care Center  |      |  | Provider Number:  | 0 201120-00                        |
|---|------|--|---|------------------------------------|
| 1333 Santa Barbara Blvd.  |      |  | Date:   | 3/29/2013                          |
| Cape Coral FL 33991   |      |  | Fiscal Year End:  | 12/31/2007                         |
|   |      |  | Audit Status:   | Field Audited [2]                  |
| Provider Type:  Nursing Home Single Level   |      | Current<br>Rate  | New<br>Rate<br>188.71   | Effective Date 7/1/2008            |
| Level H: AIDS   | 3    | 330.09   | 324.99  | 7/1/2008                           |
| Level U: Fragile Under 21   |      | 439.44   | 434.34  | 7/1/2008                           |
| Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:   | X F  | P  | otal Prospective<br>rospective Adjusted<br>otal Prospective with                                    | for New Costs  1 Interim Component |
| Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion | X    | Usual and G<br>Target Rate<br>FRVS Cha<br>Effects of I<br>Rate Semes | Rating Change Customary Limitation Initial change Inge FA NH11-097W FY Ster Change as of 08/28/1989 |                                    |
| Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  | Medi | icaid Cost F   | Thomas Parker<br>Teimbursement Plan   | ning and Finance                   |
| Home Office: 1 - No Home Office   |      |  |   |                                    |



| Gulf Coast Village Care Center |                                     |          |                 | Provider Number:                    | 0 201120-0        | 00    |
|--------------------------------|-------------------------------------|----------|-----------------|-------------------------------------|-------------------|-------|
| 1333 Santa Barbara Bl          | lvd.                                | _        | Date:           |                                     | 3/29/2013         | 3     |
| Cape Coral FL 33991            |                                     | •        |                 | Fiscal Year End:                    | 12/31/200         |       |
|                                |                                     |          |                 | Audit Status:                       | Field Audited     |       |
| Provider Type:                 |                                     |          |                 | Audit Status.                       | Tield Addited     | 1 [2] |
| riovider Type.                 |                                     |          | Current<br>Rate | New<br>Rate                         | Effective<br>Date |       |
| Nursing Home                   | Single Level                        | -        | 195.34          | 188.67                              | 1/1/2009          |       |
|                                | Level H: AIDS                       |          | 333.69          | 327.02                              | 1/1/2009          |       |
|                                | Level U: Fragile Under 21           | _        | 444.70          | 438.03                              | 1/1/2009          |       |
| Rate Type :                    |                                     |          |                 |                                     |                   | -     |
| Interim                        |                                     | X        | Prospective     | e                                   |                   |       |
|                                | otal Interim                        |          |                 | Total Prospective                   |                   |       |
|                                | terim Component                     |          |                 | Prospective Adjusted to             |                   |       |
|                                | ettlement based on costs            |          |                 | Total Prospective with              | Interim Compone   | nt    |
| Pr                             | rior Provider Prospective data      |          |                 |                                     |                   |       |
| Basis:                         |                                     | Changes: | ]               |                                     |                   |       |
| Budget                         |                                     |          | Licensure       | Rating Change                       |                   |       |
| Unaudited co                   | osts                                |          |                 | Customary Limitatio                 | n                 |       |
| X Field audited                | l costs                             |          | Target Ra       | te limitation change                | •                 |       |
|                                | interim portion                     |          | FRVS Ch         | ange                                |                   |       |
| Desk audited                   | 1                                   | X        |                 | FA NH11-097W FY                     | E 12/31/05        |       |
|                                | Interim Portion Prospective portion |          |                 | ester Change<br>2] as of 08/28/1989 |                   |       |
| Distribution:                  |                                     |          | 20              | Thomas Parker                       |                   |       |
| Contract Manager               | nent / Fiscal Agent                 | Med      | dicaid Cost     | Reimbursement Planr                 | ning and Finance  |       |
| Permanent File                 |                                     |          | 210414 0001     | ·                                   |                   |       |
| For informa                    | tion Only                           |          |                 |                                     |                   | •     |
| No Change                      | in Rate                             |          |                 |                                     |                   |       |
| Home Office:                   | 1 - No Home Office                  |          |                 |                                     |                   |       |
| and omico.                     |                                     |          |                 |                                     |                   |       |



| Gulf Coast Village Care Center   |          |                              | Provider Number:   | 0 201120                | -00    |
|--|----------|------------------------------|--|-------------------------|--------|
| 1333 Santa Barbara Blvd.   |          |                              | Date:  | 3/29/2013               |        |
| Cape Coral FL 33991  | -        |                              | Fiscal Year End:   | 12/31/20                | 07     |
|  |          |                              | Audit Status:  | Field Audite            | ed [2] |
| Provider Type:  Nursing Home Single Level  | <u>-</u> | Current Rate 178.97          | New<br>Rate<br>172.86  | Effective Date 3/1/2009 |        |
| Level H: AIDS  | _        | 317.32                       | 311.21   | 3/1/2009                |        |
| Level U: Fragile Under 21  | _        | 428.33                       | 422.22   | 3/1/2009                |        |
| Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget Unaudited costs            | Changes: | Licensure Usual and          | Fotal Prospective Prospective Adjusted of Fotal Prospective with Rating Change Customary Limitatio | Interim Compon          | ent    |
| X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion         | X        | FRVS Ch Effects of Rate Seme | te limitation change<br>ange<br>FA NH11-097W FY<br>ester Change<br>2] as of 08/28/1989             | E 12/31/05              |        |
| Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office | Med      | dicaid Cost                  | Thomas Parker Reimbursement Plann  | ning and Finance        |        |



| Gulf Coast Village Care  | Center                    |          |  | Provider Number:  | 0 201120-00             |
|--|---------------------------|----------|--|---|-------------------------|
| 1333 Santa Barbara Blvc  | l                         |          |  | Date:   | 3/29/2013               |
| Cape Coral FL 33991  |                           |          |  | Fiscal Year End:  | 12/31/2007              |
|  |                           |          |  | Audit Status:   | Field Audited [2]       |
| Provider Type: Nursing Home  | Single Level              |          | Current Rate 210.91                              | New Rate 203.85   | Effective Date 4/1/2009 |
| I  | Level H: AIDS             |          | 349.26   | 342.20  | 4/1/2009                |
| I  | Level U: Fragile Under 21 |          | 460.27   | 453.21  | 4/1/2009                |
| Basis:  Budget Unaudited cost X Field audited c Field audited c Desk audited c Desk audit - In | osts terim portion osts   | Changes: | Licensure Usual and Target Ra FRVS Ch Effects of | Prospective Prospective Adjusted to Prospective with  Rating Change Customary Limitation te limitation change | Interim Component       |
| Distribution:  Contract Manageme Permanent File For information                                | on Only                   | Med      | icaid Cost                                       | Thomas Parker Reimbursement Plann   | ing and Finance         |
| No Change in Home Office:  | 1 - No Home Office        |          |  |   |                         |



| Gulf Coast Village Care Center   |          |   | Provider Number:   | 0 201120-00       |
|--|----------|---|--|-------------------|
| 1333 Santa Barbara Blvd.   |          |   |  | 3/29/2013         |
| Cape Coral FL 33991  | ···      |   | Fiscal Year End:   | 12/31/2007        |
|  |          |   | Audit Status:  | Field Audited [2] |
| Provider Type:   |          | Current<br>Rate   | New<br>Rate  | Effective<br>Date |
| Nursing Home Single Level  |          | 209.34  | 206.26   | 7/1/2009          |
| Level H: AIDS  | _        | 349.69  | 346.61   | 7/1/2009          |
| Level U: Fragile Unde  | r 21     | 462.31  | 459.23   | 7/1/2009          |
| Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective  | X        |   | e<br>Total Prospective<br>Prospective Adjusted<br>Total Prospective with |                   |
| Basis:   | Changes: |   |  |                   |
| Budget Unaudited costs  X Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion | X        | Usual and<br>Target Ra<br>FRVS Ch<br>Effects of<br>Rate Sem | FA NH11-097W FY<br>ester Change<br>[2] as of 08/28/1989                  |                   |
| Distribution:  |          | 3   | Thomas Parker  |                   |
| Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate   | Med      | licaid Cost   | Reimbursement Plant  | ing and Finance   |
| Home Office: 1 - No Home Offi  | ce       |   |  |                   |



| Gulf Coast Village Ca                               | are Center  |       |  | Provider Number:  | 0 201120-00             |
|---|---|-------|--|---|-------------------------|
| 1333 Santa Barbara E                                |   | •     |  | Date:   | 3/29/2013               |
| Cape Coral FL 33991                                 |   |       |  | Fiscal Year End:  | 12/31/2008              |
|   |   |       |  | Audit Status:   | Unaudited [3]           |
| Provider Type: Nursing Home                         | Single Level  | -     | urrent<br>Rate<br><b>07.65</b>                             | New Rate 205.51   | Effective Date 1/1/2010 |
| 9   | 8   |       |  |   |                         |
|   | Level H: AIDS   | _ 3   | 49.57  | 347.43  | 1/1/2010                |
|   | Level U: Fragile Under 21   | 4     | 63.45  | 461.31  | 1/1/2010                |
| I   | Total Interim Interim Component Settlement based on costs Prior Provider Prospective data | X P   |  | re Total Prospective Prospective Adjusted t Total Prospective with  |                         |
| Desk audite Desk audit                              | ed costs - interim portion  | X     | Usual and<br>Farget Ra<br>FRVS Ch<br>Effects o<br>Rate Sem | e Rating Change I Customary Limitation ate limitation change nange I FA NH11-097W FY nester Change [2] as of 08/28/1989 |                         |
| Distribution:                                       |   |       | 7-   | Thomas Parker   |                         |
| Contract Manage Permanent File For inform No Change | ·   | Medic | caid Cost  | Reimbursement Plann   | ning and Finance        |
| Home Office:  | 1 - No Home Office  |       |  |   |                         |



| Gulf Coast Village Ca | are Center                     |              |                               | Provider Number:       | 0 201120-00       |   |
|-----------------------|--------------------------------|--------------|-------------------------------|------------------------|-------------------|---|
| 1333 Santa Barbara B  |                                | Date: 3      |                               | 3/29/2013              |                   |   |
| Cape Coral FL 33991   |                                |              |                               | Fiscal Year End:       | 12/31/2008        | - |
|                       |                                |              |                               | Audit Status:          | Unaudited [3]     |   |
| Provider Type:        |                                |              |                               |                        |                   |   |
|                       |                                |              | Current                       | New                    | Effective         |   |
| N                     | C'a la facal                   |              | Rate                          | Rate                   | Date              |   |
| Nursing Home          | Single Level                   |              | 209.53                        |                        | 7/1/2010          |   |
|                       | Level H: AIDS                  |              | 352.87                        | 350.07                 | 7/1/2010          |   |
|                       | Level U: Fragile Under 21      | <del>-</del> | 467.90                        | 465.10                 | 7/1/2010          |   |
| Rate Type :           |                                |              |                               |                        |                   |   |
| Interim               |                                | X            | Prospectiv                    | e                      |                   |   |
| Γ                     | Cotal Interim                  |              | <u> </u>                      | Total Prospective      |                   |   |
|                       | nterim Component               |              | -                             | Prospective Adjusted 1 |                   |   |
|                       | ettlement based on costs       |              |                               | Total Prospective with | Interim Component |   |
| P                     | rior Provider Prospective data |              |                               |                        |                   |   |
| Basis:                |                                | Changes:     |                               |                        |                   |   |
| Dudget                |                                |              | Licensure                     | Rating Change          |                   |   |
| Budget X Unaudited of | osts                           |              | ,                             | d Customary Limitation | n                 |   |
| Field audite          |                                |              | Target Rate limitation change |                        |                   |   |
| Field audit           | - interim portion              |              | FRVS Ch                       | ange                   |                   |   |
| Desk audite           |                                | X            | Effects of                    | f FA NH11-097W FY      | E 12/31/05        |   |
|                       | Interim Portion                |              |                               | ester Change           |                   |   |
| Distribution:         | - Prospective portion          |              |                               | [2] as of 08/28/1989   |                   |   |
|                       |                                |              | 12                            | Thomas Parker          |                   |   |
| Permanent File        | ment / Fiscal Agent            | Me           | dicaid Cost                   | Reimbursement Plann    | ning and Finance  |   |
| For information       | ation Only                     |              |                               |                        |                   |   |
| No Change             | •                              |              |                               |                        |                   |   |
| No Change             | e in Rate                      |              |                               |                        |                   |   |
| Home Office:          | 1 - No Home Office             |              |                               |                        |                   |   |
|                       | ·                              |              |                               |                        |                   |   |
|                       |                                |              |                               |                        |                   |   |
|                       | •                              |              |                               |                        |                   |   |



| Gulf Coast Village C | are Center                      |          |                 | Provider Number:       | 0 201120-00       |
|----------------------|---------------------------------|----------|-----------------|------------------------|-------------------|
| 1333 Santa Barbara I | Blvd.                           | _        |                 | Date:                  | 3/29/2013         |
| Cape Coral FL 33991  |                                 | -<br>-   |                 | Fiscal Year End:       | 12/31/2009        |
|                      |                                 |          |                 | Audit Status:          | Unaudited [3]     |
| Provider Type:       |                                 |          |                 | riddit Builds.         | Citatates [5]     |
| <b></b>              |                                 |          | Current<br>Rate | New<br>Rate            | Effective<br>Date |
| Nursing Home         | Single Level                    | •••••    | 206.84          | 205.85                 | 1/1/2011          |
|                      | Level H: AIDS                   | _        | 351.70          | 350.71                 | 1/1/2011          |
|                      | Level U: Fragile Under 21       | _        | 467.95          | 466.96                 | 1/1/2011          |
| Rate Type :          |                                 |          |                 |                        |                   |
| Interim              |                                 | X        | Prospectiv      | re                     |                   |
|                      | Total Interim                   |          |                 | Total Prospective      |                   |
|                      | Interim Component               |          |                 | Prospective Adjusted   |                   |
|                      | Settlement based on costs       |          |                 | Total Prospective with | Interim Component |
|                      | Prior Provider Prospective data | <u> </u> |                 |                        |                   |
| Basis:               |                                 | Changes: |                 |                        |                   |
| The dead             |                                 |          | Licaneure       | Rating Change          |                   |
| Budget  X Unaudited  | roete                           |          |                 | l Customary Limitatio  | n                 |
| Field audite         |                                 |          | -               | ate limitation change  | 11                |
|                      | - interim portion               |          | FRVS Ch         |                        |                   |
| Desk audite          | ed costs                        | X        | Effects of      | f FA NH11-097W FY      | E 12/31/05        |
|                      | - Interim Portion               |          | _               | ester Change           |                   |
|                      | - Prospective portion           |          | On FRV          | [2] as of 08/28/1989   |                   |
| Distribution:        |                                 |          | 15              | Thomas Parker          |                   |
| <del></del>          | ement / Fiscal Agent            | Me       | dicaid Cost     | Reimbursement Plann    | ning and Finance  |
| Permanent File       | arts a Oats                     | -        |                 |                        | ,                 |
| For inform           | -                               |          |                 |                        |                   |
| No Chang             | e in Rate                       |          |                 |                        |                   |
| Home Office:         | 1 - No Home Office              |          |                 |                        |                   |
|                      |                                 |          |                 |                        |                   |
|                      |                                 |          |                 |                        |                   |
|                      |                                 |          |                 |                        |                   |



| Gulf Coast Village Care | Center   |          |  | Provider Number:   | 0 201120-00       |
|-------------------------|--|----------|--|--|-------------------|
| 1333 Santa Barbara Blv  | d  | -        |  | Date:  | 3/29/2013         |
| Cape Coral FL 33991     |  | _        |  | Fiscal Year End:   | 12/31/2010        |
|                         |  |          |  | Audit Status:  | Unaudited [3]     |
| Provider Type:          |  |          |  | 1 2 4 4 7 4 7 4 7 7 7 7 7 7 7 7 7 7 7 7 7                                | L                 |
|                         |  |          | Current<br>Rate  | New<br>Rate  | Effective<br>Date |
| Nursing Home            | Single Level   |          | 204.56   |  | 7/1/2011          |
|                         | Level H: AIDS  | _        | 350.76   | 349.02   | 7/1/2011          |
|                         | Level U: Fragile Under 21  | -        | 468.09   | 466.35   | 7/1/2011          |
| Inte                    | al Interim<br>erim Component<br>element based on costs                     | X        | ]  | e<br>Fotal Prospective<br>Prospective Adjusted<br>Fotal Prospective with |                   |
| Basis:                  | or Provider Prospective data   | Changes: |  |  |                   |
| Desk audited o          | nterim portion costs nterim Portion Prospective portion ent / Fiscal Agent | X        | Usual and<br>Target Ra<br>FRVS Ch<br>Effects of<br>Rate Seme<br>On FRV [ | FA NH11-097W FY ester Change<br>2] as of 08/28/1989                      | YE 12/31/05       |
| No Change in            | •  |          |  |  |                   |
| Home Office:            | 1 - No Home Office   |          |  |  |                   |



| Gulf Coast Village Care  | Center   |  |             | Provider Number:   | 0 201120-00      |
|--|--|--|-------------|--|------------------|
| 1333 Santa Barbara Blv   | i.   | Date: 3/2  |             | 3/29/2013  |                  |
| Cape Coral FL 33991  |  | _  |             | Fiscal Year End:   | 12/31/2010       |
|  |  |  |             | Audit Status:  | Unaudited [3]    |
| Provider Type:   |  |  |             |  |                  |
|  |  |  | Current     | New  | Effective        |
| NT · TY  | C  |  | Rate        | Rate   | Date             |
| Nursing Home   | Single Level   |  | 205.94      |  | 1/1/2012         |
|  | Level H: AIDS  |  | 353.55      | 352.46   | 1/1/2012         |
| ]  | Level U: Fragile Under 21                            | _  | 472.01      | 470.92   | 1/1/2012         |
| Inte   | al Interim<br>rim Component<br>lement based on costs | X  | ]           | e<br>Total Prospective<br>Prospective Adjusted t<br>Total Prospective with |                  |
| Prio   | r Provider Prospective data                          |  |             |  | •                |
| Basis:   |  | Changes:   | j           |  |                  |
| Budget X Unaudited cost Field audited of Field audit - in Desk audited of Desk Audit - In Desk Audit - P | costs<br>aterim portion<br>osts                      | Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Effects of FA NH11-097W FYE 12/31/05 Rate Semester Change On FRV [2] as of 08/28/1989 |             |  |                  |
| Distribution:  |  |  | 7/          | Thomas Parker  |                  |
| Contract Manageme  | ent / Fiscal Agent                                   | Med  | licaid Cost | Reimbursement Plann  | ning and Finance |
| Permanent File   |  |  |             |  | g                |
| For information  | on Only  |  |             |  |                  |
| No Change in   | Rate   |  |             |  |                  |
| Home Office:   | 1 - No Home Office                                   |  |             |  |                  |



| Gulf Coast Village Care Center          |          |              | Provider Number:                           | 0 201120-00       |
|---|----------|--------------|--|-------------------|
| 1333 Santa Barbara Blvd.                |          |              | Date:                                      | 3/29/2013         |
| Cape Coral FL 33991                     |          |              | Fiscal Year End:                           | 12/31/2011        |
|   |          |              | Audit Status:                              | Unaudited [3]     |
| Provider Type:                          |          |              |  |                   |
|   |          | Current      | New  | Effective         |
| Namina II.                              |          | Rate         | Rate                                       | Date              |
| Nursing Home Single Level               |          | 215.98       |  | 7/1/2012          |
| Level H: AIDS                           | 3        | 365.19       | 364.77                                     | 7/1/2012          |
| Level U: Fragile Under 21               |          | 184.94       | 484.52                                     | 7/1/2012          |
|   |          |              |  |                   |
| Rate Type:                              | *        |              |  |                   |
| Interim                                 | X I      | Prospective  |  |                   |
| Total Interim                           |          | XT           | otal Prospective                           |                   |
| Interim Component                       |          | P            | rospective Adjusted t                      | for New Costs     |
| Settlement based on costs               |          | T            | otal Prospective with                      | Interim Component |
| Prior Provider Prospective data         |          |              |  |                   |
| Basis:                                  | Changes: |              |  |                   |
|   |          | <b>T</b> *   | n die Gle                                  |                   |
| Budget                                  |          |              | Rating Change                              |                   |
| XUnaudited costs<br>Field audited costs |          |              | Customary Limitatio<br>e limitation change | n                 |
| Field audit - interim portion           |          | FRVS Cha     | -  |                   |
| Desk audited costs                      |          |              | 50<br>FA NH11-097W FY                      | E 12/31/05        |
| Desk audit - Interim Portion            |          |              | ster Change                                | 13 12/31/03       |
| Desk Audit - Prospective portion        |          |              | 2] as of 08/28/1989                        |                   |
| Distribution:                           |          | 7            | Thomas Parker                              |                   |
| Contract Management / Fiscal Agent      | Medi     | icaid Cost I | Reimbursement Planr                        | ing and Finance   |
| Permanent File                          |          |              |  | <b>3</b>          |
| For information Only                    |          |              |  |                   |
| No Change in Rate                       |          |              |  |                   |
| Home Office: 1 - No Home Office         |          |              |  |                   |
| CALLOU.                                 |          |              |  |                   |
|   |          |              |  |                   |
|   |          |              |  |                   |



| Gulf Coast Village Care Center  |   | Provider Number:   | 0 201120-00             |  |
|---|---|--|-------------------------|--|
| 1333 Santa Barbara Blvd.  |   | Date:  | 3/29/2013               |  |
| Cape Coral FL 33991   |   | Fiscal Year End:   | 12/31/2011              |  |
|   |   | Audit Status:  | Unaudited [3]           |  |
| Provider Type:  Nursing Home Single Level   | Current Rate 218.70   | New Rate   | Effective Date 1/1/2013 |  |
| Single Level  |   | <u>219.02</u> _  | 1/1/2013                |  |
| Level H: AIDS   | 369.51  | 369.83   | 1/1/2013                |  |
| Level U: Fragile Under 21   | 490.55  | 490.87   | 1/1/2013                |  |
| Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:  Budget  X Unaudited costs  Field audited costs | Changes:  Licensure Usual and   | Total Prospective Prospective Adjusted for Total Prospective with Reference Rating Change Country Limitation to Change | Interim Component       |  |
| Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion   | FRVS Change  X Effects of FA NH11-097W FYE 12/31/05  Rate Semester Change On FRY_[2] as of 08/28/1989 |  |                         |  |
| <u>Distribution:</u>  |   | Thomas Parker  |                         |  |
| Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  | Medicaid Cost   | Reimbursement Plann  | ning and Finance        |  |
| Home Office: 1 - No Home Office   |   |  |                         |  |



| South Jacksonville   |   |          |                 | Provider Number:   | 0 205630-00         |
|----------------------|---|----------|-----------------|--|---------------------|
| 3648 University Blvo | 1   |          |                 | Date:  | 2/18/2013           |
| Jacksonville FL 3221 | 6   |          |                 | Fiscal Year End:   | 5/31/2006           |
|                      |   |          |                 | Audit Status:  | Field Audited [2]   |
| Provider Type:       |   |          |                 |  |                     |
| • •                  |   | _        | Current<br>Rate | New<br>Rate  | EffectiveDate       |
| Nursing Home         | Single Level  | -        | 156.48          |  | 1/1/2007            |
|                      | Level H: AIDS   |          | 286.08          | 285.27   | 1/1/2007            |
|                      | Level U: Fragile Under 21                                 | _        | 390.07          | 389.26   | 1/1/2007            |
| Rate Type :          |   | X        | Prospectiv      | ⁄e   |                     |
|                      | Total Interim   |          |                 | Total Prospective  |                     |
|                      | Interim Component   |          |                 | Prospective Adjusted   |                     |
|                      | Settlement based on costs Prior Provider Prospective data |          |                 | Total Prospective with   | i Interim Component |
|                      | Thoi Hovidei Hospeetive data                              | La       |                 |  |                     |
| Basis:               |   | Changes: | j               |  |                     |
| Budget               |   |          | Licensur        | e Rating Change  |                     |
| Unaudited            | costs   |          | •               | d Customary Limitatio  | on                  |
| X Field audit        | ed costs  |          |                 | ate limitation change  |                     |
|                      | - interim portion   |          | FRVS CI         | -  |                     |
| Desk audit           | ed costs - Interim Portion                                | <u> </u> |                 | dit NH11-120C FYE nester Change  | 5/31/2006           |
|                      | t - Prospective portion                                   |          | Rate Sen        | lester Change  |                     |
| Distribution:        |   |          | 75              | Thomas Parker  |                     |
| _                    | ement / Fiscal Agent                                      | Me       | dicaid Cost     | t Reimbursement Plan   | ning and Finance    |
| Permanent File       | antina Oulu   |          |                 |  |                     |
|                      | nation Only   |          |                 |  |                     |
| No Chang             |   |          |                 |  |                     |
| Home Office:         | HCR Manor Care  |          |                 |  |                     |
|                      | Julie Yoxtheimer  |          |                 |  |                     |
|                      | 333 North Summit Street<br>Toledo OH 43604                |          |                 | THE PERSON NAMED IN COLUMN TO THE PE |                     |
|                      |   |          |                 |  |                     |



| South Jacksonville  |   |                                 | Provider Number:  | 0 205630-00             | ) , |
|---|---|---------------------------------|---|-------------------------|-----|
| 3648 University Blvd  |   |                                 | Date:   | 2/18/2013               |     |
| Jacksonville FL 3221  | 6   |                                 | Fiscal Year End:  | 5/31/2006               |     |
|   |   |                                 | Audit Status:   | Field Audited [         | [2] |
| Provider Type: Nursing Home   | Single Level  | Current Rate 165.32             | New Rate 164.51   | Effective Date 7/1/2007 |     |
| ruising nome  | Single Level  | 103.32                          |   | 7/1/2007                |     |
|   | Level H: AIDS   | 297.26                          | 296.45  | 7/1/2007                |     |
|   | Level U: Fragile Under 21   | 403.12                          | 402.31  | 7/1/2007                |     |
| I   | Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data | X Prospect                      | Total Prospective Prospective Adjusted to Total Prospective with  |                         | :   |
| Desk audite Desk audit  | ed costs - interim portion  | Usual at Target FRVS CX Field A | re Rating Change and Customary Limitatio Rate limitation change Change udit NH11-120C FYE mester Change |                         |     |
| Distribution:  Contract Manage Permanent File For inform No Change Home Office: | •   | Medicaid Cos                    | Thomas Parker at Reimbursement Plann  | ning and Finance        | _   |



| Morton Plant Rehabilita  | tion Center   |          |  | Provider Number:   | 0 206431-00      |                |
|--|---|----------|--|--|------------------|----------------|
| 400 Corbett Street   |   |          |  | Date:  | 6/11/2013        |                |
| Clearwater FL 33756  | ***************************************                                       |          |  | Fiscal Year End:   | 12/31/2007       |                |
|  |   |          |  | Audit Status:  | Unaudited [3]    |                |
| Provider Type:   | Single Lavel  |          | Current Rate   | New Rate   | Effective Date   |                |
| Nursing Home   | Single Level  |          | 192.27   | <u> 192.80</u> _   | 1/1/2009         |                |
|  | Level H: AIDS   |          | 330.62   | 331.15   | 1/1/2009         |                |
|  | Level U: Fragile Under 21   |          | 441.63   | 442.16   | 1/1/2009         |                |
| Inte   | al Interim erim Component tlement based on costs or Provider Prospective data | Changes: |  | e Total Prospective Prospective Adjusted t Total Prospective with  |                  | Automore Makes |
| Desk audited of Desk audit - Ir  | nterim portion  | X        | Usual and<br>Target Ra<br>FRVS Ch<br>Retro for<br>Rate Sem | e Rating Change If Customary Limitation ate limitation change nange FYE 12/31/2007 ester Change [2] as of 10/01/1985 | n                |                |
| Distribution:  Contract Manageme Permanent File For informati No Change in | on Only   | Med      | dicaid Cost  | Thomas Parker Reimbursement Plann  | ning and Finance |                |
| Home Office:   | Baycare Health System  16331 Bay Vista Drive Clearwater Fl 33760              |          |  |  |                  |                |



| Morton Plant Rehabilitation | on Center                                    |          |              | Provider Number:                     | 0 206431-00         |
|-----------------------------|--|----------|--------------|--------------------------------------|---------------------|
| 400 Corbett Street          |  |          |              | Date:                                | 6/11/2013           |
| Clearwater FL 33756         |  |          |              | Fiscal Year End:                     | 12/31/2007          |
|                             |  |          |              | Audit Status:                        | Unaudited [3]       |
| Provider Type:              |  |          |              | Audit Status.                        | Olladarea [3]       |
| Trovidor Lypor              |  |          | Current      | New                                  | Effective           |
|                             |  |          | Rate         | Rate                                 | Date                |
| Nursing Home S              | ingle Level                                  | -        | 176.15       |                                      | 3/1/2009            |
| L                           | evel H: AIDS                                 |          | 314.50       | 314.99                               | 3/1/2009            |
| Le                          | evel U: Fragile Under 21                     | -        | 425.51       | 426.00                               | 3/1/2009            |
| Rate Type:                  |  | X        | Prospectiv   | a                                    |                     |
|                             | Interim                                      |          |              | Total Prospective                    |                     |
|                             | im Component                                 |          |              | Prospective Adjusted                 | for New Costs       |
| Settle                      | ement based on costs                         |          |              | Total Prospective with               | 1 Interim Component |
| Prior                       | Provider Prospective data                    |          |              |                                      |                     |
| Basis:                      |  | Changes  |              |                                      |                     |
| Dudget                      |  |          | Licensure    | Rating Change                        | •                   |
| Budget X Unaudited costs    |  |          | -            | Customary Limitatio                  | n                   |
| Field audited co            |  |          |              | te limitation change                 |                     |
| Field audit - inte          | erim portion                                 |          | FRVS Ch      | ange                                 |                     |
| Desk audited co             |  | <u> </u> |              | FYE 12/31/2007                       |                     |
| Desk audit - Inte           | erim Portion ospective portion               |          |              | ester Change<br>[2] as of 10/01/1985 |                     |
| Distribution:               |  |          | 20           | Thomas Parker                        |                     |
| Contract Managemen          | nt / Fiscal Agent                            |          | edicaid Cost | Reimbursement Plani                  | ning and Finance    |
| Permanent File              |  | 1414     | alcaid Cost  | Kennoursement I tan                  | mig and i mance     |
| For information             | n Only                                       |          |              |                                      |                     |
| No Change in I              | Rate   |          |              |                                      |                     |
| Home Office:                | Baycare Health System                        |          | -            |                                      |                     |
|                             | 16331 Bay Vista Drive<br>Clearwater Fl 33760 |          |              | `                                    |                     |



| Morton Plant Rehabil | litation Center                              |  |  | Provider Number:                        | 0 206431-00                                   |
|----------------------|--|--|--|---|---|
| 400 Corbett Street   |  |  |  | Date:                                   | 6/11/2013                                     |
| Clearwater FL 33756  | ·  |  |  | Fiscal Year End:                        | 12/31/2007                                    |
|                      |  |  |  | Audit Status:                           | Unaudited [3]                                 |
| Provider Type:       |  | _  | Current<br>Rate                                      | New<br>Rate                             | Effective<br>Date                             |
| Nursing Home         | Single Level                                 |  | 211.79   |   | 4/1/2009                                      |
|                      | Level H: AIDS                                |  | 350.14   | 350.98                                  | 4/1/2009                                      |
|                      | Level U: Fragile Under 21                    |  | 461.15   | 461.99                                  | 4/1/2009                                      |
|                      |  |  |  | ·                                       |   |
| Rate Type :          |  |  |  | *************************************** |   |
| Interim              |  | X  | Prospectiv   | ve .                                    |   |
| 7                    | Γotal Interim                                |  | X  | Total Prospective                       |   |
| I                    | Interim Component                            |  |  | Prospective Adjusted                    | for New Costs                                 |
| S                    | Settlement based on costs                    |  |  | Total Prospective with                  | n Interim Component                           |
| F                    | Prior Provider Prospective data              |  |  |   |   |
| Basis:               |  | Changes  |  |   |   |
| Budget               |  |  | Licensure  | e Rating Change                         |   |
| X Unaudited          | costs  |  |  | d Customary Limitatio                   | m   |
| Field audite         |  |  |  | ate limitation change                   | •   |
| Field audit          | - interim portion                            |  | FRVS C   | nange                                   |   |
| Desk audite          |  | X  | -<br>Retro for                                       | r FYE 12/31/2007                        |   |
|                      | - Interim Portion                            | And a second sec |  | ester Change                            |   |
| Desk Audit           | - Prospective portion                        |  | On FRV   | [2] as of 10/01/1985                    | 4 MINISTER 1 MINISTER 1 MINISTER 1 MINISTER 1 |
| <b>Distribution:</b> |  |  | 6  | Thomas Parker                           |   |
| _                    | ement / Fiscal Agent                         | M  | edicaid Cost   | Reimbursement Plans                     | ning and Finance                              |
| Permanent File       | •  |  |  |   |   |
|                      | nation Only                                  |  |  |   |   |
| No Chang             | e in Rate                                    |  |  |   |   |
| Home Office:         | Baycare Health System                        |  | F 16. a reson in .<br>- nonnecessarities, $f\cong V$ |   |   |
|                      | 16331 Bay Vista Drive<br>Clearwater Fl 33760 |  |  |   |   |
|                      | <u> </u>                                     |  |  |   |   |



| Date   6/11/20     Clearwater FL 33756   Fiscal Year End:   12/31/20     Audit Status:   Unaudited Provider Type:   Current Rate Rate Date   Date   Provider Type:   Current Rate Rate Date   Date   Date   Provider Type:   Current Rate Rate Date     | 13    |
|--|-------|
| Fiscal Year End: 12/31/20     Audit Status: Unaudited  |       |
| Current   New   Effective   Date   | 007   |
| Nursing Home   Single Level   Single Level   216.94   217.91   7/1/2009  | d [3] |
| Nursing Home         Single Level         Rate         Rate         Date           Level H: AIDS         357.29         358.26         7/1/2009           Level U: Fragile Under 21         469.91         470.88         7/1/2009           Rate Type:           Interim         X         Prospective           Total Interim         X         Total Prospective  |       |
| Level H: AIDS   357.29   358.26   7/1/2009     Level U: Fragile Under 21   469.91   470.88   7/1/2009     Rate Type :  |       |
| Level H: AIDS   357.29   358.26   7/1/2009     Level U: Fragile Under 21   469.91   470.88   7/1/2009     Rate Type :  | -     |
| Level U: Fragile Under 21   469.91   470.88   7/1/2009   | -     |
| Rate Type: InterimX ProspectiveTotal InterimX Total Prospective  |       |
| Interim X Prospective Total Interim X Total Prospective  |       |
| Total Interim X Total Prospective  |       |
|  |       |
| Interim Component Prospective Adjusted for New Costs   |       |
| The state of the s |       |
| Settlement based on costs Total Prospective with Interim Compor  | nent  |
| Prior Provider Prospective data  |       |
| Basis: Changes:  |       |
| Budget Licensure Rating Change   |       |
| Budget Licensure Rating Change  X Unaudited costs Usual and Customary Limitation   |       |
| Field audited costs Target Rate limitation change  |       |
| Field audit - interim portion FRVS Change  |       |
| Desk audited costs  X Retro for FYE 12/31/2007   |       |
| Desk audit - Interim Portion  Rate Semester Change On FRV [2] as of 10/01/1985   |       |
| Distribution:  |       |
| Contract Management / Fiscal Agent   |       |
| Medicaid Cost Reimbursement Planning and Finance Permanent File  |       |
| For information Only   |       |
| No Change in Rate  |       |
| Home Office: Baycare Health System   |       |
| 16331 Bay Vista Drive<br>Clearwater Fl 33760   |       |



| Morton Plant Rehabilita   | ntion Center   |  |                 | Provider Number:       | 0 206431          | -00          |
|---------------------------|--|--|-----------------|------------------------|-------------------|--------------|
| 400 Corbett Street        |  |  |                 | Date:                  | 6/11/201          | 13           |
| Clearwater FL 33756       |  |  |                 | Fiscal Year End:       | 12/31/20          | 08           |
|                           |  |  |                 | Audit Status:          | Unaudited         |              |
| Provider Type:            | •  |  |                 | Tuut Status.           |                   | . [2]        |
| V A                       |  |  | Current<br>Rate | New<br>Rate            | Effective<br>Date | •            |
| Nursing Home              | Single Level   |  | 217.68          | 220.04                 | 1/1/2010          |              |
|                           | Level H: AIDS  |  | 359.60          | 361.96                 | 1/1/2010          |              |
|                           | Level U: Fragile Under 21  |  | 473.48          | 475.84                 | 1/1/2010          |              |
|                           |  |  |                 |                        |                   |              |
| Rate Type :               |  |  |                 |                        |                   | •            |
| Interim                   |  | X  | Prospectiv      | e                      |                   |              |
|                           | tal Interim  |  |                 | Total Prospective      |                   |              |
|                           | erim Component   |  |                 | Prospective Adjusted   |                   |              |
| Settlement based on costs |  |  | ,               | Total Prospective with | Interim Compon    | ent          |
| Prio                      | or Provider Prospective data   |  |                 |                        | -                 |              |
| Basis:                    |  | Changes:   |                 |                        |                   |              |
| Budget                    |  |  | Licensure       | Rating Change          |                   |              |
| X Unaudited cos           | sts  |  | Usual and       | Customary Limitation   | n                 |              |
| Field audited             | costs  | Target Rate limitation change                    |                 |                        |                   |              |
|                           | nterim portion   |  | FRVS Ch         | · ·                    |                   | •            |
| Desk audited              | · ·  | X  |                 | or FYE 12/31/2008      |                   |              |
|                           | nterim Portion Prospective portion   | Rate Semester Change On FRV [2] as of 10/01/1985 |                 |                        |                   |              |
| Distribution:             | r rospostivo portion   |  | 2               |                        |                   | THE STATE OF |
| Contract Managem          | ent / Fiscal Agent   |  | 0               | Thomas Parker          |                   |              |
| Permanent File            | ent / 1 isoai Agent  | Med  | dicaid Cost     | Reimbursement Plann    | ning and Finance  |              |
| For informati             | ion Only   |  |                 |                        |                   |              |
| No Change i               | •  |  |                 |                        |                   |              |
| No Change i               |  |  |                 |                        |                   |              |
| Home Office:              | Baycare Health System  |  |                 |                        |                   |              |
|                           | 16331 Bay Vista Drive<br>Clearwater Fl 33760   |  |                 |                        |                   |              |
|                           | The second secon |  |                 |                        |                   |              |



| Morton Plant Rehabil  | itation Center   |          |  | Provider Number:  | 0 206431-00       |
|---|--|----------|--|---|-------------------|
| 400 Corbett Street  |  |          |  | Date:   | 6/11/2013         |
| Clearwater FL 33756   |  |          |  | Fiscal Year End:  | 12/31/2008        |
|   | •  |          |  | Audit Status:   | Unaudited [3]     |
| Provider Type:  |  |          |  |   |                   |
|   |  |          | Current<br>Rate  | New<br>Rate   | Effective<br>Date |
| Nursing Home  | Single Level   | _        | 218.99   | 221.63  | 7/1/2010          |
|   | Level H: AIDS  |          | 362.33   | 364.97  | 7/1/2010          |
|   | Level U: Fragile Under 21  | _        | 477.36   | 480.00  | 7/1/2010          |
| I   | Cotal Interim Interim Component Interim Component Interiment based on costs Interior Provider Prospective data | <u>x</u> |  | e<br>Total Prospective<br>Prospective Adjusted<br>Total Prospective with  |                   |
| Desk audite Desk audit -  | ed costs - interim portion   | Changes: | Licensure Usual and Target Ra FRVS Ch Retro for Rate Sem | e Rating Change I Customary Limitation the limitation change hange FYE 12/31/2008 ester Change [2] as of 10/01/1985 | n                 |
| Distribution:  Contract Manage  Permanent File  For inform  No Change | •  | Med      | dicaid Cost  | Thomas Parker Reimbursement Plans   | ning and Finance  |
| Home Office:  | Baycare Health System  16331 Bay Vista Drive Clearwater Fl 33760   |          |  |   |                   |



| Morton Plant Rehabil                        | litation Center                              |  |   | Provider Number:                        | 0 206431-00       |  |  |
|---|--|--|---|---|-------------------|--|--|
| 400 Corbett Street                          |  |  |   | Date:                                   | 6/11/2013         |  |  |
| Clearwater FL 33756                         |  |  |   | Fiscal Year End:                        | 12/31/2009        |  |  |
|   |  |  |   | Audit Status:                           | Unaudited [3]     |  |  |
| Provider Type:                              |  |  |   | rudit Status.                           | Olludated [5]     |  |  |
| · ·   |  |  | Current   | New                                     | Effective         |  |  |
|   |  |  | Rate  | Rate                                    | Date              |  |  |
| <b>Nursing Home</b>                         | Single Level                                 |  | 221.79  |   | 1/1/2011          |  |  |
|   | Level H: AIDS                                |  | 366.65  | 370.98                                  | 1/1/2011          |  |  |
|   | Level U: Fragile Under 21                    | ****   | 482.90  | 487.23                                  | 1/1/2011          |  |  |
|   |  |  |   |   |                   |  |  |
| Rate Type:                                  | <b>*************************************</b> |  |   |   |                   |  |  |
| Interim                                     |  | X  | Prospectiv  | e e                                     |                   |  |  |
|   | Total Interim                                |  | <u> X</u>   | Total Prospective                       |                   |  |  |
| Interim Component Settlement based on costs |  | Prospective Adjusted for New Costs               |   |   |                   |  |  |
|   |  |  |   | Total Prospective with                  | Interim Component |  |  |
| I   | Prior Provider Prospective data              | •  |   |   |                   |  |  |
| Basis:                                      |  | Changes:   |   |   | ,                 |  |  |
| :   | -  |  | _   |   |                   |  |  |
| Budget                                      |  |  |   | e Rating Change                         |                   |  |  |
| X Unaudited                                 |  |  | Usual and Customary Limitation                      |   |                   |  |  |
| Field audite                                | 1  | Target Rate limitation change                    |   |   |                   |  |  |
|   | - interim portion                            |  | FRVS CI   | •                                       |                   |  |  |
| Desk audite                                 | ed costs - Interim Portion                   | X  | X Retro for FYE 12/31/2009                          |   |                   |  |  |
|   | - Prospective portion                        | Rate Semester Change On FRV [2] as of 10/01/1985 |   |   |                   |  |  |
| <u>Distribution:</u>                        |  |  | 0   | Thomas Parker                           |                   |  |  |
| Contract Manage                             | ement / Fiscal Agent                         |  | dicaid Cost   | Reimbursement Plant                     | aing and Finance  |  |  |
| Permanent File                              |  | 1410   | ulcalu Cos  | r Kennoursement i lain                  | mig and I manee   |  |  |
| For inform                                  | nation Only                                  |  |   |   |                   |  |  |
| No Chang                                    | e in Rate                                    |  |   |   |                   |  |  |
| Home Office:                                | Baycare Health System                        |  | na <b>subservice</b> — monos — I — Martin — monoson | *************************************** |                   |  |  |
|   | 16331 Bay Vista Drive<br>Clearwater Fl 33760 |  |   |   |                   |  |  |
|   |  |  |   |   |                   |  |  |



| Morton Plant Rehabilitation   | on Center   |            |  | Provider Number:   | 0 206431-00             |
|---|---|------------|--|--|-------------------------|
| 400 Corbett Street  |   |            |  | Date:  | 6/11/2013               |
| Clearwater FL 33756   |   |            |  | Fiscal Year End:   | 12/31/2009              |
|   |   |            |  | Audit Status:  | Unaudited [3]           |
| Provider Type:  Nursing Home S  | ingle Level   |            | Current Rate 212.40  | New Rate 216.98  | Effective Date 7/1/2011 |
| Le  | evel H: AIDS  |            | 358.60   | 363.18   | 7/1/2011                |
| Le  | evel U: Fragile Under 21  |            | 475.93   | 480.51   | 7/1/2011                |
| Interior Settle Prior Basis:  | Interim m Component ment based on costs Provider Prospective data | X Changes: |  | e Total Prospective Prospective Adjusted for the Prospective Adjusted for the Prospective with the Prospective Wit |                         |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion |   | X          | Usual and<br>Target Ra<br>FRVS Ch<br>Retro for<br>Rate Sem | l Customary Limitation the limitation change   | <b>n</b>                |
| Distribution:   | 3-2   |            | 7  | Thomas Parker  |                         |
| Contract Managemen Permanent File For information No Change in I Home Office:   | ı Only  | Med        | dicaid Cost  | Reimbursement Plann  | ning and Finance        |



| John Knox Village Medica   | l Center  |           |   | Provider Number:   | 0 210285-00       |  |
|--|---|-----------|---|--|-------------------|--|
| 4100 E. FLETCHER AVE   | NUE   |           |   | Date:  | 6/12/2013         |  |
| Tampa FL 33613   |   |           |   | Fiscal Year End:   | 12/31/2008        |  |
|  |   |           |   | Audit Status:  | Unaudited [3]     |  |
| Provider Type:   |   | ********* | Current Rate  | New<br>Rate  | Effective<br>Date |  |
| Nursing Home Si  | ingle Level   |           | 201.01  | 203.56   | 1/1/2010          |  |
| Le   | vel H: AIDS   |           | 342.93  | 345.48   | 1/1/2010          |  |
| Le   | vel U: Fragile Under 21   |           | 456.81  | 459.36   | 1/1/2010          |  |
| Interir Settler Prior I  | Interim n Component nent based on costs Provider Prospective data |           | F   | e Total Prospective Prospective Adjusted for the Prospective with  |                   |  |
| Basis:   |   | Changes:  |   |  |                   |  |
| Budget X Unaudited costs Field audited cost Field audit - inte Desk audited cost Desk Audit - Inter Desk Audit - Pro | rim portion<br>ts<br>rim Portion                                  | <u> </u>  | Usual and<br>Target Ra<br>FRVS Cha<br>Retro usin<br>Rate Seme | Rating Change Customary Limitation te limitation change ange ang FYE 12/31/2008 ester Change 2] as of 12/01/1987 | n .               |  |
| Distribution:  |   |           | 5   | Thomas Parker  |                   |  |
| Contract Management Permanent File For information No Change in R  | Only  | Med       | licaid Cost   | Reimbursement Plann  | ning and Finance  |  |
| Home Office:   | Baycare Health System  16331 Bay Vista Drive Clearwater Fl 33760  |           |   |  |                   |  |



| John Knox Village Medic   | cal Center  |            |  | Provider Number:  | 0 210285-00             |
|---|---|------------|--|---|-------------------------|
| 4100 E. FLETCHER AVENUE   |   |            |  | Date:   | 6/12/2013               |
| Tampa FL 33613  |   |            |  | Fiscal Year End:  | 12/31/2008              |
|   |   |            |  | Audit Status:   | Unaudited [3]           |
| Provider Type:  Nursing Home  | Single Level  | _          | Current<br>Rate<br>202.65                                | New Rate 204.18   | Effective Date 7/1/2010 |
| L   | evel H: AIDS  |            | 345.99   | 347.52  | 7/1/2010                |
| L   | evel U: Fragile Under 21  | _          | 461.02   | 462.55  | 7/1/2010                |
| Inter Settle Prior  | l Interim im Component ement based on costs Provider Prospective data | X Changes: |  | e Total Prospective Prospective Adjusted Total Prospective with   |                         |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion |   | X          | Licensure Usual and Target Ra FRVS Ch Retro usi Rate Sem | e Rating Change I Customary Limitation the limitation change hange ing FYE 12/31/2008 ester Change [2] as of 12/01/1987 | n                       |
| Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  |   | Me         | dicaid Cost  | Thomas Parker Reimbursement Plant   | ning and Finance        |
| Home Office:  | Baycare Health System  16331 Bay Vista Drive Clearwater Fl 33760      |            |  |   |                         |



| John Knox Village Medic  | al Center  | •        |  | Provider Number:   | 0 210285-0        | 00        |
|--|--|----------|--|--|-------------------|-----------|
| 4100 E. FLETCHER AVENUE  |  |          |  | Date:  | 6/12/2013         |           |
| Tampa FL 33613   |  |          |  | Fiscal Year End:   | 12/31/2009        |           |
|  |  |          |  | Audit Status:  | Unaudited [       |           |
| Provider Type:   |  |          |  | Addit Status.  | Onaudited         | <u>~]</u> |
| Tiovides Types   |  |          | Current<br>Rate                                | New<br>Rate  | Effective<br>Date |           |
| Nursing Home S   | Single Level   |          | 206.95   | 214.77   | 1/1/2011          |           |
| L  | evel H: AIDS   |          | 351.81   | 359.63   | 1/1/2011          |           |
| Ĺ  | evel U: Fragile Under 21   |          | 468.06   | 475.88   | 1/1/2011          |           |
| Inter  | I Interim<br>im Component<br>ement based on costs                | X        |  | e<br>Total Prospective<br>Prospective Adjusted<br>Total Prospective with   |                   | nt        |
|  | Provider Prospective data  | Changes: |  | Total Prospective with   |                   |           |
| Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int | erim portion   | X        | Licensure Usual and Target Ra FRVS Ch Retro us | e Rating Change I Customary Limitation te limitation change tange Ing FYE 12/31/2009 ester Change [2] as of 12/01/1987 | n                 |           |
| Distribution:  |  |          | 70   | Thomas Parker  |                   |           |
| Contract Managemer Permanent File For informatio No Change in                                | n Only   | Med      | dicaid Cost                                    | Reimbursement Plant  | ning and Finance  |           |
| Home Office:   | Baycare Health System  16331 Bay Vista Drive Clearwater Fl 33760 |          |  |  |                   |           |



| John Knox Village Medical Center<br>4100 E. FLETCHER AVENUE            |  |          |  | Provider Number:  | 0 210285-00                          |
|--|--|----------|--|---|--------------------------------------|
|  |  | •        |  | Date:   | 6/12/2013                            |
| Tampa FL 33613   |  | •        |  | Fiscal Year End:  | 12/31/2009                           |
|  |  |          |  | Audit Status:   | Unaudited [3]                        |
| Provider Type:   |  |          |  |   | Le 1                                 |
| •                                |  |          | Current<br>Rate  | New<br>Rate   | Effective<br>Date                    |
| Nursing Home   | Single Level   |          | 197.04   | 204.35  | 7/1/2011                             |
|  | Level H: AIDS  |          | 343.24   | 350.55  | 7/1/2011                             |
|  | Level U: Fragile Under 21  |          | 460.57   | 467.88  | 7/1/2011                             |
| I  | Total Interim Interim Component Settlement based on costs        | X        | ]  | Total Prospective<br>Prospective Adjusted   | for New Costs<br>n Interim Component |
| Basis:   | Prior Provider Prospective data                                  | Changes: | 1  |   |                                      |
| Budget X Unaudited of Field audite Field audite Desk audite Desk audit | ed costs - interim portion                                       | X        | Licensure Usual and Target Ra FRVS Ch Retro usi Rate Sem | Rating Change I Customary Limitation the limitation change lange ang FYE 12/31/2009 ester Change [2] as of 12/01/1987 | o <b>n</b>                           |
| Distribution:  |  |          | 2/2  | Thomas Parker   |                                      |
| Contract Manage Permanent File For inform No Change                    | -  | Med      | dicaid Cost  | Reimbursement Plans   | ning and Finance                     |
| Home Office:   | Baycare Health System  16331 Bay Vista Drive Clearwater Fl 33760 |          |  |   |                                      |



| Emory L. Bennett Men   | norial Veterans Nursing Home   |           |                                   | Provider Number:  | 0 210889-00             |
|--|--|-----------|-----------------------------------|---|-------------------------|
| 1920 Mason Avenue  |  |           |                                   | Date:   | 5/15/2013               |
| Daytona Beach FL 321   | 17   |           |                                   | Fiscal Year End:  | 6/30/2008               |
|  |  |           |                                   | Audit Status:   | Field Audited [2]       |
| Provider Type: Nursing Home  | Single Level   | -         | Current<br>Rate<br>216.89         | New Rate 216.90   | Effective Date 7/1/2009 |
|  | Level H: AIDS  |           | 357.24                            | 357.25  | 7/1/2009                |
|  | Level U: Fragile Under 21  |           | 469.86                            | 469.87  | 7/1/2009                |
| Basis:  Budget Unaudited co X Field audited Field audited Desk audited             | l costs<br>interim portion   | Change  X | Licensur Usual an Target R FRVS C | Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change | n Interim Component     |
|  | Prospective portion  |           | On FRV                            | [2] as of 01/19/1994  |                         |
| Distribution:  Contract Managen Permanent File For informa No Change  Home Office: | in Rate Florida Dept. of Veterans Aff                                |           | Aedicaid Cos                      | Thomas Parker t Reimbursement Plan  | ning and Finance        |
|  | Walter Gilchrist<br>11351 Ulmerton Road, Room<br>Largo Fl 33778-1630 | 332-I     |                                   |   |                         |



| Emory L. Bennett Me                 | emorial Veterans Nursing Home   |  | Provider Number:   | 0 210889-00             |
|-------------------------------------|---|--|--|-------------------------|
| 1920 Mason Avenue                   |   |  | Date:  | 5/15/2013               |
| Daytona Beach FL 32                 | 2117  |  | Fiscal Year End:   | 6/30/2008               |
|                                     |   |  | Audit Status:  | Field Audited [2]       |
| Provider Type: Nursing Home         | Single Level  | Current                                      | New<br>Rate<br>217.08  | Effective Date 1/1/2010 |
|                                     | Level H: AIDS  Level U: Fragile Under 21  | 358.99<br>472.87                             | <u>359.00</u><br>472.88  | 1/1/2010                |
|                                     | Total Interim Interim Component Settlement based on costs Prior Provider Prospective data   | X Prospecti X  Changes:                      | ve Total Prospective Prospective Adjusted Total Prospective with   |                         |
| Desk audite Desk audite Desk Audite | red costs   | Usual ar Target F FRVS C X Field Ar Rate Ser | re Rating Change and Customary Limitation Rate limitation change Change udit #NH11-059L FYI mester Change [2] as of 01/19/1994 |                         |
| Permanent File                      | rement / Fiscal Agent  nation Only  ge in Rate  Florida Dept. of Veterans A:  Walter Gilchrist  11351 Ulmerton Road, Room Largo Fl 33778-1630 | fairs  | Thomas Parker st Reimbursement Plan  | ning and Finance        |



| Emory L. Bennett Memorial Veterans Nursing Hom | e           |                      | Provider Number:                          | 0 210889-00         |  |  |
|--|-------------|----------------------|---|---------------------|--|--|
| 1920 Mason Avenue                              |             |                      | Date:                                     | 5/15/2013           |  |  |
| Daytona Beach FL 32117                         |             |                      | Fiscal Year End:                          | 6/30/2009           |  |  |
|  |             |                      | Audit Status:                             | Unaudited [3]       |  |  |
| Provider Type:                                 |             |                      |   |                     |  |  |
| ••   |             | Current              | New                                       | Effective           |  |  |
|  | <u></u>     | Rate                 | Rate                                      | Date                |  |  |
| Nursing Home Single Level                      | _           | 217.87               |   | 7/1/2010            |  |  |
| Level H: AIDS                                  |             | 361.21               | 361.22                                    | 7/1/2010            |  |  |
| Level U: Fragile Under 21                      |             | 476.24               | 476.25                                    | 7/1/2010            |  |  |
| Data Tyma e                                    |             |                      |   |                     |  |  |
| Rate Type:                                     |             |                      |   |                     |  |  |
| Interim  | X           | Prospectiv           |   |                     |  |  |
| Total Interim                                  |             | <u> X</u>            | Total Prospective                         | 2 N 2               |  |  |
| Interim Component                              |             |                      | Prospective Adjusted                      |                     |  |  |
| Settlement based on costs                      |             |                      | Total Prospective with                    | i Interim Component |  |  |
| Prior Provider Prospective data                |             |                      |   |                     |  |  |
| Basis:   | Changes     | 3:                   |   |                     |  |  |
|  |             | Liconour             | o Potina Chango                           |                     |  |  |
| X Unaudited costs                              |             |                      | e Rating Change<br>d Customary Limitation | n                   |  |  |
| Field audited costs                            |             |                      | ate limitation change                     | )II                 |  |  |
| Field audit - interim portion                  |             | FRVS C               | _   |                     |  |  |
| Desk audited costs                             | X           |                      | of Field Audit #NH11                      | -059L FYE 6/30/08   |  |  |
| Desk audit - Interim Portion                   |             | Rate Semester Change |   |                     |  |  |
| Desk Audit - Prospective portion               |             | On FRV               | [2] as of 01/19/1994                      |                     |  |  |
| Distribution:                                  |             | 7-2                  | Thomas Parker                             |                     |  |  |
| Contract Management / Fiscal Agent             |             | ledicaid Cos         | t Reimbursement Plan                      | ning and Finance    |  |  |
| Permanent File                                 | 143         | iculcalu cos         | t Kennoursentent i ian                    | ming and i mance    |  |  |
| For information Only                           |             |                      |   |                     |  |  |
| No Change in Rate                              |             |                      |   |                     |  |  |
| Home Office: Florida Dept. of Vetera           | ans Affairs |                      |   |                     |  |  |
| Walter Gilchrist                               |             |                      |   |                     |  |  |
| 11351 Ulmerton Road,                           | Room 332-I  |                      |   |                     |  |  |
| Largo Fl 33778-1630                            |             |                      |   |                     |  |  |
| _  |             |                      |   |                     |  |  |



| Emory L. Bennett Memorial Veterans Nursing Home  |   | Provider Number:   | 0 210889-00         |  |
|--|---|--|---------------------|--|
| 1920 Mason Avenue  |   | Date:  | 5/15/2013           |  |
| Daytona Beach FL 32117   |   | Fiscal Year End:   | 6/30/2010           |  |
|  |   | Audit Status:  | Unaudited [3]       |  |
| Provider Type:  Nursing Home Single Level  | Current Rate 215.66                     | New Rate 215.67  | Effective           |  |
| Level H: AIDS  | 361.86                                  | 361.87   | 7/1/2011            |  |
| Level U: Fragile Under 21  | 479.19                                  | 479.20   | 7/1/2011            |  |
|  | *************************************** |  |                     |  |
| Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:  Budget  X Unaudited costs  Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion | Usual a Target FRVS                     | Total Prospective Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Use Rating Change and Customary Limitation Rate limitation change Change of Field Audit #NH11 emester Change V [2] as of 01/19/1994 | n Interim Component |  |
| Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate   | Medicaid Co                             | Thomas Parker ost Reimbursement Plan   | ning and Finance    |  |
| Home Office:  Florida Dept. of Veterans Aft Walter Gilchrist 11351 Ulmerton Road, Room Largo Fl 33778-1630   |   |  |                     |  |



| Emory L. Bennett Memoria         | l Veterans Nursing Home  |          |  | Provider Number:  | 0 210889-00             |  |
|----------------------------------|--|----------|--|---|-------------------------|--|
| 1920 Mason Avenue                |  |          |  | Date:   | 5/15/2013               |  |
| Daytona Beach FL 32117           |  |          |  | Fiscal Year End:  | 6/30/2011               |  |
|                                  |  |          |  | Audit Status:   | Unaudited [3]           |  |
| Provider Type:  Nursing Home Sin | ngle Level   | ·        | Current<br>Rate  | New Rate 226.48   | Effective Date 7/1/2012 |  |
| Lev                              | vel H: AIDS  |          | 375.68   | 375.69  | 7/1/2012                |  |
| Lev                              | el U: Fragile Under 21   |          | 495.43   | 495.44  | 7/1/2012                |  |
| Settlen                          | ts rim portion spective portion spective portion   | Changes: | Licensure Usual and Target R: FRVS CI Effects of Rate Sem On FRV | Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change nange of Field Audit #NH11 nester Change [2] as of 01/19/1994  Thomas Parker | on -059L FYE 6/30/08    |  |
| Permanent File                   | / Fiscal Agent   | Med      | licaid Cos   | t Reimbursement Plan  | ning and Finance        |  |
| For information                  | Only   |          |  |   |                         |  |
| No Change in R                   | •  |          |  |   |                         |  |
| Home Office:                     | Florida Dept. of Veterans Af<br>Walter Gilchrist<br>11351 Ulmerton Road, Room<br>Largo Fl 33778-1630 |          |  |   |                         |  |



| Oakhurst Care & Rehabilitation Center   |                            |  | Provider Number:  | 0 251721-00                          |
|---|----------------------------|--|---|--------------------------------------|
| 1501 SE 24th Road   | 1501 SE 24th Road          |  | Date:   | 6/10/2013                            |
| Ocala FL 34471  |                            |  | Fiscal Year End:  | 7/31/2007                            |
|   |                            |  | Audit Status:   | Field Audited [2]                    |
| Provider Type:  Nursing Home Single Level   | R                          | arrent<br>Late                                   | New Rate 163.48   | Effective Date 7/1/2008              |
| Level H: AIDS   | 30                         | 3.69   | 299.76  | 7/1/2008                             |
| Level U: Fragile Under 21   | 41                         | 3.04   | 409.11  | 7/1/2008                             |
| Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data   | <u>X</u> Pr<br>-<br>-<br>- | P  | otal Prospective rospective Adjusted  | for New Costs<br>h Interim Component |
| Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: | T<br>T<br>X F              | Isual and<br>Target Rat<br>TRVS Cha<br>Tield Aud | Rating Change Customary Limitation e limitation change inge it #NH11 - 115W F ster Change |                                      |
| Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate   | Medic                      | aid Cost I                                       | Thomas Parker<br>Reimbursement Plan   | ning and Finance                     |
| Home Office: Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109   |                            |  |   |                                      |



| Oakhurst Care & Reh | abilitation Center                                      |          |             | Provider Number:       | 0 251721         | -00     |  |
|---------------------|---|----------|-------------|------------------------|------------------|---------|--|
| 1501 SE 24th Road   |   | Date: 6/ |             |                        | 6/10/20          | 10/2013 |  |
| Ocala FL 34471      |   |          |             | Fiscal Year End:       | 7/31/200         | )7      |  |
|                     |   |          |             | Audit Status:          | Field Audite     | -       |  |
| Provider Type:      |   |          |             | ,                      |                  |         |  |
| •                   |   |          | Current     | New                    | Effective        |         |  |
| <b>X</b> 7          | a   | -        | Rate        | Rate                   | Date             |         |  |
| Nursing Home        | Single Level  |          | 168.77      |                        | 1/1/2009         |         |  |
|                     | Level H: AIDS   |          | 307.12      | 301.79                 | 1/1/2009         |         |  |
|                     | Level U: Fragile Under 21                               |          | 418.13      | 412.80                 | 1/1/2009         |         |  |
| D. A. T.            |   |          |             |                        | <u> </u>         |         |  |
| Rate Type :         |   |          |             |                        |                  | •       |  |
| Interim             |   | <u> </u> | Prospectiv  |                        |                  |         |  |
|                     | Cotal Interim   |          | -           | Total Prospective      |                  |         |  |
|                     | nterim Component  |          |             | Prospective Adjusted t |                  |         |  |
|                     | ettlement based on costs rior Provider Prospective data |          |             | Total Prospective with | interim Compon   | ent     |  |
|                     | noi Flovidei Flospective data                           |          | <b>_</b>    |                        |                  |         |  |
| Basis:              |   | Changes: |             |                        |                  |         |  |
| Dudant              |   |          | Licensure   | Rating Change          |                  |         |  |
| Budget Unaudited of | rosts   |          |             | Customary Limitation   | n                |         |  |
| X Field audite      | l l   |          |             | ite limitation change  | <b></b>          |         |  |
| Field audit         | - interim portion                                       |          | FRVS Ch     | ange                   |                  |         |  |
| Desk audite         | ÷   | X        | Field Au    | dit #NH11 - 115W FY    | YE 7/31/2007     |         |  |
|                     | Interim Portion   |          | Rate Sem    | ester Change           |                  |         |  |
|                     | - Prospective portion                                   |          |             |                        |                  |         |  |
| Distribution:       |   |          | 201         | Thomas Parker          |                  |         |  |
| Contract Manage     | ment / Fiscal Agent                                     | Med      | dicaid Cost | Reimbursement Plann    | ning and Finance |         |  |
| Permanent File      |   |          |             |                        |                  |         |  |
| For inform          | ation Only  |          |             |                        |                  |         |  |
| No Change           | e in Rate   |          |             |                        |                  |         |  |
| Home Office:        | Sun Healthcare Group, Inc.                              |          |             | - Her warmy            |                  |         |  |
| Home Office,        | Reimbursement Department                                |          |             |                        |                  |         |  |
|                     | 101 Sun Avenue NE                                       |          |             |                        |                  |         |  |
|                     | Albuquerque NM 87109                                    |          |             |                        |                  |         |  |
|                     | 1   |          |             |                        |                  |         |  |



| Oakhurst Care & Reh | abilitation Center             |          |             | Provider Number:       | 0 251721-00       |
|---------------------|--------------------------------|----------|-------------|------------------------|-------------------|
| 1501 SE 24th Road   |                                |          |             | Date:                  | 6/10/2013         |
| Ocala FL 34471      | ,                              |          |             | Fiscal Year End:       | 7/31/2007         |
|                     | ,                              |          |             | Audit Status:          | Field Audited [2] |
| Provider Type:      |                                |          |             |                        | LI                |
|                     |                                |          | Current     | New                    | Effective         |
| BI                  | St. 1 T. 1                     |          | Rate        | Rate                   | Date              |
| <b>Nursing Home</b> | Single Level                   | *****    | 154.62      |                        | 3/1/2009          |
|                     | Level H: AIDS                  |          | 292.97      | 288.09                 | 3/1/2009          |
|                     | Level U: Fragile Under 21      |          | 403.98      | 399.10                 | 3/1/2009          |
|                     |                                |          |             |                        |                   |
| Rate Type :         |                                |          |             | 1111/00/09P#0772       |                   |
| Interim             |                                | X        | Prospectiv  | e                      | •                 |
| ТТ                  | Total Interim                  |          |             | Total Prospective      |                   |
|                     | nterim Component               |          |             | Prospective Adjusted:  |                   |
|                     | ettlement based on costs       |          |             | Total Prospective with | Interim Component |
| P                   | rior Provider Prospective data |          |             |                        |                   |
| Basis:              |                                | Changes: |             |                        |                   |
| Budget              |                                |          | Licensure   | Rating Change          |                   |
| Unaudited o         | costs                          |          |             | Customary Limitatio    | n                 |
| X Field audite      |                                |          |             | te limitation change   |                   |
| Field audit         | - interim portion              |          | FRVS Ch     | ange                   |                   |
| Desk audite         | d costs                        | X        | Field Au    | dit #NH11 - 115W F     | YE 7/31/2007      |
| ·                   | - Interim Portion              |          | Rate Sem    | ester Change           |                   |
| L                   | - Prospective portion          | Ĺ        | -0          |                        |                   |
| Distribution:       |                                |          |             | Thomas Parker          |                   |
| •                   | ement / Fiscal Agent           | Med      | licaid Cost | Reimbursement Plant    | ning and Finance  |
| Permanent File      |                                |          |             |                        |                   |
| For inform          |                                |          |             |                        |                   |
| No Change           | e in Rate                      |          |             |                        |                   |
| Home Office:        | Sun Healthcare Group, Inc.     |          |             |                        |                   |
|                     | Reimbursement Department       |          |             |                        |                   |
|                     | 101 Sun Avenue NE              |          | ,           |                        |                   |
|                     | Albuquerque NM 87109           |          |             | ,                      |                   |



| Oakhurst Care & Rehab   | ilitation Center  |          |                               | Provider Number:   | 0 251721-00             |  |
|---|---|----------|-------------------------------|--|-------------------------|--|
| 1501 SE 24th Road   |   |          |                               | Date:  | 6/10/2013               |  |
| Ocala FL 34471  |   |          |                               | Fiscal Year End:   | 7/31/2007               |  |
|   |   |          |                               | Audit Status:  | Field Audited [2]       |  |
| Provider Type: Nursing Home   | Single Level  |          | Current Rate 188.44           | New Rate 182.80  | Effective Date 4/1/2009 |  |
|   | Level H: AIDS   |          | 326.79                        | 321.15   | 4/1/2009                |  |
|   | Level U: Fragile Under 21   | —        | 437.80                        | 432.16   | 4/1/2009                |  |
| Basis:  Budget Unaudited cos X Field audited                              | costs   | Changes: | Licensure Usual and Target Ra | Fotal Prospective Prospective Adjusted: Fotal Prospective with Rating Change I Customary Limitation I Customary Limitation | n Interim Component     |  |
| Desk audited o  | i   | X        |                               | dit #NH11 - 115W FY ester Change   | YE 7/31/2007            |  |
| <b>Distribution:</b>  |   |          | $\mathcal{J}$                 | Thomas Parker  |                         |  |
| Contract Managemer Permanent File For informati No Change in Home Office: | ion Only  | Мес      | dicaid Cost                   | Reimbursement Plant  | ning and Finance        |  |
|   | Reimbursement Department<br>101 Sun Avenue NE<br>Albuquerque NM 87109 |          |                               |  |                         |  |



| Sunset Point Care & R | ehabilitation Center  |          |            | Provider Number:                | 0 253430-00       |  |  |
|-----------------------|---|----------|------------|---------------------------------|-------------------|--|--|
| 1980 Sunset Point Roa | ıd .  |          |            | Date:                           | 6/10/2013         |  |  |
| Clearwater FL 33765   |   |          |            | Fiscal Year End:                | 7/31/2007         |  |  |
|                       |   |          |            | Audit Status:                   | Field Audited [2] |  |  |
| Provider Type:        |   |          |            | 1 1                             | LJ                |  |  |
| •                     |   | (        | Current    | New                             | Effective         |  |  |
| No.                   |   |          | Rate       | Rate                            | Date              |  |  |
| Nursing Home          | Single Level  |          | 168.58     | 167.89                          | 7/1/2008          |  |  |
|                       | Level H: AIDS   |          | 304.86     | 304.17                          | 7/1/2008          |  |  |
|                       | Level U: Fragile Under 21   |          | 414.21     | 413.52                          | 7/1/2008          |  |  |
|                       |   |          |            |                                 |                   |  |  |
| Rate Type :           | 100 - |          |            | APPROPRIATIONS, AND RECOGNISHED | 14.               |  |  |
| Interim               |   | X        | Prospectiv | <i>i</i> e                      |                   |  |  |
| T                     | otal Interim  |          | X          | Total Prospective               |                   |  |  |
| In                    | terim Component   |          |            | Prospective Adjusted            | for New Costs     |  |  |
| Se                    | ettlement based on costs  |          |            | Total Prospective with          | Interim Component |  |  |
| Pr                    | rior Provider Prospective data  |          |            |                                 |                   |  |  |
| Basis:                | 1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | Changes: |            | ****                            |                   |  |  |
|                       |   |          | 1          |                                 |                   |  |  |
| Budget                |   |          | Licensur   | e Rating Change                 |                   |  |  |
| Unaudited co          | osts  |          |            | d Customary Limitatio           | n                 |  |  |
| X Field audited       | i costs   |          | Target R   | ate limitation change           |                   |  |  |
| Field audit -         | interim portion   |          | FRVS C     | hange                           |                   |  |  |
| Desk audited          |   | X        |            |                                 |                   |  |  |
|                       | Interim Portion   |          |            | nester Change                   |                   |  |  |
|                       | Prospective portion   |          | On FRV     | [2] as of 10/01/1985            |                   |  |  |
| <u>Distribution:</u>  | (/T' 1 k )  |          | 0          | Thomas Parker                   |                   |  |  |
| _                     | ment / Fiscal Agent   | Med      | licaid Cos | t Reimbursement Plant           | ning and Finance  |  |  |
| Permanent File        |   |          |            |                                 |                   |  |  |
| For informa           | ition Only  |          |            |                                 |                   |  |  |
| No Change             | in Rate   |          |            |                                 |                   |  |  |
| Home Office:          | Sun Healthcare Group, Inc.  |          |            |                                 |                   |  |  |
| ALOME CANON.          | Reimbursement Department  |          |            |                                 |                   |  |  |
|                       | 101 Sun Avenue NE   |          |            |                                 |                   |  |  |
|                       | Albuquerque NM 87109  |          |            | ·                               |                   |  |  |
|                       | <b>!</b>  |          |            |                                 |                   |  |  |



| Sunset Point Care & Reha   | abilitation Center   |          |  | Provider Number:   | 0 253430-00             |
|--|--|----------|--|--|-------------------------|
| 1980 Sunset Point Road   |  |          |  | Date:  | 6/10/2013               |
| Clearwater FL 33765  |  |          |  | Fiscal Year End:   | 7/31/2007               |
|  |  |          |  | Audit Status:  | Field Audited [2]       |
| Provider Type:  Nursing Home   | Single Level   |          | Current Rate 169.95  | New Rate 169.64  | Effective Date 1/1/2009 |
|  | evel H: AIDS<br>evel U: Fragile Under 21                                 | _        | 308.30<br>419.31   | 307.99<br>419.00   | 1/1/2009                |
| Inter<br>Settle  | l Interim rim Component ement based on costs r Provider Prospective data | X        |  | e<br>Fotal Prospective<br>Prospective Adjusted<br>Fotal Prospective with   |                         |
| Basis:  Budget Unaudited costs X Field audited co Field audit - int Desk audit - Int Desk Audit - Pr | erim portion   | Changes: | Usual and<br>Target Ra<br>FRVS Ch<br>Field Aud<br>Rate Sem | Rating Change I Customary Limitation the limitation change thange dit #NH11- 110W FY ester Change [2] as of 10/01/1985 |                         |
| Distribution:  Contract Management Permanent File  For informatio  No Change in  Home Office:        | n Only   | Med      | dicaid Cost  | Thomas Parker Reimbursement Plans  | ning and Finance        |



| Sunset Point Care & Rehab            | ilitation Center  |  |                     | Provider Number:       | 0 253430-00             |  |
|--------------------------------------|---|--|---------------------|------------------------|-------------------------|--|
| 1980 Sunset Point Road               |   |  |                     | Date:                  | 6/10/2013               |  |
| Clearwater FL 33765                  |   |  |                     | Fiscal Year End:       | 7/31/2007               |  |
|                                      |   | -  |                     | Audit Status:          | Field Audited [2]       |  |
| Provider Type:  Nursing Home Sin     | ngle Level  |  | Current Rate 155.70 | New Rate 155.42        | Effective Date 3/1/2009 |  |
| Lev                                  | rel H: AIDS   |  | 294.05              | 293.77                 | 3/1/2009                |  |
| Lev                                  | el U: Fragile Under 21  |  | 405.06              | 404.78                 | 3/1/2009                |  |
|                                      |   |  |                     |                        |                         |  |
| Rate Type :                          | 4-5-5   |  |                     |                        |                         |  |
| Interim                              |   | X  | Prospectiv          |                        |                         |  |
| Total I                              |   |  |                     | Total Prospective      | Sam Nama Camba          |  |
|                                      | Component   |  |                     | Prospective Adjusted t |                         |  |
|                                      | nent based on costs rovider Prospective data                    |  |                     | Total Prospective with | Interim Component       |  |
| rnorr                                | rovider Prospective data  |  |                     |                        |                         |  |
| Basis:                               |   | Changes:   |                     |                        |                         |  |
|                                      |   |  |                     |                        |                         |  |
| Budget                               | i   |  | Licensure           | Rating Change          |                         |  |
| Unaudited costs                      |   | Usual and Customary Limitation                               |                     |                        |                         |  |
| X Field audited cost                 |   |  | _                   | ite limitation change  |                         |  |
| Field audit - inter                  | -   |  | FRVS Ch             | · ·                    | TT # /04 /800#          |  |
| Desk audited cost Desk audit - Inter | 1   | X Field Audit #NH11- 110W FYE 7/31/2007 Rate Semester Change |                     |                        |                         |  |
| Desk Audit - Pros                    |   |  |                     | [2] as of 10/01/1985   |                         |  |
| Distribution:                        |   |  |                     | Thomas Parker          | ·                       |  |
| Contract Management                  | / Fiscal Agent  | Med  | licaid Cost         | Reimbursement Planr    | aing and Finance        |  |
| Permanent File                       |   | Wice   | neura cost          | remoursement i am      | ang and i mance         |  |
| For information                      | Only  |  |                     |                        |                         |  |
| No Change in Ra                      | ate   |  |                     |                        |                         |  |
| II Offi                              | Sun Healthcare Group, Inc.                                      |  |                     |                        |                         |  |
| Home Office:                         | Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109 |  | ٩                   |                        |                         |  |



| Sunset Point Care & Rel  | nabilitation Center   |          |   | Provider Number:  | 0 253430-00             |
|--|---|----------|---|---|-------------------------|
| 1980 Sunset Point Road   |   |          |   | Date:   | 6/10/2013               |
| Clearwater FL 33765  |   |          |   | Fiscal Year End:  | 7/31/2007               |
|  |   |          |   | Audit Status:   | Field Audited [2]       |
| Provider Type: Nursing Home  | Single Level  | _        | Current Rate 192.68                                     | New Rate 192.36   | Effective Date 4/1/2009 |
| ]  | Level H: AIDS   |          | 331.03  | 330.71  | 4/1/2009                |
| 1  | Level U: Fragile Under 21   |          | 442.04  | 441.72  | 4/1/2009                |
| Inte<br>Sett   | al Interim  rim Component  lement based on costs or Provider Prospective data | X        |   | e Total Prospective Prospective Adjusted Total Prospective with   |                         |
| Budget Unaudited cos X Field audited co Field audit - ir Desk audited co | costs nterim portion costs  | Changes: | Licensure Usual and Target Ra FRVS Ch Field Au Rate Sem | e Rating Change I Customary Limitation ate limitation change hange dit #NH11- 110W FY ester Change [2] as of 10/01/1985 |                         |
| <b>Distribution:</b> Contract Manageme                                   | ent / Fiscal Agent  |          | 76  | Thomas Parker   |                         |
| Permanent FileFor informatioNo Change in Home Office:                    | on Only   | Med      | dicaid Cost   | Reimbursement Plann   | ning and Finance        |
|  | 101 Sun Avenue NE<br>Albuquerque NM 87109                                     |          |   |   |                         |



| Sunset Point Care & Reha  | bilitation Center  | •        |                               | Provider Number:  | 0 253430-00             |
|---|--|----------|-------------------------------|---|-------------------------|
| 1980 Sunset Point Road  |  | <br>     |                               | 6/10/2013   |                         |
| Clearwater FL 33765   |  |          |                               | Fiscal Year End:  | 7/31/2008               |
|   |  |          |                               | Audit Status:   | Unaudited [3]           |
| Provider Type:  Nursing Home S  | Single Level   |          | Current Rate 193.58           | New Rate 193.30   | Effective Date 7/1/2009 |
| L   | evel H: AIDS   |          | 333.93                        | 333.65  | 7/1/2009                |
| L   | evel U: Fragile Under 21   | _        | 446.55                        | 446.27  | 7/1/2009                |
| Inter-  |  | Changes: | Licensure Usual and Target Ra | Prospective Prospective Adjusted of Prospective with  Rating Change Customary Limitation te limitation change | Interim Component       |
| Field audit - int  Desk audited co  Desk audit - Inte  Desk Audit - Pre | sts  | <u> </u> | Rate Seme                     | · ·   | 110W FYE 7/31/2007      |
| <b>Distribution:</b>  |  |          | 7                             | Thomas Parker   |                         |
| Contract Management Permanent File For information No Change in         | n Only   | Med      | licaid Cost                   | Reimbursement Planr   | ning and Finance        |
| Home Office:  | Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109 |          |                               |   |                         |



| Sunset Point Care & Rehabilitation Center |  |                                    |                 | Provider Number:       | 0 253430-00                            |  |
|---|--|------------------------------------|-----------------|------------------------|--|--|
| 1980 Sunset Point Road                    |  |                                    |                 | Date:                  | 6/10/2013                              |  |
| Clearwater FL 33765                       |  |                                    |                 | Fiscal Year End:       | 7/31/2008                              |  |
|   |  |                                    |                 | Audit Status:          | Unaudited [3]                          |  |
| Provider Type:                            |  |                                    |                 |                        |  |  |
|   |  |                                    | Current<br>Rate | New<br>Rate            | Effective<br>Date                      |  |
| Nursing Home                              | Single Level   |                                    | 195.56          | 195.28                 | 1/1/2010                               |  |
|   | Level H: AIDS  |                                    | 337.48          | 337.20                 | 1/1/2010                               |  |
|   | Level U: Fragile Under 21  |                                    | 451.36          | 451.08                 | 1/1/2010                               |  |
|   |  | *******                            |                 |                        |  |  |
| Rate Type:                                |  |                                    |                 |                        |  |  |
| Interim                                   |  | X                                  | Prospectiv      | e .                    |  |  |
| Tot                                       | al Interim   |                                    |                 | Total Prospective      |  |  |
| <u> </u>                                  | erim Component   | Prospective Adjusted for New Costs |                 |                        |  |  |
|   | tlement based on costs   |                                    |                 | Total Prospective with | n Interim Component                    |  |
| Pric                                      | or Provider Prospective data   |                                    |                 |                        |  |  |
| Basis:                                    |  | Changes:                           |                 |                        |  |  |
| Budget                                    |  |                                    | Licensure       | Rating Change          |  |  |
| X Unaudited cos                           | ets  |                                    | Usual and       | Customary Limitatio    | n                                      |  |
| Field audited                             | costs  |                                    |                 | ite limitation change  |  |  |
| Field audit - in                          | nterim portion   |                                    | FRVS Ch         | ange                   |  |  |
| Desk audited of                           |  | X                                  |                 |                        | - 110W FYE 7/31/2007                   |  |
| Desk audit - Ir                           | the state of the s |                                    |                 | ester Change           |  |  |
|   | Prospective portion  |                                    | On FRV          | [2] as of 10/01/1985   | ************************************** |  |
| <b>Distribution:</b>                      |  |                                    | 15              | Thomas Parker          |  |  |
| Contract Manageme                         | ent / Fiscal Agent   | Med                                | licaid Cost     | Reimbursement Plan     | ning and Finance                       |  |
| Permanent File                            | 1  |                                    |                 |                        |  |  |
| For informati                             | •  |                                    |                 |                        |  |  |
| No Change in                              | n Rate   |                                    |                 |                        |  |  |
| Home Office:                              | Sun Healthcare Group, Inc.   |                                    |                 |                        |  |  |
| HOMO OHIOC.                               | Reimbursement Department   |                                    |                 |                        |  |  |
|   | 101 Sun Avenue NE  |                                    |                 |                        |  |  |
|   | Albuquerque NM 87109   |                                    |                 |                        |  |  |
|   |  |                                    |                 |                        |  |  |



| Sunset Point Care & F  | Rehabilitation Center                      |   |                 | Provider Number:                           | 0 253430-00  |
|------------------------|--|---|-----------------|--|--|
| 1980 Sunset Point Road |  |   |                 | 6/10/2013                                  |  |
| Clearwater FL 33765    | mananan.                                   |   |                 | Fiscal Year End:                           | 7/31/2009  |
|                        |  |   |                 | Audit Status:                              | Unaudited [3]  |
| Provider Type:         |  |   |                 |  |  |
|                        |  | _   | Current<br>Rate | New<br>Rate                                | Effective Date   |
| Nursing Home           | Single Level                               | Name of the State | 193.07          |  | 7/1/2010   |
|                        | Level H: AIDS                              |   | 336.41          | 336.13                                     | 7/1/2010   |
|                        | Level U: Fragile Under 21                  | _   | 451.44          | 451.16                                     | 7/1/2010   |
|                        |  |   |                 |  | and the second s |
| Rate Type:             |  |   |                 |  |  |
| Interim                | n  | X   | Prospectiv      |  |  |
|                        | Total Interim<br>nterim Component          |   |                 | Total Prospective<br>Prospective Adjusted: | for New Costs  |
|                        | lettlement based on costs                  |   |                 | Total Prospective with                     |  |
|                        | rior Provider Prospective data             |   |                 | rour rospective with                       | · · · · · · · · · · · · · · · · · · ·  |
| Basis:                 |  | Changes   |                 |  |  |
| Dasis.                 |  | Changes   |                 |  |  |
| Budget                 |  |   | Licensure       | Rating Change                              |  |
| X Unaudited of         | costs                                      |   | _               | l Customary Limitatio                      | n  |
| Field audite           | ed costs                                   |   | Target Ra       | ate limitation change                      |  |
|                        | - interim portion                          |   | FRVS Ch         | •  |  |
| Desk audite            |  | X   |                 |  | - 110W FYE 7/31/2007   |
|                        | - Interim Portion - Prospective portion    |   |                 | ester Change<br>[2] as of 10/01/1985       |  |
| Distribution:          |  |   | 7/              |  | <b></b>  |
| ,                      | ement / Fiscal Agent                       |   | 10              | Thomas Parker                              |  |
| Permanent File         | ment / Fiscal Agent                        | Me  | edicaid Cost    | Reimbursement Plant                        | ning and Finance   |
| For inform             | ation Only                                 |   |                 |  |  |
| No Change              | ·  |   |                 |  |  |
|                        |  |   |                 |  |  |
| Home Office:           | Sun Healthcare Group, Inc.                 |   |                 | :  |  |
|                        | Reimbursement Department 101 Sun Avenue NE |   |                 | 1  |  |
|                        | Albuquerque NM 87109                       |   |                 |  |  |
|                        |  |   |                 |  |  |



| Sunset Point Care & Reh   | abilitation Center   |          |   | Provider Number:  | 0 253430-00               |  |
|---|--|----------|---|---|---------------------------|--|
| 1980 Sunset Point Road  |  |          |   | Date:   | 6/10/2013                 |  |
| Clearwater FL 33765   |  |          |   | Fiscal Year End:  | 7/31/2009                 |  |
|   |  |          |   | Audit Status:   | Unaudited [3]             |  |
| Provider Type:  |  |          |   |   |                           |  |
|   |  |          | Current   | New   | Effective                 |  |
| Nuveing Home  | Cinala Laval   |          | Rate  | Rate  | Date 1/1/2011             |  |
| Nursing Home  | Single Level   | -        | 195.51  | <u> 195.23</u> _  | 1/1/2011                  |  |
| 1   | Level H: AIDS  | _        | 340.37  | 340.09  | 1/1/2011                  |  |
| 1   | Level U: Fragile Under 21  |          | 456.62  | 456.34  | 1/1/2011                  |  |
| Inte<br>Sett  | al Interim rim Component lement based on costs r Provider Prospective data                 | X        |   | e<br>Fotal Prospective<br>Prospective Adjusted to<br>Fotal Prospective with |                           |  |
| Basis:  |  | Changes: |   |   |                           |  |
| Budget X Unaudited cost Field audited cost Field audit - in Desk audited cost Desk Audit - In | costs<br>aterim portion<br>costs   | X        | Usual and<br>Target Ra<br>FRVS Ch<br>Effects of<br>Rate Sem | _   | n<br>- 110W FYE 7/31/2007 |  |
| Distribution:   | Tospective portion   |          |   | <del>}</del>  |                           |  |
| Contract Manageme Permanent File For information No Change in                                 | on Only  | Med      | dicaid Cost   | Thomas Parker Reimbursement Plann   | ning and Finance          |  |
| Home Office:  | Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109 |          | Market Announce of Section 2                                |   |                           |  |



| Sunset Point Care & Rehabilitation Center |                               |             | Provider Number:        | 0 253430-00                             |  |
|---|-------------------------------|-------------|-------------------------|---|--|
| 1980 Sunset Point Road                    |                               |             | Date:                   | 6/10/2013                               |  |
| Clearwater FL 33765                       |                               |             | Fiscal Year End:        | 7/31/2010                               |  |
|   |                               |             | Audit Status:           | Unaudited [3]                           |  |
| Provider Type:                            |                               |             |                         |   |  |
|   | (                             | Current     | New                     | Effective                               |  |
|   |                               | Rate        | Rate                    | Date                                    |  |
| Nursing Home Single Level                 |                               | 183.27      |                         | 7/1/2011                                |  |
| Level H: AIDS                             | :                             | 329.47      | 329.21                  | 7/1/2011                                |  |
| Level U: Fragile Under 21                 |                               | 446.80      | 446.54                  | 7/1/2011                                |  |
|   |                               |             |                         | AND AND AND AND AND AND AND AND AND AND |  |
| Rate Type:                                |                               |             |                         |   |  |
| Interim                                   | X                             | Prospective | }                       |   |  |
| Total Interim                             |                               |             | otal Prospective        |   |  |
| Interim Component                         |                               |             | rospective Adjusted     |   |  |
| Settlement based on costs                 |                               | T           | otal Prospective with   | Interim Component                       |  |
| Prior Provider Prospective data           |                               |             |                         |   |  |
| Basis:                                    | Changes:                      |             |                         |   |  |
| Budget                                    |                               | Licensure   | Rating Change           |   |  |
| X Unaudited costs                         |                               |             | Customary Limitatio     | n                                       |  |
| Field audited costs                       | Target Rate limitation change |             |                         |   |  |
| Field audit - interim portion             | FRVS Change                   |             |                         |   |  |
| Desk audited costs                        | X                             |             |                         | · 110W FYE 7/31/2007                    |  |
| Desk audit - Interim Portion              |                               |             | ster Change             |   |  |
| Desk Audit - Prospective portion          |                               | On FREY [.  | 2] as of 10/01/1985     |   |  |
| Distribution:                             |                               | <b>7</b>    | Thomas Parker           |   |  |
| Contract Management / Fiscal Agent        | Med                           | icaid Cost  | Reimbursement Plant     | ning and Finance                        |  |
| Permanent File                            |                               |             |                         |   |  |
| For information Only                      |                               |             |                         |   |  |
| No Change in Rate                         |                               |             |                         |   |  |
| Home Office: Sun Healthcare Group, Inc.   |                               |             | A 1 Tr water and a 1 Tr |   |  |
| Reimbursement Department                  |                               |             | İ                       |   |  |
| 101 Sun Avenue NE                         |                               |             |                         |   |  |
| Albuquerque NM 87109                      |                               |             | # ##                    |   |  |



| Sunset Point Care & Rehab   | pilitation Center   |            |                             | Provider Number:   | 0 253430-00             |
|---|---|------------|-----------------------------|--|-------------------------|
| 1980 Sunset Point Road  |   |            |                             | Date:  | 6/10/2013               |
| Clearwater FL 33765   | **************************************                                |            |                             | Fiscal Year End:   | 7/31/2011               |
|   |   |            |                             | Audit Status:  | Unaudited [3]           |
| Provider Type:  Nursing Home Si   | ngle Level  | _          | Current<br>Rate             | New<br>Rate<br>186.02  | Effective Date 1/1/2012 |
| Le  | vel H: AIDS   | , <u>-</u> | 333.89                      | 333.63   | 1/1/2012                |
| Le  | vel U: Fragile Under 21   | _          | 452.35                      | 452.09   | 1/1/2012                |
| Interir Settler Prior I  Basis:  Budget X Unaudited costs                                 | Interim n Component nent based on costs Provider Prospective data     | Changes    | Licensure Usual and         | Prospective Prospective Adjusted if Total Prospective with Rating Change Customary Limitation te limitation change | 1 Interim Component     |
| Field audited cos Field audit - inte Desk audited cos Desk audit - Inter Desk Audit - Pro | rim portion<br>ts<br>rim Portion                                      | X          | FRVS Ch Effects of Rate Sem | ange   | - 110W FYE 7/31/2007    |
| <b>Distribution:</b>  |   |            | フクノ                         | Thomas Parker  |                         |
| Contract Management Permanent File For information No Change in R Home Office:            | Only  | Me         | edicaid Cost                | Reimbursement Planr  | ning and Finance        |
| nome office.  | Reimbursement Department<br>101 Sun Avenue NE<br>Albuquerque NM 87109 |            |                             |  |                         |



| Sunset Point Care & Rehabilitation Center  1980 Sunset Point Road  |   |            |  | Provider Number:  | 0 253430-00             |  |
|--|---|------------|--|---|-------------------------|--|
|  |   |            |  | Date:   | 6/10/2013               |  |
| Clearwater FL 33765  |   |            |  | Fiscal Year End:  | 7/31/2011               |  |
|  |   |            |  | Audit Status:   | Unaudited [3]           |  |
| Provider Type:  Nursing Home   | Single Level  |            | Current Rate 191.65  | New Rate 191.39   | Effective Date 7/1/2012 |  |
| I  | evel H: AIDS  |            | 340.86   | 340.60  | 7/1/2012                |  |
| L  | evel U: Fragile Under 21  |            | 460.61   | 460.35  | 7/1/2012                |  |
| Inter Settle   | al Interim rim Component ement based on costs r Provider Prospective data | X Changes: | 1  | e Fotal Prospective Prospective Adjusted Fotal Prospective with |                         |  |
| Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int Desk Audit - Pr | osts terim portion  | X          | Usual and<br>Target Ra<br>FRVS Ch<br>Effects of<br>Rate Seme | •   | n<br>110W FYE 7/31/2007 |  |
| Distribution:  Contract Management Permanent File  For information  No Change in  Home Office:               | on Only   | Med        | dicaid Cost  | Thomas Parker Reimbursement Plann                               | ning and Finance        |  |



| Sunset Point Care & Reha  | bilitation Center  |          |                     | Provider Number:   | 0 253430-00             |  |
|---|--|----------|---------------------|--|-------------------------|--|
| 1980 Sunset Point Road<br>Clearwater FL 33765                   |  |          |                     | Date:  | 6/10/2013               |  |
|   |  |          |                     | Fiscal Year End:   | 7/31/2011               |  |
| •   |  |          |                     | Audit Status:  | Unaudited [3]           |  |
| Provider Type:  Nursing Home S                                  | ingle Level  |          | Current Rate 193.75 | New Rate 193.49  | Effective Date 1/1/2013 |  |
| Truising frome  | mgle Level   |          | 173./3              |  | 1/1/2013                |  |
| L   | evel H: AIDS   |          | 344.56              | 344.30   | 1/1/2013                |  |
| L   | evel U: Fragile Under 21   | _        | 465.60              | 465.34   | 1/1/2013                |  |
| Interi<br>Settle  | osts   | Changes: | Licensure Usual and | Prospective Prospective Adjusted of Cotal Prospective with Rating Change Customary Limitation te limitation change | Interim Component       |  |
| Desk audited co Desk audit - Inte                               | į.   | X        | Rate Seme           | Field Audit #NH11-<br>ester Change<br>2] as of 10/01/1985  | 110W FYE 7/31/2007      |  |
| Distribution:   |  |          | 2                   | Thomas Parker  |                         |  |
| Contract Management Permanent File For information No Change in | n Only<br>Rate   | Med      | Clicaid Cost        | Reimbursement Plann  | ning and Finance        |  |
| Home Office:  | Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109 |          |                     |  |                         |  |



| Lakeside Pavillion Care & Rehabilitation Center   |  | Provider Number:   | 0 256846-00       |
|---|--|--|-------------------|
| 2900 Twelfth Street   |  | Date:  | 4/16/2013         |
| Naples FL 33940   |  | Fiscal Year End:   | 7/31/2007         |
|   |  | Audit Status:  | Field Audited [2] |
| Provider Type:  | Current<br>Rate  | New<br>Rate  | Effective<br>Date |
| Nursing Home Single Level   | 181.51   | <u> 182.90</u> _   | 7/1/2008          |
| Level H: AIDS   | 317.79   | 319.18   | 7/1/2008          |
| Level U: Fragile Under 21   | 427.14   | 428.53   | 7/1/2008          |
| Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:   | 1  | e<br>Fotal Prospective<br>Prospective Adjusted f<br>Fotal Prospective with |                   |
| Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent | Usual and Target Ra FRVS Ch X Field Auc Rate Seme On FRV [ | lit NH11-112W FYE<br>ester Change<br>2] as of 01/01/2005<br>Thomas Parker  | 7/31/2007         |
| Permanent File For information Only No Change in Rate  Home Office:  Sun Healthcare Group, Inc.  Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109  | Medicaid Cost  | Reimbursement Plan   | ning and Finance  |



| Lakeside Pavillion C | are & Rehabilitation Center   |   |                 | Provider Number:  | 0 256846-00       |
|----------------------|---|---|-----------------|---|-------------------|
| 2900 Twelfth Street  |   |   |                 | Date:   | 4/16/2013         |
| Naples FL 33940      |   |   |                 | Fiscal Year End:  | 7/31/2007         |
|                      |   |   |                 | Audit Status:   | Field Audited [2] |
| Provider Type:       |   |   |                 |   |                   |
|                      |   |   | Current<br>Rate | New<br>Rate   | Effective<br>Date |
| Nursing Home         | Single Level  |   | 182.66          | 183.41  | 1/1/2009          |
| ruising mome         | Single Level  | -                                       | 102.00          |   | 1/1/2009          |
|                      | Level H: AIDS   | _                                       | 321.01          | 321.76  | 1/1/2009          |
|                      | Level U: Fragile Under 21   |   | 432.02          | 432.77  | 1/1/2009          |
|                      |   |   |                 |   |                   |
| Rate Type:           |   |   |                 |   |                   |
| Interim              |   | X                                       | Prospectiv      |   |                   |
|                      | Total Interim   |   | -               | Total Prospective   |                   |
|                      | Interim Component   |   |                 | Prospective Adjusted                                      |                   |
|                      | Settlement based on costs   |   | ***             | Total Prospective with                                    | Interim Component |
|                      | Prior Provider Prospective data   |   |                 | ****  |                   |
| Basis:               |   | Changes:                                |                 |   |                   |
| D. J                 |   |   | Licensur        | e Rating Change   |                   |
| Budget Unaudited     | costs   |   |                 | e Rating Change<br>d Customary Limitatio                  | in.               |
| X Field audit        | l de la companya de la companya de la companya de la companya de la companya de la companya de la companya de |   |                 | d Customary Linitation at limitation at limitation change | <b>11</b>         |
|                      | - interim portion   |   | FRVS C          | _   |                   |
| Desk audit           | -   | X                                       | Field Au        | dit NH11-112W FYE   | 7/31/2007         |
|                      | - Interim Portion   |   |                 | nester Change   |                   |
|                      | t - Prospective portion   |   | On FRV          | [2] as of 01/01/2005                                      |                   |
| Distribution:        |   |   | フムノ             | Thomas Parker   |                   |
| -                    | ement / Fiscal Agent  | Me                                      | dicaid Cos      | t Reimbursement Plani                                     | ning and Finance  |
| Permanent File       |   |   |                 |   |                   |
| For inform           | nation Only   |   |                 |   |                   |
| No Chang             | ge in Rate  |   |                 |   |                   |
| Home Office:         | Sun Healthcare Group, Inc.  |   |                 |   |                   |
|                      | Reimbursement Department  |   |                 |   |                   |
|                      | 101 Sun Avenue NE   |   |                 |   |                   |
|                      | Albuquerque NM 87109  |   |                 |   |                   |
|                      |   | *************************************** |                 |   |                   |



| Lakeside Pavillion Care &   | Rehabilitation Center   |            |   | Provider Number:  | 0 256846-00             |  |
|---|---|------------|---|---|-------------------------|--|
| 2900 Twelfth Street   |   |            |   | Date:   | 4/16/2013               |  |
| Naples FL 33940   |   |            |   | Fiscal Year End:  | 7/31/2007               |  |
|   |   |            |   | Audit Status:   | Field Audited [2]       |  |
| Provider Type:  Nursing Home  S   | ingle Level   |            | Current Rate 167.35                                       | New Rate 168.04   | Effective Date 3/1/2009 |  |
| Le  | evel H: AIDS  | <u>.</u>   | 305.70  | 306.39  | 3/1/2009                |  |
| Le  | evel U: Fragile Under 21  | -          | 416.71  | 417.40  | 3/1/2009                |  |
| Interi<br>Settle  | Interim im Component ement based on costs Provider Prospective data   | X Changes: |   | Total Prospective Prospective Adjusted Total Prospective with   |                         |  |
| Budget Unaudited costs X Field audited co Field audit - inte Desk audit - Inte Desk Audit - Pre | erim portion<br>ests  | X          | Usual and<br>Target Ra<br>FRVS Ch<br>Field Au<br>Rate Sem | e Rating Change d Customary Limitation ate limitation change hange dit NH11-112W FYE hester Change [2] as of 01/01/2005 |                         |  |
| Distribution:   |   |            | 7   | Thomas Parker   |                         |  |
| Contract Management Permanent File For information No Change in It Home Office:                 | n Only<br>Rate<br>Sun Healthcare Group, Inc.                          | Med        | licaid Cost   | Reimbursement Plan  | ning and Finance        |  |
|   | Reimbursement Department<br>101 Sun Avenue NE<br>Albuquerque NM 87109 |            |   |   |                         |  |



| Lakeside Pavillion Ca                   | are & Rehabilitation Center     |  |             | Provider Number:                             | 0 256846-00       |
|---|---------------------------------|--|-------------|--|-------------------|
| 2900 Twelfth Street                     |                                 |  |             | Date:  | 4/16/2013         |
| Naples FL 33940                         |                                 |  |             | Fiscal Year End:                             | 7/31/2007         |
|   |                                 |  |             | Audit Status:                                | Field Audited [2] |
| Provider Type:                          |                                 |  |             | Time out                                     |                   |
|   |                                 | •  | Current     | New  | Effective         |
|   |                                 |  | Rate        | Rate   | Date              |
| Nursing Home                            | Single Level                    |  | 206.20      |  | 4/1/2009          |
|   | Level H: AIDS                   |  | 344.55      | 345.33                                       | 4/1/2009          |
|   | Level U: Fragile Under 21       |  | 455.56      | 456.34                                       | 4/1/2009          |
| P                                       |                                 |  |             |  |                   |
| Rate Type :                             |                                 | •  |             |  |                   |
| Interim                                 |                                 | X  | Prospectiv  | /e   |                   |
|   | Total Interim                   |  | <u>X</u>    | Total Prospective                            |                   |
|   | nterim Component                |  | <del></del> | Prospective Adjusted                         |                   |
|   | Settlement based on costs       |  |             | Total Prospective with                       | Interim Component |
| F                                       | Prior Provider Prospective data |  |             | (2377700777003333333                         |                   |
| Basis:                                  |                                 | Changes:   |             |  |                   |
| _                                       |                                 |  | T           | in a constant                                |                   |
| Budget                                  |                                 |  |             | e Rating Change                              |                   |
| Unaudited of X Field audited            |                                 |  |             | d Customary Limitation ate limitation change | n                 |
| *************************************** | - interim portion               |  | FRVS C      |  |                   |
| Desk audite                             | _                               | <u> </u>   |             | idit NH11-112W FYE                           | E 7/31/2007       |
|   | - Interim Portion               |  |             | nester Change                                |                   |
| Desk Audit                              | - Prospective portion           | -  | On FRV      | [2] as of 01/01/2005                         |                   |
| <u>Distribution:</u>                    |                                 |  | 7/5         | )<br>Thomas Parker                           |                   |
| Contract Manage                         | ement / Fiscal Agent            | Med  | dicaid Cos  | t Reimbursement Plan                         | ning and Finance  |
| Permanent File                          |                                 |  |             | •  | &                 |
| For inform                              | nation Only                     |  |             |  |                   |
| No Chang                                | e in Rate                       |  |             |  |                   |
| Home Office:                            | Sun Healthcare Group, Inc.      | ALLEN W. L. AND MAN DE CONTRACTOR DE CONTRAC |             |  |                   |
| nome Office:                            | Reimbursement Department        |  |             |  |                   |
|   | 101 Sun Avenue NE               |  |             |  |                   |
|   | Albuquerque NM 87109            |  |             |  |                   |
| ·                                       |                                 |  |             |  |                   |



| Lakeside Pavillion Care & Rehabilitation Center |                                       |   |   | Provider Number:        | 0 256846-00                            |  |
|---|---------------------------------------|---|---|-------------------------|--|--|
| 2900 Twelfth Street                             |                                       |   |   | Date:                   | 4/16/2013                              |  |
| Naples FL 33940                                 |                                       |   |   | Fiscal Year End:        | 7/31/2008                              |  |
|   |                                       |   |   | Audit Status:           | Unaudited [3]                          |  |
| Provider Type:                                  |                                       |   |   |                         |  |  |
|   | **                                    | (                                       | Current                                 | New                     | Effective                              |  |
| <b>N</b> Y                                      | ~· · · ·                              | *************************************** | Rate                                    | Rate                    | Date                                   |  |
| Nursing Home                                    | Single Level                          |   | 204.30                                  |                         | 7/1/2009                               |  |
|   | Level H: AIDS                         |   | 344.65                                  | 344.58                  | 7/1/2009                               |  |
|   | Level U: Fragile Under 21             |   | 457.27                                  | 457.20                  | 7/1/2009                               |  |
|   | •                                     | ******                                  |   |                         |  |  |
|   |                                       |   |   |                         |  |  |
| Rate Type:                                      |                                       |   |   |                         |  |  |
| Interim   |                                       | X                                       | Prospectiv                              | /e                      |  |  |
|   | Total Interim                         |   | X                                       | Total Prospective       |  |  |
| ***************************************         | Interim Component                     |   |   | Prospective Adjusted    | for New Costs                          |  |
|   | Settlement based on costs             |   | *************************************** | Total Prospective with  | Interim Component                      |  |
|   | Prior Provider Prospective data       |   |   | •                       |  |  |
| Basis:  |                                       | Chanasa                                 | 1                                       |                         |  |  |
| Dasis:  |                                       | Changes:                                | <b>.</b>                                |                         |  |  |
| Budget  |                                       |   | Licensur                                | e Rating Change         |  |  |
| X Unaudited                                     | costs                                 | -                                       |   | d Customary Limitation  | าท                                     |  |
| Field audit                                     | · · · · · · · · · · · · · · · · · · · | *************************************** |   | ate limitation change   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
|   | - interim portion                     |   | FRVS C                                  | -                       |  |  |
| Desk audite                                     | -                                     | X                                       |   | of FA NH11-112W FY      | E 7/31/2007                            |  |
|   | - Interim Portion                     | Rate Semester Change                    |   |                         |  |  |
| Desk Audi                                       | t - Prospective portion               | -                                       | On FRV                                  | [2] as of 01/01/2005    |  |  |
| <b>Distribution:</b>                            |                                       |   | 7                                       | Thomas Parker           |  |  |
| Contract Manag                                  | ement / Fiscal Agent                  | Mac                                     | licaid Cos                              | t Reimbursement Plan    | ning and Finance                       |  |
| Permanent File                                  |                                       | MICC                                    | ncaiu cos                               | t Kemiloui sement i ian | ning and i manee                       |  |
| For inform                                      | nation Only                           |   |   |                         |  |  |
| No Chang  | ge in Rate                            |   |   |                         |  |  |
| Home Office:                                    | Sun Healthcare Group, Inc.            |   | OHI 1180                                |                         |  |  |
| nome Omce:                                      | Reimbursement Department              |   |   |                         |  |  |
|   | 101 Sun Avenue NE                     |   |   |                         |  |  |
|   | Albuquerque NM 87109                  |   |   |                         |  |  |
|   |                                       |   |   |                         |  |  |



| Lakeside Pavillion Car                                | re & Rehabilitation Center   |          |                           | Provider Number:   | 0 256846-00             |
|---|--|----------|---------------------------|--|-------------------------|
| 2900 Twelfth Street                                   |  |          |                           | Date:  | 4/16/2013               |
| Naples FL 33940                                       |  |          |                           | Fiscal Year End:   | 7/31/2008               |
|   |  |          |                           | Audit Status:  | Unaudited [3]           |
| Provider Type:  Nursing Home                          | Single Level   |          | Current<br>Rate<br>206.40 | New Rate 206.32  | Effective Date 1/1/2010 |
|   | Level H: AIDS  |          | 348.32                    | 348.24   | 1/1/2010                |
|   | Level U: Fragile Under 21  |          | 462.20                    | 462.12   | 1/1/2010                |
| Basis:  Budget X Unaudited co                         | l costs  | Changes: | Licensure<br>Usual and    | Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change | n Interim Component     |
| Desk audited Desk audit -                             | interim portion I costs Interim Portion Prospective portion                                | X        | Effects o                 | f FA NH11-112W FY<br>nester Change<br>[2] as of 01/01/2005   | /E 7/31/2007            |
| <u>Distribution:</u>                                  |  |          | 7                         | Thomas Parker  |                         |
| Contract Manager Permanent File For informa No Change | ·  | Mec      | licaid Cos                | t Reimbursement Plan   | ning and Finance        |
| Home Office:  | Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109 |          |                           | vi da  |                         |



| Lakeside Pavillion Car   | re & Rehabilitation Center   |  |                 | Provider Number:  | 0 256846-00         |
|--|--|--|-----------------|---|---------------------|
| 2900 Twelfth Street  |  |  | Date:           | 4/16/2013   |                     |
| Naples FL 33940  |  |  |                 | Fiscal Year End:  | 7/31/2009           |
|  |  |  |                 | Audit Status:   | Unaudited [3]       |
| Provider Type:   |  | _  | Current<br>Rate | New<br>Rate   | Effective<br>Date   |
| Nursing Home   | Single Level   |  | 209.39          | <u>209.31</u> _   | 7/1/2010            |
|  | Level H: AIDS  | _  | 352.73          | 352.65  | 7/1/2010            |
|  | Level U: Fragile Under 21  | _  | 467.76          | 467.68  | 7/1/2010            |
| Basis:  Budget   | otal Interim nterim Component ettlement based on costs rior Provider Prospective data      | X Changes:   | Licensur        | Total Prospective Prospective Adjusted Total Prospective with | n Interim Component |
| Desk audited<br>Desk audit -   | d costs interim portion  | Usual and Customary Limitation Target Rate limitation change FRVS Change  X Effects of FA NH11-112W FYE 7/31/2007 Rate Semester Change On FRV [2] as of 01/01/2005 |                 |   |                     |
| Distribution:  Contract Manager  Permanent File  For information No Change | •  | Me   | edicaid Cos     | Thomas Parker t Reimbursement Plan                            | ning and Finance    |
| Home Office:   | Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109 |  |                 |   |                     |



| Lakeside Pavillion Care &  | & Rehabilitation Center  |          |   | Provider Number:   | 0 256846-00                           |
|--|--|----------|---|--|---------------------------------------|
| 2900 Twelfth Street  |  |          |   | Date:  | 4/16/2013                             |
| Naples FL 33940  |  |          |   | Fiscal Year End:   | 7/31/2009                             |
|  |  |          |   | Audit Status:  | Unaudited [3]                         |
| Provider Type:   |  |          |   |  |                                       |
| ••   |  | (        | Current   | New  | Effective                             |
|  |  |          | Rate  | Rate   | Date                                  |
| Nursing Home S   | Single Level   |          | 212.41  |  | 1/1/2011                              |
| I  | evel H: AIDS   | 3        | 357.27  | 357.20   | 1/1/2011                              |
| I  | evel U: Fragile Under 21   |          | 473.52  | 473.45   | 1/1/2011                              |
| Basis:  Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Interest and the cont  Budget  Desk audit - Interest and the cont  Settle Prior  Budget  A Unaudited cost  Field audit - in Desk audit - Interest audit - Interest and the cont  Budget  A Unaudited cost  Field audit - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Interest - Inte | osts terim portion osts terim Portion rospective portion                                   | Changes: | Licensur<br>Usual and<br>Target R<br>FRVS CI<br>Effects of<br>Rate Sent<br>On FRV | Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change | n Interim Component  On  (E 7/31/2007 |
| For information  | on Only  |          |   |  |                                       |
| No Change in   | Rate   |          |   |  |                                       |
| Home Office:   | Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109 |          |   |  |                                       |



| Lakeside Pavillion Care   | & Rehabilitation Center  |            |                                   | Provider Number:   | 0 256846-00         |
|---|--|------------|-----------------------------------|--|---------------------|
| 2900 Twelfth Street   |  |            |                                   | Date:  | 4/16/2013           |
| Naples FL 33940   |  |            |                                   | Fiscal Year End:   | 7/31/2010           |
|   |  |            |                                   | Audit Status:  | Unaudited [3]       |
| Provider Type: Nursing Home   | Single Level   | _          | Current<br>Rate                   | New Rate   | Effective Date      |
| Mursing Home  | Single Level   | <u></u>    | 197.16                            | <u> 197.09</u> _   | 7/1/2011            |
| 1   | Level H: AIDS  |            | 343.36                            | 343.29   | 7/1/2011            |
| ]   | Level U: Fragile Under 21  | _          | 460.69                            | 460.62   | 7/1/2011            |
| Basis:  Budget X Unaudited cos Field audit - in Desk audited co Desk audit - Ir | costs nterim portion costs nterim Portion  | Changes  X | Licensur Usual an Target R FRVS C | Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange of FA NH11-112W FY nester Change | n Interim Component |
| Distribution:   | Prospective portion  |            | 777                               | [2] as of 01/01/2005   |                     |
| Contract Manageme   | ent / Fiscal Agent   |            | - <i>O</i>                        | Thomas Parker  | in and Pinana       |
| Permanent File  | -  | M          | edicaid Cos                       | t Reimbursement Plan   | ning and Finance    |
| For informati   | on Only  |            |                                   |  |                     |
| No Change in  | n Rate   |            |                                   |  |                     |
| Home Office:  | Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109 |            |                                   |  |                     |



| Lakeside Pavillion Care &   | Rehabilitation Center            |          |   | Provider Number:   | 0 256846-00         |
|---|----------------------------------|----------|---|--|---------------------|
| 2900 Twelfth Street   |                                  |          | Date:   | 4/16/2013  |                     |
| Naples FL 33940   |                                  |          |   | Fiscal Year End:   | 7/31/2010           |
|   |                                  |          |   | Audit Status:  | Unaudited [3]       |
| Provider Type:  |                                  | (        | Current   | New  | Effective           |
| Nursing Home Si   | ngle Level                       |          | Rate<br>198.40  | 198.33   | Date 1/1/2012       |
| Lev   | vel H: AIDS                      |          | 346.01  | 345.94   | 1/1/2012            |
| Lev   | vel U: Fragile Under 21          |          | 464.47  | 464.40   | 1/1/2012            |
| Interin Settlen   | rim portion<br>ts<br>rim Portion | Changes: | Licensure<br>Usual and<br>Target R:<br>FRVS CI<br>Effects o<br>Rate Sem | Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change | n Interim Component |
| Distribution:  Contract Management Permanent File For information No Change in R Home Office: | Only                             | Med      | licaid Cost   | Thomas Parker Reimbursement Plan   | ning and Finance    |



| Lakeside Pavillion Care &   | Rehabilitation Center      |          |   | Provider Number:   | 0 256846-00         |
|---|----------------------------|----------|---|--|---------------------|
| 2900 Twelfth Street   |                            |          | Date:   | 4/16/2013  |                     |
| Naples FL 33940   |                            |          |   | Fiscal Year End:   | 7/31/2011           |
|   |                            |          |   | Audit Status:  | Unaudited [3]       |
| Provider Type:  Nursing Home  S   | ingle Level                | <u>-</u> | Current<br>Rate                               | New Rate 203.04  | Effective           |
| Le  | evel H: AIDS               |          | 352.32  | 352.25   | 7/1/2012            |
| Le  | evel U: Fragile Under 21   | _        | 472.07  | 472.00   | 7/1/2012            |
| Basis:  Budget X Unaudited costs Field audit - inte Desk audit - Inte                             | sts<br>erim portion<br>sts | Changes: | Licensur Usual an Target R FRVS CI Effects of | Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change | n Interim Component |
| Distribution:  Contract Management Permanent File  For information  No Change in 19  Home Office: | ı Only                     | Me       | edicaid Cos                                   | Thomas Parker t Reimbursement Plan   | ning and Finance    |



| Lakeside Pavillion Ca        | re & Rehabilitation Center  |  |                 | Provider Number:       | 0 256846-00       |  |  |
|------------------------------|---|--|-----------------|------------------------|-------------------|--|--|
| 2900 Twelfth Street          |   |  |                 | Date:                  | 4/16/2013         |  |  |
| Naples FL 33940              |   |  |                 | Fiscal Year End:       | 7/31/2011         |  |  |
|                              |   |  |                 | Audit Status:          | Unaudited [3]     |  |  |
| Provider Type:               |   | _  | Current<br>Rate | New<br>Rate            | Effective<br>Date |  |  |
| Nursing Home                 | Single Level  |  | 205.38          |                        | 1/1/2013          |  |  |
|                              | Level H: AIDS   |  | 356.19          | 356.12                 | 1/1/2013          |  |  |
|                              | Level U: Fragile Under 21   |  | 477.23          | 477.16                 | 1/1/2013          |  |  |
|                              |   |  |                 |                        |                   |  |  |
| Rate Type :                  |   |  |                 |                        |                   |  |  |
| Interim                      |   | x  | Prospectiv      | ve.                    |                   |  |  |
|                              | Cotal Interim   |  |                 | Total Prospective      |                   |  |  |
| Interim Component            |   | Prospective Adjusted for New Costs                           |                 |                        |                   |  |  |
| Settlement based on costs    |   | Total Prospective with Interim Component                     |                 |                        |                   |  |  |
| P                            | rior Provider Prospective data  |  | *****           | •                      | •                 |  |  |
| Basis:                       |   | Change   | s:              |                        |                   |  |  |
|                              |   |  |                 |                        |                   |  |  |
| Budget                       |   |  |                 | e Rating Change        |                   |  |  |
| X Unaudited of Field audited |   |  |                 | d Customary Limitation | n                 |  |  |
|                              |   |  | FRVS C          | ate limitation change  |                   |  |  |
| Desk audite                  | - interim portion   |  | <del></del>     | · ·                    | /ID = /21 /3007   |  |  |
|                              | Interim Portion   | X Effects of FA NH11-112W FYE 7/31/2007 Rate Semester Change |                 |                        |                   |  |  |
| -                            | - Prospective portion   |  |                 | [2] as of 01/01/2005   |                   |  |  |
| Distribution:                |   |  | 7/              | )<br>Thomas Parker     |                   |  |  |
| Contract Manage              | ement / Fiscal Agent  | <u>_</u>   | Andinaid Com    |                        | ning and Finance  |  |  |
| Permanent File               | -   | N  | redicald Cos    | t Reimbursement Plan   | ning and finance  |  |  |
| For inform                   | ation Only  |  |                 |                        |                   |  |  |
| No Change                    |   |  |                 |                        |                   |  |  |
| Home Office:                 | Sun Healthcare Group, Inc.  |  |                 |                        |                   |  |  |
|                              | Reimbursement Department<br>101 Sun Avenue NE<br>Albuquerque NM 87109 |  |                 |                        |                   |  |  |



| MCHS Venice   |  |                  | Provider 1  | Number:                       | 0 309788-00                          |
|---|--|------------------|---|-------------------------------|--------------------------------------|
| 1450 E. Venice  |  |                  |   | Date:                         | 2/19/2013                            |
| Venice FL 34292   |  |                  | Fiscal Ye   |                               | 5/31/2006                            |
|   |  |                  | Audi  | it Status:                    | Field Audited [2]                    |
| Provider Type:  |  | Curro<br>Rat     |   |                               | Effective<br>Date                    |
| Nursing Home  | Single Level   | 169.             | <u>169.</u>   | 41                            | 1/1/2007                             |
|   | Level H: AIDS  | 298.             | 95 299.   | 01                            | 1/1/2007                             |
|   | Level U: Fragile Under 21  | 402.             | 94 403.0  | 00 _                          | 1/1/2007                             |
| s   | Cotal Interim Interim Component Interim Componen |                  |   | Adjusted                      | for New Costs<br>n Interim Component |
| Budget Unaudited of X Field audite Field audite Desk audite Desk audite | ed costs - interim portion   | Usı Tar FR X Fie | ensure Rating Cha<br>lal and Customary<br>get Rate limitation<br>VS Change<br>Id Audit NH11-1:<br>e Semester Chang<br>FRV [2] as of 06/ | Limitation change  24C FYE se |                                      |
| Distribution:   |  | 76               | Thomas 1  | Parker                        |                                      |
| Contract Manage Permanent File For inform No Change                     | •  | Medicai          | l Cost Reimburser   | ment Plan                     | ning and Finance                     |
| Home Office:  | HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604  |                  |   |                               |                                      |



| MCHS Venice   |   |             |   | Provider Number:  | 0 309788-00         |
|---|---|-------------|---|---|---------------------|
| 1450 E. Venice  |   | Date: 2/19/ |   |   | 2/19/2013           |
| Venice FL 34292   |   |             |   | Fiscal Year End:  | 5/31/2006           |
|   |   |             |   | Audit Status:   | Field Audited [2]   |
| Provider Type:  | a   |             | Current<br>Rate   | New<br>Rate   | Effective<br>Date   |
| Nursing Home  | Single Level  |             | 184.05  |   | 7/1/2007            |
| I   | Level H: AIDS   |             | 315.99  | 315.41  | 7/1/2007            |
| I   | Level U: Fragile Under 21   |             | 421.85  | 421.27  | 7/1/2007            |
| Basis:  Budget Unaudited cost X Field audit - in Desk audited c Desk audit - In | costs aterim portion costs  | Changes:    | Licensur<br>Usual an<br>Target R<br>FRVS CI<br>Field Au<br>Rate Sen | Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change | n Interim Component |
| Contract Manageme   | ent / Fiscal Agent  | Med         | dicaid Cos  | t Reimbursement Plan  | ning and Finance    |
| Permanent File For information No Change in                                     | •   |             |   |   |                     |
| Home Office:  | HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604 |             |   |   |                     |



| Zephyrhills Health & | Rehab Center, Inc.              |             |                     | Provider Number:                       | 0 320404-00             |
|----------------------|---------------------------------|-------------|---------------------|--|-------------------------|
| 7350 Dairy Road      |                                 |             | Date:               | 4/18/2013                              |                         |
| Zephyrhills FL 33540 | )                               |             |                     | Fiscal Year End:                       | 7/31/2009               |
|                      |                                 |             |                     | Audit Status:                          | Revised Field Audit [5] |
| Provider Type:       |                                 |             |                     |  |                         |
|                      |                                 | - ·         | irrent<br>Rate      | New<br>Rate                            | Effective<br>Date       |
| Nursing Home         | Single Level                    |             | 11.51               | 207.77                                 | 7/1/2010                |
| Trusting Itomic      | Single Liever                   |             | 11.01               |  | 77172010                |
|                      | Level H: AIDS                   | 35          | 54.85               | 351.11                                 | 7/1/2010                |
|                      | Level U: Fragile Under 21       | 46          | 59.88               | 466.14                                 | 7/1/2010                |
|                      |                                 |             |                     |  |                         |
| Rate Type:           |                                 |             |                     |  |                         |
|                      | •                               | ** "        |                     |  |                         |
| Interim              | Total Interim                   | <u>X</u> Pr | ospecti<br><b>X</b> |  |                         |
|                      | Interim Component               | -           | <u> </u>            | Total Prospective Prospective Adjusted | for New Costs           |
|                      | Settlement based on costs       | -           |                     | Total Prospective with                 |                         |
|                      | Prior Provider Prospective data | -           |                     | . Tour Hospeetive wid                  | i interim Component     |
| Basis:               |                                 | [Ch]        |                     | 0.00                                   |                         |
| Dasis:               |                                 | Changes:    |                     |  |                         |
| Budget               |                                 | I           | Licensu             | re Rating Change                       |                         |
| Unaudited            | costs                           |             |                     | nd Customary Limitation                | on                      |
| X Field audit        | i i                             |             |                     | Rate limitation change                 |                         |
| Field audit          | - interim portion               | I           | FRVS C              | Change                                 |                         |
| Desk audite          | -                               | X           | Field A             | udit & Revised FA NI                   | H11-010W FYE 7/31/09    |
|                      | - Interim Portion               |             |                     | nester Change                          |                         |
|                      | t - Prospective portion         |             | On FRV              | [2] as of 06/23/1998                   |                         |
| <u>Distribution:</u> |                                 | ファ          | ソノ                  | Thomas Parker                          |                         |
| Contract Manag       | ement / Fiscal Agent            | Medic       | caid Co             | st Reimbursement Plan                  | ning and Finance        |
| Permanent File       |                                 |             |                     |  | -                       |
| For inform           | nation Only                     |             |                     |  |                         |
| No Chang             | ge in Rate                      |             |                     |  |                         |
| Home Office:         | Sunbelt Health Care Center      | s,Inc.      |                     |  |                         |
|                      | Kevin Sadler                    |             |                     |  |                         |
|                      | 602 Courtland Street            |             |                     |  |                         |
|                      | Orlando FL 32804                |             |                     |  |                         |





| Zephyrhills Health & Reh   | ab Center, Inc.   |        |   | Provider Number:  | 0 320404-00                                 |
|--|---|--------|---|---|---|
| 7350 Dairy Road  |   |        |   | Date:   | 4/18/2013                                   |
| Zephyrhills FL 33540   |   |        |   | Fiscal Year End:  | 7/31/2009                                   |
|  |   |        |   | Audit Status:   | Revised Field Audit [5]                     |
| Provider Type:   | en de Tomb  |        | Current<br>Rate   | New<br>Rate   | Effective<br>Date                           |
| Nursing Home S   | Single Level  |        | 214.93  |   | 1/1/2011                                    |
| L  | evel H: AIDS  |        | 359.79  | 355.93  | 1/1/2011                                    |
| L  | evel U: Fragile Under 21  |        | 476.04  | 472.18  | 1/1/2011                                    |
| Basis:  Budget Unaudited costs X Field audited co Field audit - int Desk audited co Desk audit - Int | erim portion ests erim portion ests erim Portion espective portion est / Fiscal Agent | Change | Licensur Usual an Target R FRVS CI Field Au Rate Sen On FRV | Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange | n Interim Component on H11-010W FYE 7/31/09 |
| No Change in Home Office:  | -   | s,Inc. |   |   |   |



| Zephyrhills Health & Rehab Center, Inc. |                                |   |                                    | Provider Number:                               | 0 320404-00       |  |  |
|---|--------------------------------|---|------------------------------------|--|-------------------|--|--|
| 7350 Dairy Road                         | •                              |   | Date:                              | 4/18/2013                                      |                   |  |  |
| Zephyrhills FL 33540                    | ills FL 33540 Fiscal Ye        |   | Fiscal Year End:                   | 7/31/2010                                      |                   |  |  |
|   |                                |   |                                    | Audit Status:                                  | Unaudited [3]     |  |  |
| Provider Type:                          |                                |   |                                    |  |                   |  |  |
|   |                                |   | Current                            | New  | Effective         |  |  |
| N. T.                                   | Ot 1 7 1                       | *************************************** | Rate                               | Rate   | Date              |  |  |
| Nursing Home                            | Single Level                   |   | 198.61                             |  | 7/1/2011          |  |  |
|   | Level H: AIDS                  |   | 344.81                             | 344.79   | 7/1/2011          |  |  |
|   | Level U: Fragile Under 21      |   | 462.14                             | 462.12   | 7/1/2011          |  |  |
|   |                                |   |                                    |  |                   |  |  |
| Rate Type:                              |                                |   |                                    |  |                   |  |  |
| Interim                                 |                                | X                                       | Prospectiv                         | /e   |                   |  |  |
| т                                       | otal Interim                   | *************************************** | X Total Prospective                |  |                   |  |  |
| I                                       | nterim Component               |   | Prospective Adjusted for New Costs |  |                   |  |  |
| s                                       | ettlement based on costs       |   |                                    | Total Prospective with                         | Interim Component |  |  |
| P                                       | rior Provider Prospective data |   |                                    |  |                   |  |  |
| Basis:                                  |                                | Changes:                                |                                    |  |                   |  |  |
|   |                                |   |                                    | n d oi   |                   |  |  |
| Budget                                  |                                |   |                                    | e Rating Change                                |                   |  |  |
| X Unaudited c                           |                                |   |                                    | d Customary Limitatio<br>ate limitation change | n                 |  |  |
|   | - interim portion              |   | FRVS C                             | <del>-</del>                                   |                   |  |  |
| Desk audite                             | -                              | <u> </u>                                |                                    |  |                   |  |  |
|   | Interim Portion                |   | Rate Semester Change               |  |                   |  |  |
| *************************************** | - Prospective portion          |   | On FRV                             | [2] as of 06/23/1998                           |                   |  |  |
| <b>Distribution:</b>                    |                                |   | 5                                  | Thomas Parker                                  |                   |  |  |
| -                                       | ment / Fiscal Agent            | Med                                     | dicaid Cos                         | t Reimbursement Plani                          | ning and Finance  |  |  |
| Permanent File                          |                                |   |                                    |  |                   |  |  |
| For inform                              | •                              |   |                                    |  |                   |  |  |
| No Change                               | e in Rate                      |   |                                    |  |                   |  |  |
| Home Office:                            | Sunbelt Health Care Center     | s,Inc.                                  |                                    |  |                   |  |  |
| •                                       | Kevin Sadler                   |   |                                    |  |                   |  |  |
|   | 602 Courtland Street           |   |                                    |  |                   |  |  |
|   | Orlando FL 32804               |   |                                    |  |                   |  |  |



| Zephyrhills Health & Reh | ab Center, Inc.   |        |                                       | Provider Number:  | 0 320404-00         |
|--------------------------|---|--------|---------------------------------------|---|---------------------|
| 7350 Dairy Road          |   |        | Date:                                 | 4/18/2013   |                     |
| Zephyrhills FL 33540     |   |        |                                       | Fiscal Year End:  | 7/31/2010           |
|                          |   | ,      |                                       | Audit Status:   | Unaudited [3]       |
| Provider Type:           |   |        |                                       |   | 1-1                 |
| • •                      |   |        | Current<br>Rate                       | New<br>Rate   | Effective<br>Date   |
| Nursing Home S           | Single Level  |        | 199.91                                | 199.90  | 1/1/2012            |
|                          |   |        |                                       |   |                     |
| L                        | evel H: AIDS  |        | 347.52                                | 347.51  | 1/1/2012            |
| · L                      | evel U: Fragile Under 21  |        | 465.98                                | 465.97  | 1/1/2012            |
| Inter Settle             | erim portion  | Change | Licensure Usual and Target Ra FRVS Ch | Total Prospective Prospective Adjusted Total Prospective with Read Prospective Rating Change Customary Limitation ate limitation change | n Interim Component |
| Desk audit - Int         |   |        |                                       | ester Change  |                     |
| Distribution:            | ospective portion   |        |                                       | [2] as of 06/23/1998<br>Thomas Parker   | /                   |
| Contract Managemen       | nt / Fiscal Agent   | 1      | Medicaid Cost                         | : Reimbursement Plans   | ning and Finance    |
| Permanent File           |   |        |                                       |   |                     |
| For informatio           |   |        |                                       |   |                     |
| No Change in             | Rate  |        |                                       |   |                     |
| Home Office:             | Sunbelt Health Care Centers<br>Kevin Sadler<br>602 Courtland Street<br>Orlando FL 32804 | Inc.   |                                       |   |                     |



| Zephyrhills Health & Rehab Center, Inc.  |  |              | Provider Number:                     | 0 320404-00                          |  |
|--|--|--------------|--------------------------------------|--------------------------------------|--|
| 7350 Dairy Road  |  |              | Date:                                | 4/18/2013                            |  |
| Zephyrhills FL 33540   |  |              | Fiscal Year End:                     | 7/31/2011                            |  |
|  |  |              | Audit Status:                        | Unaudited [3]                        |  |
| Provider Type:  Nursing Home Single Level  |  | Current Rate | New Rate 202.47                      | Effective Date 7/1/2012              |  |
| Level H: AIDS  | 3  | 51.69        | 351.68                               | 7/1/2012                             |  |
| Level U: Fragile Under 21  | 4  | 71.44        | 471.43                               | 7/1/2012                             |  |
| Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  | X P  | P            | otal Prospective rospective Adjusted | for New Costs<br>h Interim Component |  |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion                                      | Licensure Rating Change  Usual and Customary Limitation  Target Rate limitation change  FRVS Change  X Effects of FA & RFA NH11-010W FYE 7/31/09  Rate Semester Change On FRV [2] as of 06/23/1998 |              |                                      |                                      |  |
| Distribution:  |  | P            | Thomas Parker                        |                                      |  |
| Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Sunbelt Health Care Centers, Inc.  Kevin Sadler 602 Courtland Street Orlando FL 32804 |  | icaid Cost   | Reimbursement Plan                   | ning and Finance                     |  |



| Zephyrhills Health & Rehab Center, Inc. |   |        |                                     | Provider Number:   | 0 320404-00       |
|---|---|--------|-------------------------------------|--|-------------------|
| 7350 Dairy Road                         |   |        | Date:                               | 4/18/2013  |                   |
| Zephyrhills FL 33540                    | )   |        |                                     | Fiscal Year End:   | 7/31/2011         |
|   |   |        |                                     | Audit Status:  | Unaudited [3]     |
| Provider Type:                          |   |        |                                     |  |                   |
|   |   |        | Current<br>Rate                     | New<br>Rate  | Effective<br>Date |
| Nursing Home                            | Single Level  |        | 204.83                              | 204.82   | 1/1/2013          |
|   | Level H: AIDS   |        | 355.64                              | 355.63   | 1/1/2013          |
|   | Level U: Fragile Under 21   |        | 476.68                              | 476.67   | 1/1/2013          |
| I                                       | Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data | X      |                                     | ve Total Prospective Prospective Adjusted Total Prospective with   |                   |
| Desk audite Desk audit                  | ed costs - interim portion  | X      | Usual an Target R FRVS Cl Effects o | e Rating Change d Customary Limitation ate limitation change hange of FA & RFA NH11-0 nester Change [2] as of 06/23/1998 |                   |
| Distribution:                           | 1   |        | 20                                  | Thomas Parker  |                   |
| •                                       | ement / Fiscal Agent  | N      | Medicaid Cos                        | t Reimbursement Plan   | ning and Finance  |
| Permanent File                          | ortion Octo   |        |                                     |  | -                 |
| No Chang                                | ation Only  |        |                                     |  |                   |
| No Chang                                |   |        |                                     |  |                   |
| Home Office:                            | Sunbelt Health Care Center<br>Kevin Sadler<br>602 Courtland Street<br>Orlando FL 32804    | s,lnc. |                                     |  |                   |



| Sunbelt Health & Reha  | ab Center - Apopka, Inc.  |          |  | Provider Number:   | 0 320412-00             |
|--|---|----------|--|--|-------------------------|
| 305 E. Oak Street  |   |          |  | Date:  | 4/16/2013               |
| Apopka FL 32703  |   |          |  | Fiscal Year End:   | 7/31/2009               |
|  |   |          |  | Audit Status:  | Revised Field Audit [5] |
| Provider Type:   |   |          | Current<br>Rate  | New<br>Rate  | Effective<br>Date       |
| Nursing Home   | Single Level  |          | 200.28   | 197.11   | 7/1/2010                |
|  | Level H: AIDS   | _        | 343.62   | 340.45   | 7/1/2010                |
|  | Level U: Fragile Under 21   | -        | 458.65   | 455.48   | 7/1/2010                |
| In   | otal Interim<br>terim Component<br>ettlement based on costs<br>rior Provider Prospective data | <u>X</u> |  | e<br>Total Prospective<br>Prospective Adjusted<br>Total Prospective with   |                         |
| Desk audited<br>Desk audit -                                       | d costs interim portion   | Changes  | Licensure Usual and Target Ra FRVS CI FA & RI Rate Sem | e Rating Change d Customary Limitation ate limitation change mange FA #NH11-009W FY mester Change [2] as of 02/09/1993 |                         |
| Distribution:  |   |          | 20   | Thomas Parker  |                         |
| Contract Manager Permanent File For informa No Change Home Office: | -   |          | edicaid Cost   | t Reimbursement Plan   | ning and Finance        |
| none office.   | Kevin Sadler<br>602 Courtland Street<br>Orlando FL 32804                                      |          |  |  |                         |



| Sunbelt Health & Rel | nab Center - Apopka, Inc.       |          |            | Provider Number:       | 0 320412-00                            |
|----------------------|---------------------------------|----------|------------|------------------------|--|
| 305 E. Oak Street    |                                 |          | Date:      | 4/16/2013              |  |
| Apopka FL 32703      |                                 |          |            | Fiscal Year End:       | 7/31/2010                              |
|                      |                                 |          |            | Audit Status:          | Unaudited [3]                          |
| Provider Type:       |                                 |          |            |                        |  |
|                      |                                 |          | Current    | New                    | Effective                              |
| Numaina IIama        | Cimale I and                    |          | Rate       | Rate                   | Date                                   |
| Nursing Home         | Single Level                    |          | 203.71     |                        | 1/1/2011                               |
|                      | Level H: AIDS                   |          | 348.57     | 347.39                 | 1/1/2011                               |
|                      | Level U: Fragile Under 21       | -        | 464.82     | 463.64                 | 1/1/2011                               |
|                      |                                 |          |            |                        | ······································ |
|                      |                                 |          |            |                        |  |
| Rate Type:           |                                 |          |            |                        |  |
| Interim              |                                 | X        | Prospectiv | <i>r</i> e             |  |
|                      | Total Interim                   |          | X          | Total Prospective      |  |
|                      | Interim Component               |          |            | Prospective Adjusted   | for New Costs                          |
|                      | Settlement based on costs       |          |            | Total Prospective with | 1 Interim Component                    |
| I                    | Prior Provider Prospective data |          |            |                        |  |
| Basis:               |                                 | Changes: |            |                        |  |
|                      |                                 |          | _          |                        |  |
| Budget               |                                 |          | Licensur   | e Rating Change        |  |
| X Unaudited          | costs                           |          | Usual an   | d Customary Limitatio  | on                                     |
| Field audite         | ed costs                        |          | Target R   | ate limitation change  |  |
| Field audit          | - interim portion               |          | FRVS C     | hange                  |  |
| Desk audite          | §                               | X        | -          | f FA & RFA #NH11-      | 009W FYE 7/31/09                       |
|                      | - Interim Portion               |          |            | nester Change          |  |
|                      | - Prospective portion           |          | Onrkv      | [2] as of 02/09/1993   |  |
| Distribution:        |                                 |          | 10         | Thomas Parker          |  |
|                      | ement / Fiscal Agent            | Me       | dicaid Cos | t Reimbursement Plan   | ning and Finance                       |
| Permanent File       |                                 |          |            |                        |  |
| For inform           | nation Only                     |          |            |                        |  |
| No Chang             | e in Rate                       |          |            |                        |  |
| Home Office:         | Sunbelt Health Care Centers     | ,Inc.    |            |                        |  |
| Home Office.         | Kevin Sadler                    |          |            |                        |  |
|                      | 602 Courtland Street            |          |            |                        |  |
|                      | Orlando FL 32804                |          |            |                        |  |
|                      |                                 |          |            |                        |  |



| Sunbelt Health & Rel | nab Center - Apopka, Inc.       |                      |                | Provider Number:       | 0 320412-00       |  |
|----------------------|---------------------------------|----------------------|----------------|------------------------|-------------------|--|
| 305 E. Oak Street    | •                               |                      | Date:          | 4/16/2013              |                   |  |
| Apopka FL 32703      |                                 | •                    |                | Fiscal Year End:       | 7/31/2010         |  |
|                      |                                 |                      |                | Audit Status:          | Unaudited [3]     |  |
| Provider Type:       |                                 |                      |                |                        |                   |  |
|                      |                                 |                      | Current        | New                    | Effective         |  |
| N                    | C:1. T1                         |                      | Rate           | Rate                   | Date              |  |
| Nursing Home         | Single Level                    |                      | 197.07         | <u> 195.96</u> _       | 7/1/2011          |  |
|                      | Level H: AIDS                   |                      | 343.27         | 342.16                 | 7/1/2011          |  |
|                      | Level U: Fragile Under 21       | _                    | 460.60         | 459.49                 | 7/1/2011          |  |
|                      |                                 |                      |                |                        |                   |  |
| Rate Type :          |                                 |                      |                |                        |                   |  |
| Interim              |                                 | X                    | Prospectiv     | ve                     |                   |  |
|                      | Total Interim                   |                      | <u>X</u>       | Total Prospective      |                   |  |
|                      | Interim Component               |                      |                | Prospective Adjusted   |                   |  |
|                      | Settlement based on costs       |                      |                | Total Prospective with | Interim Component |  |
| F                    | Prior Provider Prospective data |                      |                |                        |                   |  |
| Basis:               |                                 | Changes:             |                |                        |                   |  |
| Budget               |                                 |                      | Licensur       | e Rating Change        |                   |  |
| X Unaudited          | costs                           |                      | -              | d Customary Limitation | nn                |  |
| Field audite         | 1                               |                      | _              | ate limitation change  | <b>74.</b>        |  |
|                      | - interim portion               |                      | FRVS C         | _                      |                   |  |
| Desk audite          | -                               | <u>X</u>             | -<br>Effects o | of FA & RFA #NH11-     | 009W FYE 7/31/09  |  |
| Desk audit           | - Interim Portion               | Rate Semester Change |                |                        |                   |  |
| Desk Audit           | - Prospective portion           |                      | On FRV         | [2] as of 02/09/1993   |                   |  |
| <b>Distribution:</b> |                                 |                      | 7-8            | Thomas Parker          |                   |  |
| _                    | ement / Fiscal Agent            | Me                   | dicaid Cos     | t Reimbursement Plan   | ning and Finance  |  |
| Permanent File       |                                 |                      |                |                        |                   |  |
| For inform           | nation Only                     |                      |                |                        |                   |  |
| No Chang             | e in Rate                       |                      |                |                        |                   |  |
| Home Office:         | Sunbelt Health Care Center      | s,Inc.               |                |                        |                   |  |
|                      | Kevin Sadler                    |                      |                |                        |                   |  |
|                      | 602 Courtland Street            |                      |                |                        |                   |  |
|                      | Orlando FL 32804                |                      |                |                        |                   |  |
|                      |                                 |                      |                |                        |                   |  |



| Sunbelt Health & Re | hab Center - Apopka, Inc.       |         |  | Provider Number:        | 0 320412-00       |  |  |
|---------------------|---------------------------------|---------|--|-------------------------|-------------------|--|--|
| 305 E. Oak Street   |                                 |         | Date:  | 4/16/2013               |                   |  |  |
| Apopka FL 32703     |                                 |         |  | Fiscal Year End:        | 7/31/2010         |  |  |
|                     |                                 |         |  | Audit Status:           | Unaudited [3]     |  |  |
| Provider Type:      |                                 |         |  | Tradit Status.          |                   |  |  |
| <b>7</b>            |                                 |         | Current                                      | New                     | Effective         |  |  |
|                     |                                 |         | Rate   | Rate                    | Date              |  |  |
| Nursing Home        | Single Level                    | _       | 199.33                                       | <u> 198.21</u> _        | 1/1/2012          |  |  |
|                     | Level H: AIDS                   |         | 346.94                                       | 345.82                  | 1/1/2012          |  |  |
|                     | Level U: Fragile Under 21       | -       | 465.40                                       | 464.28                  | 1/1/2012          |  |  |
| Rate Type :         |                                 |         |  |                         |                   |  |  |
| Interim             |                                 | X       | Prospectiv                                   | ⁄e                      |                   |  |  |
|                     | Total Interim                   |         |  | Total Prospective       |                   |  |  |
|                     | Interim Component               |         |  | Prospective Adjusted to | for New Costs     |  |  |
|                     | Settlement based on costs       |         |  | Total Prospective with  | Interim Component |  |  |
|                     | Prior Provider Prospective data |         |  |                         |                   |  |  |
| Basis:              |                                 | Changes | :  |                         |                   |  |  |
| Destant             |                                 |         | Licansur                                     | e Rating Change         |                   |  |  |
| Budget X Unaudited  | costs                           |         |  | d Customary Limitatio   | 'n                |  |  |
| Field audit         |                                 |         |  | ate limitation change   | 41                |  |  |
| Field audit         | - interim portion               |         | FRVS C                                       |                         |                   |  |  |
| Desk audit          | -                               | X       | X Effects of FA & RFA #NH11-009W FYE 7/31/09 |                         |                   |  |  |
|                     | - Interim Portion               |         |  | nester Change           |                   |  |  |
|                     | t - Prospective portion         |         | On FRV                                       | [2] as of 02/09/1993    |                   |  |  |
| Distribution:       |                                 |         | 10   | Thomas Parker           |                   |  |  |
| _                   | ement / Fiscal Agent            | M       | edicaid Cos                                  | t Reimbursement Plani   | ning and Finance  |  |  |
| Permanent File      | wation Only                     |         |  |                         |                   |  |  |
|                     | nation Only                     |         |  |                         |                   |  |  |
| No Chang            | ge in Rate                      |         |  |                         |                   |  |  |
| Home Office:        | Sunbelt Health Care Center      | s,Inc.  |  |                         |                   |  |  |
|                     | Kevin Sadler                    |         |  |                         |                   |  |  |
|                     | 602 Courtland Street            |         |  |                         |                   |  |  |
|                     | Orlando FL 32804                |         |  |                         |                   |  |  |
|                     |                                 |         |  |                         |                   |  |  |



| Sunbelt Health & Rel | nab Center - Apopka, Inc.                |          |             | Provider Number:                          | 0 320412-00          |
|----------------------|--|----------|-------------|---|----------------------|
| 305 E. Oak Street    |  |          |             | Date:                                     | 4/16/2013            |
| Apopka FL 32703      |  |          |             | Fiscal Year End:                          | 7/31/2011            |
|                      |  |          |             | Audit Status:                             | Unaudited [3]        |
| Provider Type:       |  |          |             | Tradit States.                            |                      |
| V 1                  |  |          | Current     | New                                       | Effective            |
| NI                   | C:1. Y1                                  |          | Rate        | Rate                                      | Date                 |
| Nursing Home         | Single Level                             |          | 203.59      |   | 7/1/2012             |
|                      | Level H: AIDS                            |          | 352.80      | 351.53                                    | 7/1/2012             |
|                      | Level U: Fragile Under 21                |          | 472.55      | 471.28                                    | 7/1/2012             |
|                      |  |          |             |   |                      |
| Rate Type:           |  |          |             |   |                      |
| Interim              |  | X        | Prospectiv  |   |                      |
|                      | Total Interim Interim Component          |          |             | Total Prospective<br>Prospective Adjusted | for Now Costs        |
|                      | Settlement based on costs                |          |             | Total Prospective with                    |                      |
|                      | rior Provider Prospective data           |          |             | Total Prospective with                    | i internii Component |
|                      |  |          | 1           |   | <u> </u>             |
| Basis:               |  | Changes: | _           |   |                      |
| Budget               |  |          | Licensure   | e Rating Change                           |                      |
| X Unaudited          | costs                                    |          | •           | d Customary Limitation                    | on                   |
| Field audite         |  |          |             | ate limitation change                     |                      |
| Field audit          | - interim portion                        |          | FRVS Ch     | nange                                     |                      |
| Desk audite          |  | X        |             | f FA & RFA #NH11-                         | -009W FYE 7/31/09    |
|                      | - Interim Portion - Prospective portion  |          |             | ester Change<br>[2] as of 02/09/1993      |                      |
| Distribution:        | Trospective position                     |          | 7_/         |   |                      |
|                      | ement / Fiscal Agent                     |          | 0           | Thomas Parker                             |                      |
| Permanent File       | ment, i iseai rigent                     | Me       | dicaid Cost | Reimbursement Plan                        | ning and Finance     |
|                      | ation Only                               |          |             |   |                      |
| No Chang             | •  |          |             |   |                      |
| -                    |  | Tno      |             |   |                      |
| Home Office:         | Sunbelt Health Care Centers Kevin Sadler | s,inc.   |             | 1   |                      |
|                      | 602 Courtland Street                     |          |             |   |                      |
|                      | Orlando FL 32804                         |          |             |   |                      |
|                      |  |          |             |   |                      |



| Sunbelt Health & Rehab Center - Apopka, Inc. 305 E. Oak Street |   |                                    |  | Provider Number:  | 0 320412-00       |  |
|--|---|------------------------------------|--|---|-------------------|--|
|  |   |                                    |  | Date:   | 4/16/2013         |  |
| Apopka FL 32703  |   |                                    |  | Fiscal Year End:  | 7/31/2011         |  |
|  |   |                                    |  | Audit Status:   | Unaudited [3]     |  |
| Provider Type:   |   |                                    |  |   |                   |  |
|  |   | (                                  | Current<br>Rate  | New<br>Rate   | Effective<br>Date |  |
| Nursing Home   | Single Level  |                                    | 205.95   | 204.68  | 1/1/2013          |  |
|  | Level H: AIDS   |                                    | 356.76   | 355.49  | 1/1/2013          |  |
|  | Level U: Fragile Under 21   | _                                  | 477.80   | 476.53  | 1/1/2013          |  |
| Rate Type :  | Total Interim   | X                                  | Prospectiv   | re<br>Total Prospective   |                   |  |
| 1  | nterim Component  | Prospective Adjusted for New Costs |  |   |                   |  |
|  | Settlement based on costs   |                                    |  | Total Prospective with  | Interim Component |  |
| F  | Prior Provider Prospective data   |                                    |  |   |                   |  |
| Basis:   |   | Changes:                           |  |   |                   |  |
| Desk audite  | ed costs - interim portion  | X                                  | Usual and<br>Target Ra<br>FRVS CI<br>Effects o<br>Rate Sem | e Rating Change d Customary Limitation ate limitation change hange f FA & RFA #NH11- hester Change [2] as of 02/09/1993 |                   |  |
| <u>Distribution:</u>   |   |                                    | 70   | Thomas Parker   |                   |  |
| Contract Manage  | ement / Fiscal Agent  |                                    | dicaid Cost  | t Reimbursement Plan  | ning and Finance  |  |
| Permanent File   |   | 14104                              | aicaia cos   | e recomb discinicità i fatt   |                   |  |
|  | nation Only   |                                    |  |   |                   |  |
| No Chang   | e in Rate   |                                    |  |   |                   |  |
| Home Office:   | Sunbelt Health Care Centers<br>Kevin Sadler<br>602 Courtland Street<br>Orlando FL 32804 | ,Inc.                              |  |   |                   |  |



| Heartland Health Car |   |           | Provider Number: | 0 325287-00           |                       |
|----------------------|---|-----------|------------------|-----------------------|-----------------------|
| 3648 University Boul |   | Date:     |                  | 2/18/2013             |                       |
| Jacksonville FL 3221 | 6   |           |                  | Fiscal Year End:      | 5/31/2006             |
|                      |   |           |                  | Audit Status:         | Field Audited [2]     |
| Provider Type:       |   |           |                  |                       |                       |
|                      |   |           | Current          | New                   | Effective             |
| Nursing Home         | Single Level                                | -         | Rate 165.32      | Rate                  | Date 12/20/2007       |
| rurang nome          | Single Level                                | -         | 105.52           | 164.51                | 12/20/2007            |
|                      | Level H: AIDS                               |           | 297.26           | 296.45                | 12/20/2007            |
|                      | Level U: Fragile Under 21                   | •         | 403.12           | 402.31                | 12/20/2007            |
|                      |   |           |                  |                       |                       |
| Rate Type:           |   |           |                  |                       |                       |
| Interim              |   | X         | _ Prospectiv     |                       |                       |
|                      | Total Interim                               |           |                  | Total Prospective     | San Marri Canta       |
|                      | Interim Component Settlement based on costs |           |                  | Prospective Adjusted  | h Interim Component   |
|                      | Prior Provider Prospective data             |           |                  | Total Flospective wit | ii interim Component  |
|                      | Tior Trovider Prospective data              |           |                  |                       |                       |
| Basis:               |   | Change    | <u>s:</u>        |                       |                       |
| Budget               |   |           | Licensur         | e Rating Change       |                       |
| Unaudited            | costs                                       |           | —<br>Usual and   | d Customary Limitati  | on                    |
| X Field audite       | ed costs                                    |           |                  | ate limitation change |                       |
|                      | - interim portion                           |           | FRVS CI          | hange                 |                       |
| Desk audite          |   | <u> </u>  | _                |                       | for prior prov 205630 |
|                      | - Interim Portion - Prospective portion     |           | _ Rate Sem       | nester Change         |                       |
| <br>Distribution:    |   |           | 7~0              | Thomas Parker         |                       |
| Contract Manage      | ement / Fiscal Agent                        |           | / ()             |                       | uina and Einanaa      |
| Permanent File       |   | ĮV.       | ieulcaiu Cosi    | t Reimbursement Plar  | ining and rmance      |
| For inform           | nation Only                                 |           |                  |                       |                       |
| No Chang             | ge in Rate                                  |           |                  |                       |                       |
| Home Office:         | HCR Manor Care                              | America a |                  |                       |                       |
| Tromp Office.        | Julie Yoxtheimer                            |           |                  |                       |                       |
|                      | 333 North Summit Street                     |           |                  |                       |                       |
|                      | Toledo OH 43604                             |           |                  |                       |                       |
|                      |   |           |                  |                       |                       |



| ManorCare Health S                      | ManorCare Health Services       |        |              | Provider Number:      | 0 325473-00                             |
|---|---------------------------------|--------|--------------|-----------------------|---|
| 1450 E. Venice                          |                                 |        |              | Date:                 | 2/19/2013                               |
| Venice FL 34292                         |                                 |        |              | Fiscal Year End:      | 5/31/2006                               |
|   |                                 |        |              | Audit Status:         | Field Audited [2]                       |
| Provider Type:                          |                                 |        |              |                       |   |
|   |                                 |        | Current      | New                   | Effective                               |
| <b>N</b> T • <b>T</b> T                 | ~                               |        | Rate         | Rate                  | Date                                    |
| Nursing Home                            | Single Level                    | i      | 184.05       |                       | 12/20/2007                              |
|   | Level H: AIDS                   |        | 315.99       | 315.41                | 12/20/2007                              |
|   | Level U: Fragile Under 21       | ,      | 421.85       | 421.27                | 12/20/2007                              |
|   | -                               |        |              |                       |   |
|   |                                 |        |              |                       | *************************************** |
| Rate Type :                             |                                 |        |              |                       |   |
| Interin                                 | 1                               | X      | Prospectiv   | ⁄e                    |   |
|   | Total Interim                   |        |              | Total Prospective     |   |
|   | Interim Component               |        |              | Prospective Adjusted  | for New Costs                           |
| *************************************** | Settlement based on costs       |        |              | Total Prospective wit | h Interim Component                     |
|   | Prior Provider Prospective data |        |              |                       |   |
| Basis:                                  |                                 | Change | ·s:          |                       |   |
|   |                                 | Change |              |                       |   |
| Budget                                  |                                 |        | Licensur     | e Rating Change       |   |
| Unaudited                               | l costs                         |        |              | d Customary Limitati  | on                                      |
| X Field audi                            | ited costs                      |        |              | ate limitation change |   |
| Field aud                               | it - interim portion            |        | FRVS C       | hange                 |   |
| Desk audi                               | ted costs                       | X      | FA NH1       | 1-124C FYE 5/31/06    | for prior prov 309788                   |
|   | t - Interim Portion             |        |              | nester Change         |   |
| Desk Aud                                | it - Prospective portion        |        | On FRV       | [2] as of 06/05/1997  |   |
| Distribution:                           |                                 |        | フか           | Thomas Parker         |   |
| Contract Manag                          | gement / Fiscal Agent           |        | Medicaid Cos | t Reimbursement Plan  | nning and Finance                       |
| Permanent File                          |                                 | _      |              |                       |   |
| For infor                               | mation Only                     |        |              |                       |   |
| No Chan                                 | ge in Rate                      |        |              |                       |   |
| Home Office:                            | HCR Manor Care                  |        |              |                       |   |
| Home Office.                            | Julie Yoxtheimer                |        |              |                       |   |
|   | 333 North Summit Street         |        |              |                       |   |
|   | Toledo OH 43604                 |        |              |                       |   |
|   |                                 |        |              |                       |   |



| ManorCare Health Services 1450 E. Venice                                  |  |         |   | Provider Number:   | 0 325473-00                            |
|---|--|---------|---|--|--|
|   |  |         |   | Date:  | 2/19/2013                              |
| Venice FL 34292   |  |         |   | Fiscal Year End:   | 5/31/2007                              |
|   |  |         |   | Audit Status:  | Unaudited [3]                          |
| Provider Type: Nursing Home   | Single Level   | _       | Current<br>Rate<br>181.69                       | New Rate 181.62  | Effective Date 1/1/2008                |
|   | Level H: AIDS  |         | 315.69  | 315.62   | 1/1/2008                               |
|   | Level U: Fragile Under 21                                | -       | 423.21  | 423.14   | 1/1/2008                               |
| Basis:  Budget X Unaudited cos Field audited                              | costs nterim portion costs                               | Changes | Licensurd Usual and Target Ra FRVS CR Effects o | Total Prospective Prospective Adjusted of Total Prospective with Re Rating Change Control Customary Limitation thange Control Customary Limitation change Control Customary Li | n Interim Component                    |
| Distribution:   | Prospective portion                                      |         | 277   | [2] as of 06/05/1997  Thomas Parker  | ************************************** |
| Contract Managemer Permanent File For informati No Change in Home Office: | ion Only n Rate HCR Manor Care                           | M       | edicaid Cost                                    | Reimbursement Plan   | ning and Finance                       |
|   | Julie Yoxtheimer 333 North Summit Street Toledo OH 43604 |         |   |  |  |