

Surrey Place Care Center	r		Provider Number:	0 001135-00
110 Southeast Lee Avenu	ue		Date:	12/29/2009
Live Oak FL 32060			Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 203.07	New Rate 204.09	Effective Date 1/1/2010
I	Level H: AIDS	343.42	346.01	1/1/2010
I	Level U: Fragile Under 21	456.04	459.89	1/1/2010
Basis: Budget X Unaudited cos Field audit - in Desk audited co Desk audit - Ir	ts costs nterim portion costs	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
Distribution: Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell d Cost Reimbursement Russell Russell	•
Home Office:	Signature Healthcare LLC Julie Kleiser 2979 PGA Blvd Palm Beach Gardens FL 33410			



Signature HealthCARE	of Palm Beach			Provider Number:	0 001136-00
1405 Lakewood Road				Date:	12/29/2009
Lake Worth FL 33461				Fiscal Year End:	9/30/2008
				Audit Status:	Unaudited [3]
Provider Type:				riddit Status.	Chadated [5]
i o vider 1 j pev		Curre	nt	New	Effective
		Rat	<u> </u>	Rate	Date
Nursing Home	Single Level	209.	50	211.90	1/1/2010
	Level H: AIDS	240	0.5	252.92	1/1/2010
	Level II. AIDS	349.	83	353.82	1/1/2010
	Level U: Fragile Under 21	462.	47_	467.70	1/1/2010
Rate Type :					
Interim		X Pros	pective		
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	tlement based on costs				n Interim Component
	or Provider Prospective data			otal Prospective will	i internii Component
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	interim portion	FR	VS Cha	inge	
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Desk Audit - Distribution:	Prospective portion	On	FKV [2	2] as of 07/01/1988	
Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File	ent / I iscai / igent	Me	dicaid (Cost Reimbursement	Analysis
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140 Change	in Rac				
Home Office:	Signature Healthcare LLC				
	Julie Kleiser				
	2979 PGA Blvd				
	Palm Beach Gardens FL 33410				



Cross Pointe Care Cente	er			Provider Number:	0 001281-00
440 Phippen Care Road				Date:	12/29/2009
Dania Beach FL 33004				Fiscal Year End:	11/30/2008
				Audit Status:	Unaudited [3]
Provider Type:	Simple I and	Curr Ra	te	New Rate	Effective Date
Nursing Home	Single Level		.00		1/1/2010
	Level H: AIDS	367	.01	370.09	1/1/2010
	Level U: Fragile Under 21	479	.63	483.97	1/1/2010
Basis: X Budget Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Changes: Li Us Ta FF	censure sual and rget Rate Seme	otal Prospective rospective Adjusted otal Prospective with Rating Change Customary Limitation change	h Interim Component
Distribution:				Stephen Russell	
Contract Managem	ent / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
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Home Office:	1 - No Home Office				



Cross Terrace Rehabi	litation Center		Provider Number:	0 001300-00
1351 San Christopher	Drive		Date:	12/29/2009
Dunedin FL 34698			Fiscal Year End:	11/30/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.92		1/1/2010
	Level H: AIDS	349.27	352.10	1/1/2010
	Level U: Fragile Under 21	461.89	465.98	1/1/2010
Basis: X Budget Unaudited Field audit Field audit Desk audit Desk Audit	ed costs - interim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Trotal Prospective with	n Interim Component
Distribution:	ement / Fiscal Agent		Stephen Russell	
Permanent File	ment / Fiscai Ageilt		id Cost Reimbursement	-
	mation Only age in Rate	3ty.	hus Ru	ssell
Home Office:	1 - No Home Office			



Florida Baptist Retirer	ment Center		Provider Numb	er: 0 001416-00		
1006 33rd Street			Da	ite: 12/29/2009		
Vero Beach FL 32960			Fiscal Year En	d: 8/31/2009		
			Audit Stati	us: Unaudited [3]		
Provider Type:		Curre Rate	e Rate	Effective Date		
Nursing Home	Single Level		74 219.25	1/1/2010		
	Level H: AIDS	361.	09 361.17	1/1/2010		
	Level U: Fragile Under 21	473.	71 475.05	1/1/2010		
Basis: X Budget Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes: Lic Usu Tar FR	· ·	sted for New Costs with Interim Component itation nge		
Distribution:			Stephen Russe	ell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
	mation Only	1.4	1 7			
	ge in Rate	My	ehm R	war.		
Home Office:	1 - No Home Office					



Village Place Health and Rehabilitation	Center		Provider Number:	0 002400-00
2370 Harbor Boulevard			Date:	12/29/2009
Port Charlotte FL 33952			Fiscal Year End:	9/30/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 233.17	New Rate 234.59	Effective Date 1/1/2010
Level H: AIDS		373.52	376.51	1/1/2010
Level U: Fragile	Under 21	486.14	490.39	1/1/2010
Rate Type: X Interim X Total Interim Component Settlement based or Prior Provider Prost Basis: X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion	costs pective data Chan	Licensure Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate			Stephen Russell Cost Reimbursement	•
Home Office: 1 - No Hom	ne Office			



West Broward Care Cent	er			Provider Number:	0 002419-00	
7751 West Broward Blvd				Date:	12/29/2009	
Plantation FL 33324				Fiscal Year End:	6/29/2009	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 228.56	Effective Date 1/1/2010	
Trusting IIVille	single 20 (c)	-	220.00		1/1/2010	
I	evel H: AIDS		368.90	370.48	1/1/2010	
I	evel U: Fragile Under 21		481.52	484.36	1/1/2010	
Rate Type :						
Inter Settl Prior Basis:	al Interim rim Component lement based on costs r Provider Prospective data	Changes	<u> </u>	Total Prospective Prospective Adjusted Total Prospective with		
X Budget Unaudited cost Field audited c Field audit - in Desk audited c Desk audit - In	terim portion osts terim Portion	X	Usual an Target R FRVS C Rate Sen	d Customary Limitation ate limitation change hange	on	
Distribution:	rospective portion		Oli FK v	[2] as of 10/01/1985		
Contract Managemen	nt / Fiscal Agent			Stephen Russell		
Permanent File		Medicaid Cost Reimbursement Analysis				
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Home Office:	1 - No Home Office					



Trinity Regional Rehab Center				Provider Number:	0 003521-00	
2144 Welbilt Boulevard				Date:	12/29/2009	
Trinity 34655				Fiscal Year End:	9/30/2009	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	216.96	216.98	1/1/2010	
1	Level H: AIDS	_	357.31	358.90	1/1/2010	
1	Level U: Fragile Under 21	<u>-</u>	469.93	472.78	1/1/2010	
Basis: X Budget Unaudited cos Field audit - in Desk audited co Desk audit - Ir	costs nterim portion costs	Changes	Licensure Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Contract Management / Fiscal Agent						
Permanent File For informa No Change	•	<u>_</u>		Cost Reimbursement	•	
Home Office:	Traditions Management of F 1022 Main Street, Suite H Dunedin FL 34698	Florida, LLC				



Braden River Care Cent	er		Provider Number:	0 005021-00	
2010 Manatee Avenue			Date:	12/29/2009	
Bradenton FL 34208			Fiscal Year End:	10/31/2009	
			Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	Curre Rate 205.9	Rate	Effective	
Nursing Home	Single Level	205.3	205.95	1/1/2010	
	Level H: AIDS	346.3	347.87	1/1/2010	
	Level U: Fragile Under 21	458.9	93 461.75	1/1/2010	
Basis: X Budget Unaudited co Field audited Field audit - i Desk audited Desk audit - I	costs interim portion	Changes: Lice Usu Targ FRV X Rate	Total Prospective Prospective Adjusted Total Prospective Adjusted Total Prospective with Prospective Adjusted Prospective With Prospective Adjusted Prospective With Prospective Adjusted Prospective With Prospec	tion	
Distribution:			Stephen Russell		
Contract Managem	ent / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File For informa	etion Only				
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Home Office:	1 - No Home Office				



Osceola Health Care Cer	nter			Provider Number:	0 005219-00
4201 W. New Nolte Rd.				Date:	12/29/2009
St. Cloud FL 34772	_			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			urrent Rate	New Rate	Effective Date
Nursing Home	Single Level		221.00	221.12	1/1/2010
1	Level H: AIDS	_3	61.35	363.04	1/1/2010
]	Level U: Fragile Under 21	4	73.97	476.92	1/1/2010
Basis: X Budget Unaudited cos Field audited of Field audited of Desk audited of Desk audited of	costs nterim portion costs	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change	n Interim Component
Distribution:				Stephen Russell	
Contract Manageme Permanent File	ent / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
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Home Office:	1 - No Home Office				



Debary Manor				Provider Number:	0 005372-00
60 N Hwy 17-92				Date:	12/29/2009
Debary FL 32713				Fiscal Year End:	10/31/2009
				Audit Status:	Unaudited [3]
Provider Type:	Charle I amal	_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	205.25	205.31	1/1/2010
I	Level H: AIDS	<u>-</u>	345.60	347.23	1/1/2010
I	Level U: Fragile Under 21	_	458.22	461.11	1/1/2010
Inte Settl Prio Basis: X Budget Unaudited cost Field audited of Field audit - in Desk audited of Desk audit - In	costs aterim portion costs	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:	_			Stephen Russell	
Contract Manageme	nt / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
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Home Office:	1 - No Home Office				



Flagler Pines			Provider Number:	0 005374-00	
300 South Lemon Stree	t		Date:	12/29/2009	
Bunnell FL 32110			Fiscal Year End:	10/31/2009	
			Audit Status:	Unaudited [3]	
Provider Type:		Curren Rate	Rate	Effective Date	
Nursing Home	Single Level	209.7	209.82	1/1/2010	
	Level H: AIDS	350.09	351.74	1/1/2010	
	Level U: Fragile Under 21	462.7	1 465.62	1/1/2010	
Basis: X Budget Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Usua Targe FRV X Rate	Total Prospective Prospective Adjusted	ch Interim Component	
Distribution:			Stephen Russell		
Contract Managem	ent / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
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Home Office:	1 - No Home Office				



Longwood Health Care	Center		Provider Numbe	er: 0 005379-00
1520 S. Grant Street			Date	e: 12/29/2009
Longwood FL 32750			Fiscal Year End	1: 10/31/2009
			Audit Statu	s: Unaudited [3]
Provider Type: Nursing Home	Single Level	Curre Rate 209.	e Rate	Effective
G	C			
	Level H: AIDS	349.	351.26	1/1/2010
	Level U: Fragile Under 21	462.	25 465.14	1/1/2010
Basis: X Budget Unaudited cos Field audited Field audit - i Desk audit - I Desk Audit - I	costs nterim portion	Changes: Lic Usu Tar FR	rotal Prospective Prospective Adjust Total Prospective Adjust Total Prospective verse ensure Rating Change all and Customary Limit get Rate limitation change VS Change e Semester Change FRV [2] as of 01/29/19	with Interim Component tation ge
Distribution: Contract Manageme	ent / Fiscal Agent		Stephen Russel	<u>[] </u>
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Home Office:	1 - No Home Office			



The Rehabilitation Cen	ter of Winter Park			Provider Number:	0 005380-00
1700 Monroe Avenue				Date:	12/29/2009
Maitland FL 32751	_			Fiscal Year End:	10/31/2009
				Audit Status:	Unaudited [3]
Provider Type:]	ırrent Rate	New Rate	Effective Date
Nursing Home	Single Level	2	25.71		1/1/2010
	Level H: AIDS	3	66.06	368.36	1/1/2010
	Level U: Fragile Under 21	4	78.68	482.24	1/1/2010
Basis: X Budget Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Changes:	Usual an Target R FRVS C Rate Ser	Total Prospective Prospective Adjusted Total Prospective with re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:				Stephen Russell	
Contract Managem Permanent File	ient / Fiscai Agent		Medicaio	d Cost Reimbursement	Analysis
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Home Office:	1 - No Home Office				



Brynwood Center			Provider Number:	0 005381-00
1656 S. Jefferson Stre	et		Date:	12/29/2009
Monticello FL 32344			Fiscal Year End:	10/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.26		1/1/2010
	Level H: AIDS	356.61	358.27	1/1/2010
	Level U: Fragile Under 21	469.23	472.15	1/1/2010
Basis: X Budget Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Bure Rating Change and Customary Limitation Rate limitation change Change emester Change EV [2] as of 01/01/2002	n Interim Component
	ment / Fiscal Agent		Stephen Russell	
Permanent File	mont / 1 total / 1golft	Medic	aid Cost Reimbursemen	t Analysis
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Home Office:	1 - No Home Office			



Nursing Pavilion at C	Chipola Retirement Center		Provider Number:	0 005383-00
4294 3rd Avenue			Date:	12/29/2009
Marianna FL 32446			Fiscal Year End:	10/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.72		1/1/2010
	Level H: AIDS	339.07	340.76	1/1/2010
	Level U: Fragile Under 21	451.69	454.64	1/1/2010
Basis: X Budget Unaudited Field audit Field audit Desk audit Desk Audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change The Prospective with The Rating Change The Rating Ch	n Interim Component
Distribution:	ement / Fiscal Agent		Stephen Russell	
Permanent File	ement / Piscai Agent	Medica	id Cost Reimbursement	Analysis
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Home Office:	1 - No Home Office			



Glencove Nursing Pavi				Provider Number:	0 005384-00
1027 East Highway Bu	siness 98			Date:	12/29/2009
Panama City FL 32401				Fiscal Year End:	10/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	R	rrent ate 9.33	New Rate 219.45	Effective Date 1/1/2010
runsing frome	Single Level		9.33		1/1/2010
	Level H: AIDS	35	9.68	361.37	1/1/2010
	Level U: Fragile Under 21	47	2.30	475.25	1/1/2010
Rate Type :					
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Home Office:	1 - No Home Office				



Panama City Nursing C	Center		Provider Number:	0 005385-00
924 West 13th Street			Date:	12/29/2009
Panama City FL 32401			Fiscal Year End:	10/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.07	209.16	1/1/2010
	Level H: AIDS	350.42	351.08	1/1/2010
	Level U: Fragile Under 21	463.04	464.96	1/1/2010
Basis: X Budget Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Trotal Prospective with	n Interim Component
Distribution:	(T) 1.4		Stephen Russell	
Contract Managem Permanent File	nent / Fiscal Agent	Medica	id Cost Reimbursement	Analysis
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Home Office:	1 - No Home Office			



Riverchase Care Center				Provider Number:	0 005386-00
1017 Strong Road				Date:	12/29/2009
Quincy FL 32351				Fiscal Year End:	10/31/2009
				Audit Status:	Unaudited [3]
Provider Type:	Strada Larral	_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		197.24	197.34	1/1/2010
	Level H: AIDS	_	337.59	339.26	1/1/2010
	Level U: Fragile Under 21	_	450.21	453.14	1/1/2010
Rate Type :					
Inte	al Interim erim Component tlement based on costs or Provider Prospective data		Prospectiv	ve Total Prospective Prospective Adjusted Total Prospective with	
Desk audited of Desk audit - In	costs nterim portion costs	Changes:	Licensur Usual an Target R FRVS C	re Rating Change ad Customary Limitation ate limitation change Change mester Change [2] as of 01/01/1994	on
Distribution: Contract Manageme Permanent File For informa No Change	tion Only			Stephen Russell d Cost Reimbursement	
Home Office:	1 - No Home Office				



Suwannee Health Care Ce	enter			Provider Number:	0 005387-00
1620 E. Helvenston Street				Date:	12/29/2009
Live Oak FL 32064				Fiscal Year End:	10/31/2009
				Audit Status:	Unaudited [3]
Provider Type:	Smale I evel		Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	_	215.65	215.80	1/1/2010
L	evel H: AIDS	_	356.00	357.72	1/1/2010
L	evel U: Fragile Under 21	_	468.62	471.60	1/1/2010
Basis: X Budget Unaudited costs Field audit - ins Desk audit - Int Desk Audit - Pr	osts terim portion osts	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Managemen	nt / Fiscal Agent			Stephen Russell	
Permanent File For informati No Change i	on Only	<i>.</i>		d Cost Reimbursement	-
Home Office:	1 - No Home Office				



Berkshire Manor			Provider Numb	er: 0 005388-00
1255 N E 135th St			Da	ate: 12/29/2009
North Miami FL 33161	1		Fiscal Year En	-
			Audit State	us: Unaudited [3]
Provider Type:	Circle I and	Curre Rate	e Rate	Effective Date
Nursing Home	Single Level	226.	226.69	1/1/2010
	Level H: AIDS	366.9	97 368.61	1/1/2010
	Level U: Fragile Under 21	479.	59 482.49	1/1/2010
Basis: X Budget Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Changes: Lice Usu Tar FR		sted for New Costs with Interim Component itation nge
Distribution:	nent / Fiscal Agent		Stephen Russe	ell
Permanent File	nation Only		dicaid Cost Reimburser	•
Home Office:	1 - No Home Office			



Carnegie Gardens Nu			Provider Number:	0 005519-00
1415 South Hickory			Date:	12/29/2009
Melbourne FL 32901			Fiscal Year End:	10/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	215.97	216.04	1/1/2010
	Level H: AIDS	356.32	357.96	1/1/2010
	Level U: Fragile Under 21	468.94	471.84	1/1/2010
Basis: X Budget Unaudited Field audit Field audit Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:			Stephen Russell	
Permanent File	ement / Fiscal Agent	Medica	id Cost Reimbursement	Analysis
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	nge in Rate	ngi	hus Ru	mu,
Home Office:	1 - No Home Office			



Fountainhead Care Cen	iter		Provider Number:	0 005523-00
390 N. E. 135th Street			Date:	12/29/2009
North Miami FL 33161			Fiscal Year End:	10/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	218.15		1/1/2010
	Level H: AIDS	358.50	360.16	1/1/2010
	Level U: Fragile Under 21	471.12	474.04	1/1/2010
Basis: X Budget Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Usual a Target FRVS X Rate Se	tiveTotal ProspectiveProspective AdjustedTotal Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 02/01/1998	n Interim Component
Distribution:			Stephen Russell	
Contract Managem	nent / Fiscal Agent	Medica	aid Cost Reimbursement	t Analysis
Permanent File	nation Only			-
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Home Office:	1 - No Home Office			



North Campus Rehabilitation and Nurs	sing Center		Provider Number:	0 005524-00
600 East Dixie Avenue			Date:	12/29/2009
Leesburg FL 34748			Fiscal Year End:	8/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Leve	el	Current Rate 212.95	New Rate 213.32	Effective Date 1/1/2010
Level H: AID	S	353.30	355.24	1/1/2010
Level U: Frag	le Under 21	465.92	469.12	1/1/2010
Rate Type: X Interim X Total Interim Compone Settlement based Prior Provider Pro Basis:	on costs ospective data	Pr	otal Prospective ospective Adjusted otal Prospective with	for New Costs h Interim Component
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Distribution:			Stephen Russell	
Contract Management / Fiscal Ag Permanent File For information Only No Change in Rate			Cost Reimbursement	•
Jacob Ka 368 New	Accounting rmel Hempstead Road #309 NY 10956			



Manor on the Green			Provider Number:	0 005543-00	
324 Wilder Boulevard			Date:	12/29/2009	
Daytona Beach FL 322	114		Fiscal Year End:	10/31/2009	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	218.97		1/1/2010	
	Level H: AIDS	359.32	360.88	1/1/2010	
	Level U: Fragile Under 21	471.94	474.76	1/1/2010	
Basis: X Budget Unaudited c Field audite Field audite Desk audite Desk audit	d costs - interim portion	Usual a Target FRVS X Rate So	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 07/19/2004	n Interim Component	
Distribution:			Stephen Russell		
•	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File	nation Only				
	ge in Rate	Sty.	hus Ru	sell	
	-	•			
Home Office:	1 - No Home Office				



Oakwood Garden of Del	and			Provider Number:	0 005547-00
451 South Amelia Avenu	ue			Date:	12/29/2009
Deland FL 32724				Fiscal Year End:	10/31/2009
				Audit Status:	Unaudited [3]
Provider Type:	Cinala Laval		urrent Rate	New Rate	Effective Date
Nursing Home	Single Level		07.03	207.62	1/1/2010
]	Level H: AIDS	_ 3	47.38	349.54	1/1/2010
]	Level U: Fragile Under 21	4	60.00	463.42	1/1/2010
Basis: X Budget Unaudited cos Field audited Field audit - in Desk audited of Desk audit - In	costs nterim portion costs	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:				Stephen Russell	
Contract Manageme Permanent File	ent / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File For informa	tion Only				
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Home Office:	1 - No Home Office				



Oaks Of Kissimmee			Provider Number:	0 005549-00	
320 N. Mitchell Street	<u> </u>		Date:	12/29/2009	
Kissimmee FL 34741			Fiscal Year End:	10/31/2009	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	218.66		1/1/2010	
	Level H: AIDS	359.01	360.63	1/1/2010	
	Level U: Fragile Under 21	471.63	474.51	1/1/2010	
Basis: X Budget Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target l FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component	
Distribution:	(/E' 1 A		Stephen Russell		
Permanent File	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
	mation Only	14	1 0	2011	
	ge in Rate	Myer	In Ru		
Home Office:	1 - No Home Office				



Avante at Ocala				Provider Number:	0 005701-00
2021 Southwest 1st Avenue			Date:		12/29/2009
Ocala FL 34474				Fiscal Year End:	11/14/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	gle Level	_	Current Rate 202.44	New Rate 202.03	Effective Date 1/1/2010
Leve	el H: AIDS		342.79	343.95	1/1/2010
Leve	el U: Fragile Under 21	·	455.41	457.83	1/1/2010
Settlem	nterim Component ent based on costs rovider Prospective data	Changes		Total Prospective Prospective Adjusted	for New Costs n Interim Component
X Budget Unaudited costs Field audited cost Field audit - inter Desk audit - Interi Desk Audit - Pros	im portion s m Portion	X	Usual and Target Ra FRVS Ch	e Rating Change Il Customary Limitation the limitation change hange lester Change [2] as of 04/01/1992	on
Distribution:				Stephen Russell	
Contract Management / Permanent File For information No Change in F	Only	مرات		Cost Reimbursement	•
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 5 Hollywood FL 33021-6744	540-N			



Palatka Health Care Cent	er			Provider Number:	0 005811-00
110 Kay Larkin Dr.				Date:	12/29/2009
Palatka FL 32177				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:		Cur Ra	te	New Rate	Effective Date
Nursing Home	Single Level		3.32	213.06	1/1/2010
I	Level H: AIDS	353	.67	354.98	1/1/2010
I	Level U: Fragile Under 21	466	5.29	468.86	1/1/2010
			_		
Inte Settl Prio Basis: X Budget Unaudited cost Field audited of Field audit - in Desk audited of Desk audit - In	costs nterim portion costs	Changes:	censure sual and arget Ra RVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation Ite limitation change	n Interim Component
Distribution:				Stephen Russell	
Contract Manageme	nt / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File For informat	tion Only				
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Home Office:	1 - No Home Office				



Boynton Health Care Cer	nter			Provider Number:	0 005814-00
7900 Venture Center Way				Date:	12/29/2009
Boynton Beach FL 33437	7			Fiscal Year End:	10/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 239.30	New Rate 239.39	Effective Date 1/1/2010
- · · · · · · · · · · · · · · · · · · ·		_			
I	Level H: AIDS	_	379.65	381.31	1/1/2010
Ι	evel U: Fragile Under 21	_	492.27	495.19	1/1/2010
Rate Type :					
Interest Settl	al Interim rim Component lement based on costs r Provider Prospective data	Changes		ve Total Prospective Prospective Adjusted Total Prospective with	
X Budget Unaudited cost Field audited c Field audit - in Desk audited c Desk Audit - In Desk Audit - P	costs aterim portion costs	X	Usual an Target R FRVS C	te Rating Change and Customary Limitation ate limitation change thange mester Change [2] as of 09/14/1999	on
Distribution: Contract Management	nt / Fiscal Agent			Stephen Russell	
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Home Office:	1 - No Home Office				



Health Care Center of T	-			Provider Number:	0 005826-00
1818 East Fletcher Ave	nue			Date:	12/29/2009
Tampa FL 33612				Fiscal Year End:	10/31/2009
				Audit Status:	Unaudited [3]
Provider Type:	Simple I and	Curi Ra	te	New Rate	Effective Date
Nursing Home	Single Level		0.36	200.38	1/1/2010
	Level H: AIDS	340	.71	342.30	1/1/2010
	Level U: Fragile Under 21	453	.33	456.18	1/1/2010
Basis: X Budget Unaudited co Field audited Field audit - Desk audited Desk audit -	costs interim portion	Changes:	censure I sual and arget Rate RVS Cha	Rating Change Customary Limitation change	n Interim Component
Distribution:	(Stephen Russell	
Contract Managem Permanent File	ent / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
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Home Office:	1 - No Home Office				



Glen Oaks Health Care	e Center		Provider Number:	0 005849-00	
1100 Pine Street			Date:	12/29/2009	
Clearwater FL 33756			Fiscal Year End:	10/31/2009	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	240.67		1/1/2010	
	Level H: AIDS	381.02	382.71	1/1/2010	
	Level U: Fragile Under 21	493.64	496.59	1/1/2010	
Basis: X Budget Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usual a Target FRVS X Rate So	tive Total Prospective Prospective Adjusted Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 02/06/1989	n Interim Component	
Distribution:	(Stephen Russell		
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	nation Only	11	1 -		
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Home Office:	1 - No Home Office				



Heritage Park				Provider Number:	0 005850-00
37135 Coleman Ave	enue			Date:	12/29/2009
Dade City FL 33525				Fiscal Year End:	10/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate	New Rate 210.03	Effective Date 1/1/2010
True sing 110me	Single 2e (C)	_	207.70		
	Level H: AIDS		350.33	351.95	1/1/2010
	Level U: Fragile Under 21		462.95	465.83	1/1/2010
Desk audi Desk audi Desk Aud	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data d costs it - interim portion ited costs it - Interim Portion lit - Prospective portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
<u>Distribution</u>	=			Stephen Russell	
Contract Manag Permanent File	gement / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
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Home Office:					



Lake Eustis Care Center				Provider Number:	0 005851-00
411 West Woodward Ave	enue			Date:	12/29/2009
Eustis FL 32726				Fiscal Year End:	10/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 220.16	New Rate 220.17	Effective Date 1/1/2010
I	Level H: AIDS	<u>, </u>	360.51	362.09	1/1/2010
I	Level U: Fragile Under 21	<u></u>	473.13	475.97	1/1/2010
Inte Setti Prio Basis: X Budget Unaudited cost Field audited of Field audit - in Desk audited of Desk Audit - In Desk Audit - F	costs nterim portion costs	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution: Contract Manageme	nt / Fiscal Agent			Stephen Russell	
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Home Office:	1 - No Home Office				



Lake Placid Health Car	e Center		Provider Number:	0 006339-00
125 Tomoka Blvd Sout	h		Date:	12/29/2009
Lake Placid FL 33852	_		Fiscal Year End:	10/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 209.39	Rate	Effective
J	J		<u> </u>	
	Level H: AIDS	349.74	351.38	1/1/2010
	Level U: Fragile Under 21	462.36	465.26	1/1/2010
Basis: X Budget Unaudited co Field audited Field audit - Desk audited Desk audit -	costs interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted	h Interim Component
<u>Distribution:</u>			Stephen Russell	
Contract Managem	ent / Fiscal Agent	Medi	caid Cost Reimbursemen	t Analysis
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Home Office:	1 - No Home Office			



Windsor Manor			Provider Number:	0 006340-00	
602 East Laura Street			Date:	12/29/2009	
Starke FL 32091			Fiscal Year End:	10/31/2009	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	210.97	211.10	1/1/2010	
	Level H: AIDS	351.32	353.02	1/1/2010	
	Level U: Fragile Under 21	463.94	466.90	1/1/2010	
Basis: X Budget Unaudited c Field audite Field audit Desk audite Desk audit	d costs - interim portion	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component	
Distribution:			Stephen Russell		
Contract Manager Permanent File	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
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Home Office:	1 - No Home Office				



ete		Provider Number:	0 006408-00
		Date:	12/29/2009
		Fiscal Year End:	12/31/2009
		Audit Status:	Unaudited [3]
gle Level	Current Rate 219.00	New Rate 204.82	Effective Date 1/1/2010
l H: AIDS	359.35	346.74	1/1/2010
l U: Fragile Under 21	471.97	460.62	1/1/2010
Component ent based on costs ovider Prospective data m portion n Portion	Changes: Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted of Fotal Prospective with Rating Change I Customary Limitation change that limitation change that limitation change that the limitation change that the limitation change that the limitation change that limitation	n Interim Component
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	gle Level Il H: AIDS Il U: Fragile Under 21 terim Component ent based on costs ovider Prospective data m portion m Portion pective portion Fiscal Agent Only ate 1 - No Home Office	Current Rate 219.00 H. H. AIDS 359.35 H. U. Fragile Under 21 Prospective terim Component ent based on costs ovider Prospective data Changes: Licensure Usual and Target Ra m portion m Portion pective portion Fiscal Agent Medicaid Only atte	Date: Fiscal Year End: Audit Status: Current Rate Rate 219.00 204.82 AH: AIDS AU: Fragile Under 21 471.97 460.62 Prospective Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Total Prospective Milliant Total Prospective With Total Prospective Milliant Total Prospective Milliant Total Prospective With Total Prospective Milliant Total Prospective With Total Prospective Milliant Total Prospective Milliant Total Prospective



Salerno Bay Manor		Provider Number: 0 006		0 006483-00	
4801 SE Cove Road				Date:	12/29/2009
Stuart FL 34997				Fiscal Year End:	10/31/2009
				Audit Status:	Unaudited [3]
Provider Type:	Yearla I amal		Current Rate	New Rate	Effective Date
Nursing Home S	Single Level		225.75		1/1/2010
L	evel H: AIDS	_3	866.10	367.91	1/1/2010
L	evel U: Fragile Under 21		178.72	481.79	1/1/2010
Inter Settl Prior Basis: X Budget Unaudited cost Field audit - in Desk audited composite audit - Interpretation of the cost and the cost audit - Interpretation of the cost audit - Interpretation -	osts terim portion osts	Changes:	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
Distribution:				Stephen Russell	
Contract Managemer Permanent File	nt / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
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Home Office:	1 - No Home Office				



Royal Manor				Provider Number:	0 006489-00
600 Business Parkway				Date:	12/29/2009
Royal Palm Beach FL 3	3411			Fiscal Year End:	10/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Cur <u>R</u> 2		New Rate	Effective Date 1/1/2010
Nursing Home	Single Level		J.12		1/1/2010
	Level H: AIDS	360).47	362.12	1/1/2010
	Level U: Fragile Under 21	473	3.09	476.00	1/1/2010
Basis: X Budget Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Changes: L U T F	censur sual an arget R RVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:				Stephen Russell	
Contract Managem Permanent File	ent / Fiscal Agent		edicaio	l Cost Reimbursement	Analysis
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Home Office:	1 - No Home Office				



Oakbrook of LaBelle	e Provider Number: 0 0		0 006767-00		
250 Broward Avenue				Date:	12/29/2009
Labelle FL 33935				Fiscal Year End:	10/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 235.17	New Rate	Effective Date 1/1/2010
Nursing Home	Single Level	_	235.17		1/1/2010
	Level H: AIDS	_	375.52	377.19	1/1/2010
	Level U: Fragile Under 21	_	488.14	491.07	1/1/2010
Basis: X Budget Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution:				Stephen Russell	
Contract Managem Permanent File	ent / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
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Home Office:	1 - No Home Office				



Crosswinds Health & Rehab Cen	ter		Provider Number:	0 007012-00
U.S. Hwy 90 E.			Date:	12/29/2009
Greenville FL 32331			Fiscal Year End:	3/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single	Level	203.62	217.62	1/1/2010
Level H:	AIDS	343.97	359.54	1/1/2010
Level U:	Fragile Under 21	456.59	473.42	1/1/2010
			re Total Prospective Prospective Adjusted Total Prospective witl	
X Budget Unaudited costs Field audited costs Field audit - interim po Desk audited costs Desk audit - Interim Po Desk Audit - Prospecti	ortion	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1985	on
Distribution: Contract Management / Fisca Permanent File For information Only	C		Stephen Russell Cost Reimbursement Russell Russell	•



Cross Landings Hea	lth & Rehab Center			Provider Number:	0 007014-00
1780 N. Jefferson St.				Date:	12/29/2009
Monticello FL 3234	4			Fiscal Year End:	3/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level			Current Rate 219.68	New Rate 221.05	Effective Date 1/1/2010
		•			
	Level H: AIDS		360.03	362.97	1/1/2010
	Level U: Fragile Under 21		472.65	476.85	1/1/2010
Desk audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data I costs ited costs it - interim portion ted costs t - Interim Portion iti - Prospective portion	Change	Licensur Usual ar Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation The Rating Change The Rating Chan	h Interim Component
· <u> </u>	ement / Fiscal Agent			Stephen Russell	
Permanent File For info	·			d Cost Reimbursement	•
Home Office:					



The Woods of Manatee Springs 5627 9th Street East				Provider Number:	0 008793-00
				Date:	12/29/2009
Bradenton FL 34203				Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 219.83	New Rate 220.54	Effective Date 1/1/2010
runsing frome	Single Level		217.03		1/1/2010
	Level H: AIDS	3	360.18	362.46	1/1/2010
	Level U: Fragile Under 21		172.80	476.34	1/1/2010
Rate Type :					
Basis: X Budget Unaudited cos Field audited Field audit - i Desk audited	costs nterim portion costs	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted a Total Prospective with The Rating Change and Customary Limitation at a limitation change and change are change and change and change and change are change and change are change are change are change and change are change a	n Interim Component
	nterim Portion Prospective portion	X		nester Change [2] as of 07/01/1987	
<u>Distribution:</u>				Stephen Russell	
Contract Manageme Permanent File	ent / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
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Home Office:	Putnam Council, Inc. 16 Norcross Street Roswell GA 30075				



Okeechobee Health Care Facility		Provider Number:	0 009495-00
1646 Highway 441 North		Date:	12/29/2009
Okeechobee FL 34972		Fiscal Year End:	9/30/2009
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 216.66	New Rate 221.40	Effective Date 1/1/2010
Single Level			1/1/2010
Level H: AIDS	357.01	363.32	1/1/2010
Level U: Fragile Under 21	469.63	477.20	1/1/2010
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data Basis: BudgetXUnaudited costsField audited costsField audited costsField audit - interim portionDesk audited costsDesk audit - Interim PortionDesk Audit - Prospective portion Distribution:	Changes: Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Contract Management / Fiscal Agent		Stephen Russell	
Permanent File		d Cost Reimbursement	
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Home Office: 1 - No Home Office			



	nabilitation Center, LLC		Provider Number:	0 010082-00
17781 Thelma Avenue			Date:	12/29/2009
Jupiter FL 33458			Fiscal Year End:	5/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.72		1/1/2010
	Level H: AIDS	347.07	348.70	1/1/2010
	Level U: Fragile Under 21	459.69	462.58	1/1/2010
Basis: X Budget Unaudited co Field audited Desk audited Desk audited	d costs interim portion	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component
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Home Office:	1 - No Home Office			



Bon Secours Maria Manor	ſ		Provider Number:	0 200107-00
10300 4th Street North		Date:		12/29/2009
St. Petersburg FL 33716			Fiscal Year End:	8/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level	Current Rate 214.62	New Rate 215.68	Effective Date 1/1/2010
T.	evel H: AIDS	254.07	257.60	1/1/2010
L	evel n. AIDS	354.97	357.60	1/1/2010
L	evel U: Fragile Under 21	467.59	471.48	1/1/2010
Basis: Budget X Unaudited costs Field audit - int Desk audited co Desk Audit - Pr	Interim im Component ement based on costs Provider Prospective data Char sosts erim portion osts	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<u>Distribution:</u> Contract Managemen	t / Fiscal Agent		Stephen Russell	
Permanent File	- I iscai Agein	Medicaio	l Cost Reimbursement	Analysis
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Home Office:	Bon Secours Health System, Inc Keith Braganza 1505 Marriottsville Road Marriottsville MD 21104-1399			



Westminster Oaks			Provider Number:	0 200409-00		
4449 Meandering Way			Date:	12/29/2009		
Tallahassee FL 32308			Fiscal Year End:	3/31/2009		
			Audit Status:	Unaudited [3]		
Provider Type:		Currer Rate	Rate	Effective Date		
Nursing Home	Single Level	194.8	192.94	1/1/2010		
	Level H: AIDS	335.1	6 334.86	1/1/2010		
	Level U: Fragile Under 21	447.7	448.74	1/1/2010		
			<u> </u>			
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	d costs interim portion	Changes: Lice Usus Targ FRV	Prospective Adjuste	tith Interim Component		
Distribution:			Stephen Russell			
Contract Managem	nent / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
Permanent File For inform	nation Only			•		
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Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801					



Floridean Nursing & Re	ehab		Provider N	umber:	0 200425-00
47 NW 32nd Place				Date:	12/29/2009
Miami FL 33125			Fiscal Yea	r End:	6/30/2008
			Audit	Status:	Unaudited [3]
Provider Type:		Curre Rat			Effective Date
Nursing Home	Single Level	215.	30 217.3	<u> </u>	1/1/2010
	Level H: AIDS	355.	65 359.2	4	1/1/2010
	Level U: Fragile Under 21	468.	27 473.1	2	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - I	costs interim portion	Changes: Lice Use Tar FR X Rate	ensure Rating Char all and Customary get Rate limitation VS Change e Semester Change FRV [2] as of 04/0	Adjusted for the change change	for New Costs Interim Component
Contract Managem	ent / Fiscal Agent		Stephen R		
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No Change	•	Sty	dus)	Ken	roll
Home Office:	1 - No Home Office				



Miami Jewish Home & H	lospital for the Aged, Inc.			Provider Number:	0 200506-00
5200 N.E. 2nd Avenue				Date:	12/29/2009
Miami FL 33137				Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 225.11	New Rate 226.45	Effective Date 1/1/2010
	THE AIDS	_			
L	evel H: AIDS	_	365.46	368.37	1/1/2010
I	evel U: Fragile Under 21	-	478.08	482.25	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audit - In Desk Audit - P	osts terim portion osts	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Management	nt / Fiscal Agent			Stephen Russell	
Permanent File				d Cost Reimbursement	•
For informat No Change i	•	<u></u>	typh	mes Rece	ssell
Home Office:	1 - No Home Office				



Pines Nursing Home				Provider Number:	0 200620-00
301 NE 141st Street Nor				Date:	12/29/2009
North Miami Beach FL	33161			Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 239.15	New Rate 237.09	Effective Date 1/1/2010
runsing frome	Single Level	-	237.13		1/1/2010
	Level H: AIDS		379.50	379.01	1/1/2010
	Level U: Fragile Under 21		492.12	492.89	1/1/2010
Rate Type :					
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited	costs nterim portion	Change:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
	Prospective portion		On FRV	[2] as of 10/01/1985	
Distribution: Contract Manageme	ont / Fiscal A cont			Stephen Russell	
Permanent File	ont / Piscai Agent		Medicaio	d Cost Reimbursement	Analysis
For informa	ation Only		1+ 1	hus Ru	2
No Change	in Rate		ngen	ens / Con	,
Home Office:	1 - No Home Office				



All Saints Catholic Nu	ursing Home & Rehab. Ctr.			Provider Number:	0 200735-00
5888 Blanding Boulev				Date:	12/29/2009
Jacksonville FL 32244	1			Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:	Single Level		Current Rate	New Rate	Effective Date
Nursing Home	Single Level		202.41	<u> 199.94</u> _	1/1/2010
	Level H: AIDS		342.76	341.86	1/1/2010
	Level U: Fragile Under 21		455.38	455.74	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:				Stephen Russell	
Contract Manage: Permanent File	ment / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
	mation Only		14	hus Ru	2011
	ge in Rate		nger.	ens the	, , , , , , , , , , , , , , , , , , ,
Home Office:	1 - No Home Office				



River Garden Hebrew Home	Pr	ovider Number:	0 200859-00
1401 Old St. Augustine Rd.		Date:	12/29/2009
acksonville FL 32258	F	iscal Year End:	12/31/2008
	_	Audit Status:	Unaudited [3]
Provider Type:			
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	226.33	226.48	1/1/2010
Level H: AIDS	366.68	368.40	1/1/2010
Level U: Fragile Under 21	479.30	482.28	1/1/2010
Ç			
Rate Type :			
Interim	X Prospective		
Total Interim		al Prospective	
Interim Component		spective Adjusted	for New Costs
			n Interim Component
Settlement based on costs	1012	ii Frospective witi	i illerilii Component
Prior Provider Prospective data			
Basis: Ch	anges:		
Budget	Licensure Ra		
X Unaudited costs		istomary Limitatio	on
Field audited costs	Target Rate l	imitation change	
Field audit - interim portion	FRVS Chang	ge	
Desk audited costs			
Desk audit - Interim Portion	X Rate Semeste	er Change	
Desk Audit - Prospective portion	On FRV [2]	as of 10/01/1985	
<u>Distribution:</u>	S	tephen Russell	
Contract Management / Fiscal Agent		st Reimbursement	+ Analysis
Permanent File			•
For information Only	Stephn	. Ru	sell
No Change in Rate	my we	, , , ,	
Home Office: River Garden Holding Company			
Betty Parker			
11401 Old St. Augustine Road			
Jacksonville FL 32258			



AVANTE AT JACKSOI	NVILLE BEACH			Provider Number:	0 200913-00
1504 Seabreeze Avenue				Date:	12/29/2009
Jacksonville Beach FL 3	2250-3369			Fiscal Year End:	5/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curr Ra 218	te	New Rate 214.74	Effective Date 1/1/2010
1	Level H: AIDS	358	.73	356.66	1/1/2010
1	Level U: Fragile Under 21	471	.35	470.54	1/1/2010
Basis: Budget X Unaudited cos Field audit - in Desk audited of Desk audit - Ir	costs nterim portion costs	Changes: Li Us Ta Fl Ta Ta Ta Ta Ta Ta Ta T	Pr To To censure I cual and 0 rget Rate RVS Cha	Rating Change Customary Limitation change	n Interim Component
Distribution: Contract Manageme Permanent File For informa No Change	tion Only			Stephen Russell Cost Reimbursement Russell	•
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	540-N			



COMPREHENSIVE HEALTHCARE OF CLEARWAT		Provider Number:	0 200956-00
2055 PALMETTO STREET		Date:	12/29/2009
Clearwater FL 34625		Fiscal Year End:	8/31/2008
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 222.05	New Rate 222.79	Effective Date 1/1/2010
Level H: AIDS	362.40	364.71	1/1/2010
Level U: Fragile Under 21	475.02	478.59	1/1/2010
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs	Changes: Licensure	Fotal Prospective Prospective Adjusted	h Interim Component
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Target Ra FRVS Ch X Rate Sem	te limitation change	
Distribution:		Stephen Russell	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Cost Reimbursement	•
Home Office: Lyric Health Care Timothy J Trybus 7150 Columbia Gateway Drive St	uite J		



Memorial Manor Nursing Home	Provider Numbe	r: 0 201006-00
777 South Douglas Road	Date	e: 12/29/2009
Pembroke Pines FL 33025	Fiscal Year End	: 4/30/2009
	Audit Status	s: Unaudited [3]
Provider Type:		
	Current New	Effective
	Rate Rate	Date
Nursing Home Single Level	232.78 232.39	1/1/2010
Level H: AIDS	373.13 374.31	1/1/2010
Lavial III Fancila II ndan 21		
Level U: Fragile Under 21	485.75 488.19	1/1/2010
Rate Type :		
Interim	X Prospective	
Total Interim	X Total Prospective	
Interim Component	Prospective Adjust	
Settlement based on costs	Total Prospective v	with Interim Component
Prior Provider Prospective data		
Basis: Cl	hanges:	
Budget	Licensure Rating Change	
X Unaudited costs	Usual and Customary Limit	
Field audited costs	Target Rate limitation chang	ge
Field audit - interim portion	FRVS Change	
Desk audited costs		
Desk audit - Interim Portion	X Rate Semester Change	
Desk Audit - Prospective portion	On FRV [2] as of 07/14/19	89
Distribution:	Stephen Russel	 I
Contract Management / Fiscal Agent		
Permanent File	Medicaid Cost Reimbursem	•
For information Only	Stephus Re	well
No Change in Rate	my mir	
Home Office: Memorial Healthcare System		
James Ziebarth, Dir. Reimburs.		
3501 Johnson Street		
Hollywood FL 33021		



Gulf Coast Village			Provider Number:	0 201120-00
1333 Santa Barbara B	lvd.		Date:	12/29/2009
Cape Coral FL 33991			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.05		1/1/2010
	Level H: AIDS	353.40	349.75	1/1/2010
	Level U: Fragile Under 21	466.02	463.63	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target FRVS X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 08/28/1989	n Interim Component
	ment / Fiscal Agent		Stephen Russell	
Permanent File For inform	mation Only ge in Rate		aid Cost Reimbursement	-
Home Office:	1 - No Home Office			



The Home Association, Inc		Provider Number:	0 201154-00
1203 22nd Avenue		Date:	12/29/2009
Tampa FL 33605		Fiscal Year End:	12/31/2006
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	219.60		1/1/2010
Level H: AIDS	359.95	364.75	1/1/2010
Level U: Fragile Under 21	472.57	478.63	1/1/2010
Rate Type:			
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	Changes: Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent		Stephen Russell	
Permanent File		d Cost Reimbursement	
For information Only No Change in Rate	Steps	mes Rece	sell
Home Office: 1 - No Home Office			



Hobe Sound Geriatric Village, Inc.				Provider Number:	0 201545-00	
9555 SE Federal Highway				Date:	12/29/2009	
Hobe Sound FL 33455				Fiscal Year End:	12/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Leve]	urrent Rate 11.68	New Rate 209.98	Effective Date 1/1/2010	
ruising frome Single Leve	L		11.00	203.38	1/1/2010	
Level H: AIDS		3	52.03	351.90	1/1/2010	
Level U: Fragil	e Under 21	4	64.65	465.78	1/1/2010	
Rate Type: Interim Total Interim Interim Componer Settlement based of Prior Provider Pros Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective por	n costs spective data	Changes:	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Read Rating Change I Customary Limitation I Change	n Interim Component	
<u>Distribution:</u> Contract Management / Fiscal Age	nt			Stephen Russell		
Permanent File				Cost Reimbursement	•	
For information Only No Change in Rate		30	ge ti	ins Ru	ssell	
Home Office: 1 - No Hom	ne Office					



Mary Lee Depugh Nu	rsing Center			Provider Number:	0 201588-00
559 West Morse Boul				Date:	12/29/2009
Winter Park FL 32789)			Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	191.57	<u>173.14</u> _	1/1/2010
	Level H: AIDS		331.92	315.06	1/1/2010
	Level U: Fragile Under 21		444.54	428.94	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution:				Stephen Russell	
Contract Manage Permanent File	ment / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
	mation Only	د	1.4-	1 -	
	ge in Rate	مراس	nger.	hus Ru	mu,
Home Office:	1 - No Home Office				



Guardian Care Nursin	g & Rehabilitation Center		Provider Number:	0 201651-00
2500 West Church Str	reet		Date:	12/29/2009
Orlando FL 32805			Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type:		Currer Rate	Rate	Effective Date
Nursing Home	Single Level	213.9	216.37	1/1/2010
	Level H: AIDS	354.2	6 358.29	1/1/2010
	Level U: Fragile Under 21	466.8	8 472.17	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes: Lice Usus Targ FRV X Rate	Prospective Adjusted	ith Interim Component
Distribution:	(/E' 1 A		Stephen Russell	
Contract Manage: Permanent File	ment / Fiscal Agent	Med	icaid Cost Reimbursemen	nt Analysis
	mation Only	14	1 7	
	ge in Rate	My	hus Re	war!
Home Office:	1 - No Home Office			



Westchester Gardens Reh	nabilitation & Care Center		Provider Num	ber: 0 202011-00
3301 McMullen Booth R	oad		D	Date: 12/29/2009
Clearwater FL 33761			Fiscal Year E	-
			Audit Sta	utus: Unaudited [3]
Provider Type:		Curre Rate	Rate	Effective Date
Nursing Home	Single Level	210.5	212.48	1/1/2010
I	evel H: AIDS	350.8	354.40	1/1/2010
Ι	evel U: Fragile Under 21	463.4	468.28	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Changes: Lice Usu Targ FRV	Total Prospective	usted for New Costs e with Interim Component mitation ange
Contract Managemen	nt / Fiscal Agent		Stephen Rus	_
Permanent File For informat No Change i	ion Only		licaid Cost Reimburso	ement Analysis
Home Office:	The Goodman Group, LLC 1107 Hazeltine Blvd Chaska MN 55318			



The Rohr Home			Provider Number:	0 202533-00
2135 Marshall Edward	s Drive		Date:	12/29/2009
Bartow FL 33830			Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	227.95	228.57	1/1/2010
	Level H: AIDS	368.30	370.49	1/1/2010
	Level U: Fragile Under 21	480.92	484.37	1/1/2010
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted	h Interim Component
Distribution:	nent / Fiscal Agent		Stephen Russell	
Permanent File	nont / Piscai Agoill	Medi	caid Cost Reimbursemen	t Analysis
	nation Only	0+-	hus Ru	all
No Chang	ge in Rate	ng	mis / w	
Home Office:	1 - No Home Office			



SAMANTHA R. WI	LSON AT BAYVIEW		Provider Number:	0 202606-00
161 Marine Street			Date	: 12/29/2009
St. Augustine FL 320	084		Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
Provider Type:		Curre Rate	Rate	Effective Date
Nursing Home	Single Level	209.0	211.55	1/1/2010
	Level H: AIDS	349.9	96 353.47	1/1/2010
	Level U: Fragile Under 21	462.5	467.35	1/1/2010
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion	Changes: Lice Usu Targ FRV	Prospective Prospective Adjuste Total Prospective Adjuste Total Prospective w ensure Rating Change al and Customary Limita get Rate limitation change VS Change e Semester Change FRV [2] as of 10/01/198	tion
Distribution:			Stephen Russell	
Contract Manage Permanent File	ement / Fiscal Agent	Med	licaid Cost Reimburseme	ent Analysis
	rmation Only	1+	elm Re	mell
No Char	nge in Rate	ng	mus / c	
Home Office:	1 - No Home Office			



JH FLOYD SUNSHII	NE MANOR, INC.		Provider Number:	0 202681-00
1755 18th Street			Date:	12/29/2009
Sarasota FL 34234			Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type:	Single Level	Currei Rate	Rate	Effective Date
Nursing Home	Single Level	220.8	<u>222.74</u>	1/1/2010
	Level H: AIDS	361.2	3 364.66	1/1/2010
	Level U: Fragile Under 21	473.8	478.54	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes: Lice Usur Targ FRV	Prospective Adjusted	ion
Distribution:			Stephen Russell	
_	ement / Fiscal Agent	Med	icaid Cost Reimburseme	nt Analysis
Permanent File	mation Only			-
	nge in Rate	Sty	hus Ru	wall
Home Office:	1 - No Home Office			



Pines of Sarasota		_		Provider Number:	0 202703-00
1501 North Orange A	Avenue	_		Date:	12/29/2009
Sarasota FL 34236		_		Fiscal Year End:	7/31/2009
				Audit Status:	Unaudited [3]
Provider Type:	Single Level		Current Rate 241.41	New Rate	Effective Date
Nursing Home	Siligle Level				1/1/2010
	Level H: AIDS		381.76	385.17	1/1/2010
	Level U: Fragile Under 21		494.38	499.05	1/1/2010
Rate Type:					
Interim		X	Prospectiv	ve	
	Total Interim		<u>X</u>	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensur	e Rating Change	
X Unaudited				d Customary Limitation	on
Field audit	ted costs			ate limitation change	
Field audi	t - interim portion		FRVS C	hange	
Desk audit	ed costs				
	- Interim Portion	X		nester Change	
Desk Audi	t - Prospective portion		On FRV	[2] as of 10/01/1985	
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File					
	rmation Only		Step 1	hus Ru	sell
No Cha	nge in Rate			7	
Home Office:	1 - No Home Office				



SUNNYSIDE NUR	SING HOME			Provider Number:	0 202711-00
5201 BAHIA VISTA	A ST	_ _		Date:	12/29/2009
Sarasota FL 34232		_		Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
	a		Rate	Rate	Date
Nursing Home	Single Level		249.90	250.11	1/1/2010
	Level H: AIDS		390.25	392.03	1/1/2010
	Level U: Fragile Under 21		502.87	505.91	1/1/2010
Rate Type:					
Interim	1	X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
-	Interim Component			Prospective Adjusted	for New Costs
-	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:	<u> </u>	Chang	ges:		
Budget			Licensur	e Rating Change	
X Unaudited				d Customary Limitation	on
Field audi	ited costs			ate limitation change	
Field aud	it - interim portion		FRVS C	hange	
Desk audi					
	t - Interim Portion lit - Prospective portion	<u> </u>		nester Change [2] as of 10/01/1985	
<u>Distribution</u>			OllTRV		
	gement / Fiscal Agent			Stephen Russell	
Permanent File	•		Medicai	d Cost Reimbursement	Analysis
	ormation Only		14	1 7.	
No Cha	ange in Rate	يسـ	nger.	m, Ru	
					
Home Office:	Sunnyside Properties Of S	arasota			
	Roy Sharp				
	5201 Bahia Vista Street Sarasota FL 34232				
	Sarasota FL 34232				



Alliance Nursing Center	er		Provide	r Number:	0 202789-00
130 West Armstrong A	venue			Date:	12/29/2009
Deland FL 32720			Fiscal '	Year End:	6/30/2008
			Au	dit Status:	Unaudited [3]
Provider Type:		Curre Rat	e R	ew ate	Effective Date
Nursing Home	Single Level	181.	<u> 18</u>	3.00	1/1/2010
	Level H: AIDS	321.	62 32	4.92	1/1/2010
	Level U: Fragile Under 21	434.	24 43	8.80	1/1/2010
Basis: Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Changes: Lice Use Tar FR		change ary Limitation change	for New Costs h Interim Component on
Distribution:			Stephe	n Russell	
Permanent File	nent / Fiscal Agent	Me	dicaid Cost Rei	mbursemen	t Analysis
	nation Only	<i>1-</i>	26	7.	soll
No Chang	ge in Rate	my	cini	/ 1	<u>-</u>
Home Office:	1 - No Home Office				



Miracle Hill Nursing a	and Convalesent Center, Inc.		Provider Number:	0 202941-00
1329 Abraham Street			Date:	12/29/2009
Tallahassee FL 32304			Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	Rate	Effective Date
Nursing Home	Single Level	201.70	203.66	1/1/2010
	Level H: AIDS	342.05	345.58	1/1/2010
	Level U: Fragile Under 21	454.67	459.46	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usua. Targe FRV: X Rate	Total Prospective Prospective Adjusted	ch Interim Component on
Distribution:	want /Figural A gant		Stephen Russell	
Permanent File	ment / Fiscal Agent	Medi	caid Cost Reimbursemen	t Analysis
	nation Only	at.	hus Ru	saell
No Chang	ge in Rate	mg	my /w	
Home Office:	1 - No Home Office			



VANTE AT LEESBURG	F	Provider Number:	0 203122-00
000 Edgewood Avenue		Date:	12/29/2009
eesburg FL 34748]	Fiscal Year End:	5/31/2009
		Audit Status:	Unaudited [3]
Provider Type:			
••	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	220.65	221.67	1/1/2010
Level H: AIDS	361.00	363.59	1/1/2010
Level U: Fragile Under 21	473.62	477.47	1/1/2010
Level 6. Finglic Glaci 21	473.02		1/1/2010
Rate Type :			
Interim	X Prospective		
Total Interim		al Prospective	
Interim Component		spective Adjusted	for New Costs
Settlement based on costs			h Interim Component
	10	ai Fiospective with	ii iiiteiiii Component
Prior Provider Prospective data			
Basis: Ch	anges:		
		.:	
Budget		ating Change	
Unaudited costs		ustomary Limitation	on
Field audited costs		limitation change	
Field audit - interim portion	FRVS Chan	ge	
Desk audited costs			
Desk audit - Interim Portion	X Rate Semest		
Desk Audit - Prospective portion	On FRV [2]	as of 01/01/1991	
Distribution:	;	Stephen Russell	
Contract Management / Fiscal Agent	Medicaid Co	ost Reimbursemen	t Analysis
Permanent File			•
For information Only	Steph	es Ru	soll
No Change in Rate		-	
V 000			
Home Office: Avante Group, Inc.			
Home Office: Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 540-N			



Villa Maria Nursing &	Rehabilitation		Provider Number:	0 203165-00
1050 NE 125th Street			Date:	12/29/2009
North Miami FL 33161	1		Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
Provider Type:				
- J P		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	233.58	234.32	1/1/2010
	Level H: AIDS	373.93	376.24	1/1/2010
	Level U: Fragile Under 21	486.55	490.12	1/1/2010
Rate Type :				
Interim		X Prospecti	ve	
	otal Interim	X	Total Prospective	
	nterim Component		Prospective Adjusted	for New Costs
	ettlement based on costs		Total Prospective with	
	rior Provider Prospective data			
	1	CI		
Basis:		Changes:		
5		Licanou	ra Pating Changa	
Budget			re Rating Change	
Y Unaudited co			nd Customary Limitation Rate limitation change	on
Field audited			=	
	interim portion	FRVS C	nange	
Desk audited		V P		
	Interim Portion - Prospective portion	X Rate Ser	mester Change	
Distribution:	Postania		C4L D	
<u></u>	ment / Fiscal Agent		Stephen Russell	
Permanent File		Medicai	d Cost Reimbursemen	t Analysis
	nation Only	14	1 7	
No Chang	-	-sryer	hus Ru	yacvi
	•	•		
Home Office:	Catholic Health Services			
	Mary Jo Frick			
	4790 N. State Road 7			
	Lauderdale Lakes FL 33319			



Glades Health Care Center				Provider Number:	0 203203-00
230 S. Barfield Highway				Date:	12/29/2009
Pahokee FL 33476				Fiscal Year End:	2/28/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Sin	gle Level	-	221.44	211.40	1/1/2010
Leve	el H: AIDS		361.79	353.32	1/1/2010
Leve	el U: Fragile Under 21		474.41	467.20	1/1/2010
Settleme	Component ent based on costs ovider Prospective data m portion m 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 hange mester Change	n Interim Component
Distribution:				Stephen Russell	
Contract Management / Permanent File	Fiscal Agent	-	Medicaio	d Cost Reimbursement	Analysis
For information No Change in R	•	ئير	styri	mes Ru	sell
Home Office:	Council on Aging of Florida,	Inc.			
	1311 SW 16th Street				
	Gainesville FL 32608				



Avante At Inverness		Provider Number:	0 203220-00
304 South Citrus Avenue		Date:	12/29/2009
Inverness FL 34452-4753		Fiscal Year End:	5/31/2009
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	Onduction [3]
Tovider Type.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	214.05	214.55	1/1/2010
Level H: AIDS	354.40	356.47	1/1/2010
Level II. AIDS	334.40	330.47	1/1/2010
Level U: Fragile Under 21	467.02	470.35	1/1/2010
Rate Type :			
Interim	X Prospective		
Total Interim		otal Prospective	
Interim Component		ospective Adjusted	for New Costs
Settlement based on costs			h Interim Component
Prior Provider Prospective data			r
<u> </u>	<u> </u>		
Basis:	hanges:		
	*		
Budget		Rating Change	
Unaudited costs		Customary Limitation	on
Field audited costs		e limitation change	
Field audit - interim portion	FRVS Cha	nge	
Desk audited costs			
Desk audit - Interim Portion		ster Change	
Desk Audit - Prospective portion Distribution:	On FRV [2	as of 01/01/1991	
Contract Management / Fiscal Agent		Stephen Russell	
Permanent File	Medicaid C	Cost Reimbursemen	t Analysis
For information Only	1	-75	.//
No Change in Rate	Steph	n Ku	sour
140 Change in Nate			
Home Office: Avante Group, Inc.			
Janan Mitchell			
4000 Hollywood Blvd, Suite 540-N			
Hollywood FL 33021-6744			



vante At Lake Worth, I	inc.			Provider Number:	0 203238-00
501 North A Street				Date:	12/29/2009
ake Worth FL 33460-60	013			Fiscal Year End:	5/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		226.14	231.01	1/1/2010
1	Level H: AIDS		366.49	372.93	1/1/2010
1	Level U: Fragile Under 21		479.11	486.81	1/1/2010
Rate Type :					
Interim		X	Prospective	e	
	al Interim			Total Prospective	
	erim Component			Prospective Adjusted	
	lement based on costs		7	Total Prospective with	h Interim Component
Prio	or Provider Prospective data				
Basis:		Change	es:		
Budget			Licensure	Rating Change	
X Unaudited cos	ts			l Customary Limitation	on
Field audited				te limitation change	
Field audit - in			FRVS Ch	=	
Desk audited of	•			C	
Desk audited C		X	Rate Sem	ester Change	
	Prospective portion	-		[2] as of 01/01/1991	
Distribution:				Stephen Russell	
Contract Manageme	ent / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis
Permanent File					•
For informa	•		steple	in Ru	soll
No Change	in Rate			. , , -	
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite	540 N			
		5 34U-IN			
	Hollywood FL 33021-6744				



The Palace at Kendall l	Nursing and Rehab Center			Provider Number:	0 203327-00
11215 S.W. 84TH STR	REET			Date:	12/29/2009
Miami FL 33173				Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	F	Rate	New Rate 217.61	Effective Date 1/1/2010
	Level H: AIDS	34	56.08	359.53	1/1/2010
	Level U: Fragile Under 21		58.70	473.41	1/1/2010
Basis: Budget X Unaudited conception Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Changes:	Usual an Farget R FRVS C Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component
Distribution: Contract Managen	nent / Fiscal Agent			Stephen Russell	
Permanent File For inform No Chang	nation Only ge in Rate			d Cost Reimbursement	•
Home Office:	Professional Care I, Inc. Oscar Roiz 11355 SW 84th St Miami FL 33173				



TimberRidge Nursing	& Rehab Center		Provider Number:	0 203335-00
9848 SW 110th Street			Date:	12/29/2009
Ocala FL 34481			Fiscal Year End:	7/31/2008
			Audit Status:	Unaudited [3]
Provider Type:	a	Curren Rate	Rate	Effective Date
Nursing Home	Single Level	209.1	<u>211.15</u>	1/1/2010
	Level H: AIDS	349.4	7 353.07	1/1/2010
	Level U: Fragile Under 21	462.0	9 466.95	1/1/2010
Basis: Budget X Unaudited c Field audite Field audite Desk audite Desk audit	d costs - interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
Distribution:	(Stephen Russell	
Contract Manager Permanent File	ment / Fiscal Agent	Med	icaid Cost Reimbursemen	nt Analysis
	nation Only	14	1 0	
	ge in Rate	my	hus Ru	une v
Home Office:	1 - No Home Office			



Marianna Health & Rel	nabilitation			Provider Number:	0 203475-00
4295 5th Avenue				Date:	12/29/2009
Marianna FL 32447				Fiscal Year End:	9/30/2008
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		174.20	175.68	1/1/2010
	Level H: AIDS		314.55	317.60	1/1/2010
	Level U: Fragile Under 21	_	427.17	431.48	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	d costs interim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution:				Stephen Russell	
Contract Managen Permanent File	ieiii / Fiscai Agent		Medicai	d Cost Reimbursement	Analysis
	nation Only			hus Ru	2011
No Chang			yer.	ens the	
Home Office:	1 - No Home Office				



Manor at Carpenter's			Prov	ider Number:	0 203599-00
1001 Carpenter's Way				Date:	12/29/2009
Lakeland FL 33809			Fisc	al Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:		Curr Rai		New Rate	Effective Date
Nursing Home	Single Level		.25	217.33	1/1/2010
	Level H: AIDS	364	60	359.25	1/1/2010
	Level U: Fragile Under 21	477	.22	473.13	1/1/2010
Basis: Budget X Unaudited comprised audited pesk audited besk audited besk audited besk audited besk audit -	d costs interim portion	Changes: Lice Us Ta FR X Ra	Prospective Ratin ual and Custorget Rate limit VS Change	Prospective with the company Change of the c	for New Costs h Interim Component on
Distribution:	nent / Fiscal Agent		Step	ohen Russell	
Permanent File	none / Piscai Agoill	Me	dicaid Cost I	Reimbursemen	t Analysis
	nation Only	1.		7	soll
No Chang	ge in Rate	ng	emy	100	,
Home Office:	1 - No Home Office				



Perdue Medical Center				Provider Number:	0 203670-00
9590 Old Cutler Road				Date:	12/29/2009
Miami FL 33157				Fiscal Year End:	9/30/2008
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
			Rate	Rate	Date
Nursing Home S	Single Level		239.07	240.42	1/1/2010
L	evel H: AIDS		379.42	382.34	1/1/2010
I.	evel U: Fragile Under 21		492.04	496.22	1/1/2010
L	ever c. Fragne chact 21		472.04	470.22	1/1/2010
Rate Type :					
		T 7	.		
Interim	17	X	Prospective		
	l Interim			otal Prospective	C. N. C.
	rim Component			rospective Adjusted	
	ement based on costs		T	otal Prospective with	h Interim Component
Prior	Provider Prospective data				
Basis:		Change	es:		
Budget			Licensure	Rating Change	
X Unaudited costs	s	-	Usual and	Customary Limitation	on
Field audited c	osts		Target Rat	te limitation change	
Field audit - in	terim portion	-	FRVS Cha	ange	
Desk audited co	_	-			
Desk audit - Int		X	Rate Seme	ester Change	
	rospective portion	-		2] as of 10/01/1985	
Distribution:				Stephen Russell	
Contract Managemer	nt / Fiscal Agent		Medianid	Cost Reimbursement	t Analysis
Permanent File					•
For informati	ion Only	-	atim la	us Ru	sell
No Change i	n Rate		ngen		
Home Office:	Public Health Trust of Dade (County			
	Eric Rodriguez	=			
	1611 N.W. 12th Avenue				
	Miami FL 33136				



John Knox Village Of F				Provider Number:	0 203769-00
651 S.W. 6TH STREET Pompano Beach FL 33060				Date:	12/29/2009
				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		219.05	216.63	1/1/2010
	Level H: AIDS		359.40	358.55	1/1/2010
	Level U: Fragile Under 21		472.02	472.43	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - i Desk audited Desk audit - I	costs interim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
<u>Distribution:</u>	ant / Figgal A gant			Stephen Russell	
Contract Managem Permanent File	CIII / FISCAI Ageill		Medicai	d Cost Reimbursement	Analysis
For information of the state of	ation Only		<i>*</i>	hus Ru	mell
No Change	e in Rate		izeri.	mes / lan	,
Home Office:	1 - No Home Office				



Westminster Asbury	Γowers		Provider Number:	0 203815-00
1533 4th Avenue Wes	et		Date:	12/29/2009
Bradenton FL 34205			Fiscal Year End:	3/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Currer Rate	Rate	Effective Date
Nursing Home	Single Level	209.9	200.16	1/1/2010
	Level H: AIDS	350.2	6 342.08	1/1/2010
	Level U: Fragile Under 21	462.8	455.96	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
Distribution:	ment / Figural A cont		Stephen Russell	
Permanent File	ment / Fiscal Agent	Med	icaid Cost Reimbursemer	nt Analysis
For infor	mation Only	Step	hus Ru	mell
No Chan	ge in Rate			
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801			
	Orlando FL 32801			



Oak Bluffs Health Cent	er			Provider Number:	0 203823-00
420 Bay Avenue				Date:	12/29/2009
Clearwater FL 34616				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type:		-	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	203.35	206.20	1/1/2010
	Level H: AIDS		343.70	348.12	1/1/2010
	Level U: Fragile Under 21		456.32	462.00	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:	(F) 1 A			Stephen Russell	
Contract Managem Permanent File	ient / Fiscal Agent	-	Medicaio	d Cost Reimbursement	Analysis
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No Change	•		nyer	hus Ru	mu,
Home Office:	1 - No Home Office				



Lisenby on Lake Carol	ine		Provider N	umber:	0 203980-00
1400 West Eleventh St	reet			Date:	12/29/2009
Panama City FL 32401			Fiscal Yea	r End:	12/31/2008
			Audit	Status:	Unaudited [3]
Provider Type:		Curre Rat	e Rate		Effective Date
Nursing Home	Single Level	<u> 167.</u>	<u>17</u> <u>176.7</u>	9	1/1/2010
	Level H: AIDS	307.	52 318.7	1	1/1/2010
	Level U: Fragile Under 21	420.	14 432.5	9	1/1/2010
Basis: Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Changes: Lic Usi Tar FR		Adjusted factive with mge Limitatio change	For New Costs Interim Component
Distribution:	want / Eigen 1 A gant		Stephen R	Russell	
Permanent File	nent / Fiscal Agent	Me	dicaid Cost Reimb	ursement	Analysis
	nation Only	1.	elm ;	D	nell
No Chang	ge in Rate	my	emus)	سماء	
Home Office:	1 - No Home Office				



Mease Continuing Care			P	rovider Number:	0 204072-00
910 New York Avenue				Date:	12/29/2009
Dunedin FL 34698			I	Fiscal Year End:	7/31/2009
				Audit Status:	Unaudited [3]
Provider Type:		Curr Ra	e	New Rate	Effective Date
Nursing Home	Single Level		.69	209.39	1/1/2010
	Level H: AIDS	346	.04	351.31	1/1/2010
	Level U: Fragile Under 21	458	.66	465.19	1/1/2010
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Changes:	Pro Tot Tensure Raual and Carget Rate VS Chan te Semest	ating Change ustomary Limitati limitation change	h Interim Component on
Distribution:	cont / Eiges 1 A cont		5	Stephen Russell	
Contract Managen Permanent File	icht / Piscai Ageill	Me	edicaid Co	ost Reimbursemen	t Analysis
	nation Only	J-#-		n Ru	mell
No Chang	e in Rate	my	-in		- ·
Home Office:	1 - No Home Office				



ackson Memorial Long	Term Care Center		Provider Number:	0 204161-00
500 NW 22nd Avenue			Date:	12/29/2009
Iiami FL 33142			Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
rovider Type:				
• •		Current	New	Effective
		Rate	Rate	Date
Jursing Home	Single Level	236.65		1/1/2010
I	Level H: AIDS	377.00	379.93	1/1/2010
I	evel U: Fragile Under 21	489.62	493.81	1/1/2010
	Ü			
Rate Type:				
Interim		X Prospective	9	
Tota	al Interim		Total Prospective	
Inte	rim Component	I	Prospective Adjusted	for New Costs
	lement based on costs		-	h Interim Component
	r Provider Prospective data		1	
	Trovider Prospective data			
Basis:		Changes:		
D. L.		Licensure	Rating Change	
Budget X Unaudited cost				
Field audited cost			l Customary Limitation thange	OII
			=	
Field audit - in	_	FRVS Ch	ange	
Desk audited c			Ole and	
Desk audit - In	rospective portion		ester Change [2] as of 10/01/1985	
Distribution:	rospective portion	On Trev		
Contract Manageme	nt / Fiscal Agent		Stephen Russell	
Permanent File		Medicaid	Cost Reimbursement	t Analysis
For informat	ion Only		/ -	
No Change	•	Bryen	in Ru	sacri
	III Tuto			
Home Office:	Public Health Trust of Dade C	ountv		
1101110 011100.	Eric Rodriguez			
	1611 N.W. 12th Avenue			



Regents Park Of Boca R	aton			Provider Number:	0 204170-00
6363 Verde Trail				Date:	12/29/2009
Boca Raton FL 33433				Fiscal Year End:	2/28/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 232.12	New Rate 230.60	Effective Date 1/1/2010
		_			
	Level H: AIDS	_	372.47	372.52	1/1/2010
	Level U: Fragile Under 21	_	485.09	486.40	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	costs nterim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File For informa No Change	ation Only			d Cost Reimbursement	•
Home Office:	1 - No Home Office				



Olds Hall Good Sama	aritan	_		Provider Number:	0 204391-00		
327 Orange Avenue		_		Date:	12/29/2009		
Daytona Beach FL 32	2114	_		Fiscal Year End:	12/31/2008		
				Audit Status:	Unaudited [3]		
Provider Type:	Cingle Level		Current Rate	New Rate	Effective Date		
Nursing Home	Single Level		210.89		1/1/2010		
	Level H: AIDS		351.24	349.88	1/1/2010		
	Level U: Fragile Under 21		463.86	463.76	1/1/2010		
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			
	Prior Provider Prospective data						
	The Trevider Prespective data						
Basis:		Change	es:				
			T	Dating Change			
Budget				e Rating Change			
Unaudited				d Customary Limitation	on		
Field audit			Target Rate limitation change				
Field audit	t - interim portion		FRVS C	hange			
Desk audit							
	- Interim Portion	X		nester Change			
	t - Prospective portion		On FRV	[2] as of 10/01/1985			
Distribution:				Stephen Russell			
•	ement / Fiscal Agent	Medicaid Cost Reimbursement Analysis					
Permanent File					-		
	rmation Only		Step 1	en Ru	sell		
No Chai	nge in Rate			·			
Home Office:	Evangelical Lutheran Goo	l Samaritan					
	Kim Kouri						
	4800 West 57th Street Sioux Falls SD 57117						
	Sloux Falls SD 3/11/						



TAYLOR HOME FOR TH	E AGED, INC.			Provider Number:	0 204536-00
3937 Spring Park Road		· -		Date:	12/29/2009
Jacksonville FL 32207		-		Fiscal Year End:	8/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
		•	Rate	Rate	Date
Nursing Home Sin	ngle Level		206.80	207.68	1/1/2010
Lev	vel H: AIDS		347.15	349.60	1/1/2010
Lev	vel U: Fragile Under 21		459.77	463.48	1/1/2010
20.	or overaging ender 21		137.77		1/1/2010
Rate Type :					
Interim		X	Prospectiv		
	Interim			Total Prospective	C. M. G.
	n Component			Prospective Adjusted	
	nent based on costs			Total Prospective with	h Interim Component
Prior P	Provider Prospective data				
Basis:		Change	es:		
Budget			Licensur	e Rating Change	
X Unaudited costs		-	Usual an	d Customary Limitation	on
Field audited cos	ts			ate limitation change	
Field audit - inter	rim portion	-	FRVS C	hange	
Desk audited cos	•	-		C	
Desk audit - Inter		X	Rate Sen	nester Change	
Desk Audit - Pro				[2] as of 10/01/1985	
Distribution:				Stephen Russell	
Contract Management	/ Fiscal Agent		3.6		
Permanent File				l Cost Reimbursemen	•
For information	n Only		11-01	hus Ru	mell
No Change in	Rate		ngen	m / m	,
Home Office:	Taylor Foundation Services	, Inc.			
	James T. Price	,			
	6601 Chester Avenue				
	Jacksonville FL 32217				



Tri-County Nursing Hor	me		Provider Nun	mber: 0 204625-0	00	
7280 S.W. SR 26			I	Date: 12/29/200)9	
Trenton FL 32693			Fiscal Year I	End: 6/30/2008	8	
			Audit St	tatus: Unaudited [[3]	
Provider Type:		Curre Rate	e Rate	Effective Date		
Nursing Home	Single Level	188.	00 189.75	1/1/2010		
	Level H: AIDS	328.	331.67	1/1/2010		
	Level U: Fragile Under 21	440.	97 445.55	1/1/2010		
Basis: Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	costs interim portion	Changes: Lice Usu Tar FR X Rat		justed for New Costs ve with Interim Compone e imitation hange	ent	
Distribution:	/ T ' 1 A		Stephen Rus	ssell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
For informa	ation Only	14		Russell		
No Change	e in Rate	my	mus /	Land Co		
Home Office:	1 - No Home Office					



Health Central Park				Provider Number:	0 204811-00	
411 North Dillard Street				Date:	12/29/2009	
Winter Garden FL 34787	7			Fiscal Year End:	9/30/2008	
				Audit Status:	Unaudited [3]	
Provider Type:		Curi Ra	te	New Rate	Effective Date	
Nursing Home	Single Level		.98	215.33	1/1/2010	
]	Level H: AIDS	355	.33	357.25	1/1/2010	
]	Level U: Fragile Under 21	467	.95	471.13	1/1/2010	
Basis: Budget X Unaudited cos Field audit - in Desk audited of Desk audit - In	costs nterim portion costs	Changes:	censure dual and rget Ra RVS Ch	Prospective Adjusted Prospective Adjusted Prospective with Rating Change Customary Limitation change	n Interim Component	
Distribution:				Stephen Russell		
Contract Manageme Permanent File	ent / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
For informa	tion Only			, –	.//	
No Change	•	Sty	e ti	us Ru	sacri	
Home Office:	1 - No Home Office					



St. Catherine Laboure Ma	anor		Provider Number:	0 205150-00
1750 Stockton Street			Date:	12/29/2009
Jacksonville FL 32204			Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 211.90	New Rate 213.88	Effective Date 1/1/2010
I	Level H: AIDS	352.25	355.80	1/1/2010
I	Level U: Fragile Under 21	464.87	469.68	1/1/2010
Basis: Budget X Unaudited cos Field audit - ir Desk audited co Desk audit - Ir	nterim portion costs	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with are Rating Change and Customary Limitation Rate limitation change Change Emester Change V [2] as of 07/01/1993	n Interim Component
Distribution: Contract Manageme Permanent File For information No Change	tion Only		Stephen Russell aid Cost Reimbursement Ann, Russell	•
Home Office:	St. Vincent Health System Mike Duclos 1 Shircliff Way Jacksonville FL 32204			



KISSIMMEE GOOD S	AMARITAN		Provider Number:	0 205303-00
550 Aldersgate Drive			Date:	
Kissimmee FL 34746			Fiscal Year End:	7/31/2009
			Audit Status:	Unaudited [3]
Provider Type:			Tadat Status	
JP		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	195.14	<u>197.48</u>	1/1/2010
	Level H: AIDS	335.49	339.40	1/1/2010
	L. A.H. Ford L. H. A. 21			
	Level U: Fragile Under 21	448.11	453.28	1/1/2010
Rate Type :				
Interim		X Prospective		
	otal Interim		otal Prospective	
	terim Component		ospective Adjusted	for New Costs
	ttlement based on costs	T	otal Prospective with	h Interim Component
	ior Provider Prospective data		I	· · · · · ·
	T	CI.		
Basis:		Changes:		
D. 1.		Liconsura	Rating Change	
Budget				
Y Unaudited co			Customary Limitation change	on
			=	
	interim portion	FRVS Cha	inge	
Desk audited		V D4- C	atan Change	
	Interim Portion Prospective portion		ster Change 2] as of 10/01/1985	
Distribution:	······································		Stephen Russell	
Contract Managem	nent / Fiscal Agent			
Permanent File	·		Cost Reimbursement	•
For inform	ation Only	14.1	us Ru	adl
No Change	•	ngu	y tu	
		•		
Home Office:	Evangelical Lutheran Good Sa	maritan		
110 011100.	Kim Kouri			
	4800 West 57th Street			
	Sioux Falls SD 57117			



American Finnish Nu	ursing Home			Provider Number:	0 205460-00	
1800 South Drive				Date:	12/29/2009	
Lake Worth FL 3346	1			Fiscal Year End:	6/30/2009	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		225.81	225.14	1/1/2010	
	Level H: AIDS	_	366.16	367.06	1/1/2010	
	Level U: Fragile Under 21	_	478.78	480.94	1/1/2010	
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component	
Distribution:				Stephen Russell		
•	ement / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
Permanent File	rmation Only				-	
	nge in Rate	_3	ty i	hus Ru	sell.	
Home Office:	1 - No Home Office					



Health Center at Abbey D	elray		Provider Number:	0 205745-00
2000 Lawson Blvd.			Date:	12/29/2009
Delray Beach FL 33445			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	216.96		1/1/2010
L	evel H: AIDS	357.31	365.84	1/1/2010
L	evel U: Fragile Under 21	469.93	479.72	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk Audit - Property and the property and the property are a possible and the property and the property are a possible and t	s osts terim portion osts	Changes: Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:	of / T' 1 A		Stephen Russell	
Contract Managemer Permanent File For informati No Change i	ion Only		d Cost Reimbursement	•
Home Office:	Life Care Retirement Comm.,Inc. John Kaduce 200 East Grand Avenue Des Moines IA 50309-1800			



Orlando Lutheran Tov	vers		Provider Number:	0 205796-00
300 East Church Stree	et		Date:	12/29/2009
Orlando FL 32801			Fiscal Year End:	8/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	196.14		1/1/2010
	Level H: AIDS	336.49	340.07	1/1/2010
	Level U: Fragile Under 21	449.11	453.95	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change The Ration Change Change The Ration Change The Rati	n Interim Component
	ment / Fiscal Agent		Stephen Russell	
Permanent File For information	mation Only ge in Rate		id Cost Reimbursement	-
Home Office:	1 - No Home Office			



t. John's Nursing Home				Provider Number:	0 205800-00
075 NW 35th Avenue				Date:	12/29/2009
Lauderdale Lakes FL 333	111			Fiscal Year End:	9/30/2008
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	-	231.24		1/1/2010
L	evel H: AIDS		371.59	375.59	1/1/2010
L	evel U: Fragile Under 21		484.21	489.47	1/1/2010
Rate Type :					
Inter Settl Prior	al Interim rim Component ement based on costs r Provider Prospective data	X		Total Prospective Prospective Adjusted	for New Costs h Interim Component
Basis: Budget X Unaudited cost Field audited c Field audit - in Desk audited c Desk audit - In Desk Audit - P	osts terim portion osts	Change	Licensure Usual and Target Ra FRVS Ch	ester Change	on
Distribution:				Stephen Russell	
Contract Managemen	nt / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis
Permanent File For informat	ion Only				•
No Change i	•	ليب	rtyeli	in Ru	soll
			•		
Home Office:	Catholic Health Services Mary Jo Frick 4790 N. State Road 7 Lauderdale Lakes FL 33319				



Lourdes-Noreen McKee	en Residence			Provider Number:	0 205923-00	
315 South Flagler Drive				Date:	12/29/2009	
West Palm Beach FL 33	3401			Fiscal Year End:	12/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	235.62		1/1/2010	
	Level H: AIDS	_	375.97	379.12	1/1/2010	
	Level U: Fragile Under 21		488.59	493.00	1/1/2010	
		_				
Basis: Budget X Unaudited co Field audited Field audit - i Desk audited Desk audit - I	costs interim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change	n Interim Component	
Distribution:				Stephen Russell		
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis				
Permanent File For informa	ation Only				-	
No Change	•	13	type	hus Ru	soll	
Home Office:	1 - No Home Office					



Suwannee Valley Nursing Co	enter			Provider Number:	0 206300-00	
427 N. W. 15th Ave.				Date:	12/29/2009	
Jasper FL 32052				Fiscal Year End:	8/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Sin	gle Level	-	Current Rate 207.70	New Rate 209.36	Effective Date 1/1/2010	
		-	_			
Leve	el H: AIDS		348.05	351.28	1/1/2010	
Leve	el U: Fragile Under 21		460.67	465.16	1/1/2010	
Settleme	Component ent based on costs ovider Prospective data s m portion m Portion	Change	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	
Contract Management /	Fiscal Agent			Stephen Russell		
Permanent File		Medicaid Cost Reimbursement Analysis				
For information No Change in R	•	لمير	rtyri	un Ru	soll	
Home Office:	1 - No Home Office					



Morton Plant Rehabilit	ation Center			Provider Number:	0 206431-00	
400 Corbett Street				Date:	12/29/2009	
Clearwater FL 33756				Fiscal Year End:	12/31/2005	
				Audit Status:	Unaudited [3]	
Provider Type:		I	ırrent Rate	New Rate	Effective Date	
Nursing Home	Single Level		16.84	217.58	1/1/2010	
	Level H: AIDS	33	57.19	359.50	1/1/2010	
	Level U: Fragile Under 21	4	69.81	473.38	1/1/2010	
Basis: Budget X Unaudited conception Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Changes:	Usual an Farget R FRVS C Rate Sen	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Distribution:	eant / Fiscal Agant			Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
	nation Only se in Rate	M	je ti	mes Rue	mell	
Home Office:	Baycare Health System 16331 Bay Vista Drive Clearwater Fl 33760					



Boca Raton FL 33433 Fiscal Year End: 12/31/2008 Audit Status: Unaudited [3]	Saint Andrews Estate	s North	_		Provider Number:	0 206521-00		
Provider Type: Current Rate Rate Rate Date	6152 North Verde Trail		- -		Date:	12/29/2009		
Current Rate Rate Date	Boca Raton FL 33433	3	-		Fiscal Year End:	12/31/2008		
Nursing Home Single Level 236.99 228.23 1/1/2010 Level H: AIDS 377.34 370.15 1/1/2010 Level U: Fragile Under 21 489.96 484.03 1/1/2010 Rate Type: Interim X Prospective Interim Settlement based on costs Prior Provider Prospective data Basis: Changes:					Audit Status:	Unaudited [3]		
Level H: AIDS Level U: Fragile Under 21 Asymptote	Provider Type:	Cin ala Lanal		Rate	Rate	Date		
Level U: Fragile Under 21	Nursing Home	Single Level		230.99		1/1/2010		
Interim		Level H: AIDS		377.34	370.15	1/1/2010		
Interim		Level U: Fragile Under 21		489.96	484.03	1/1/2010		
Interim								
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Budget	Rate Type:							
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Budget	Interim		X	Prospectiv	ve			
Interim Component Settlement based on costs Prior Provider Prospective data Basis:		Total Interim	· <u> </u>					
Budget X Unaudited 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 Settlement based on costs Total Prospective with Interim Component Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Total Prospective with Interim Component Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Total Prospective with Interim Component Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Total Prospective with Interim Component					•	for New Costs		
Budget X Unaudited costs Field audited costs Desk audited - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Acts, Inc Karen Beasley 375 Morris Road Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [2] as of 10/01/1985 Stephen Russell Medicaid Cost Reimbursement Analysis The Medicaid Cost Reimbursement Analysis		•			= -			
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 Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 10/01/1985 Stephen Russell Medicaid Cost Reimbursement Analysis Acts, Inc Karen Beasley 375 Morris Road					Total Prospective with	i 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 Rate Semester Change On FRV [2] as of 10/01/1985 Stephen Russell Medicaid Cost Reimbursement Analysis The Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis Home Office: Acts, Inc Karen Beasley 375 Morris Road		Filor Frovider Frospective data						
We will be a cost of the cos	Basis:		Change	es:				
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Field audited costs 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 Acts, Inc Karen Beasley 375 Morris Road Target Rate limitation change FRVS Change ST Rate Semester Change On FRV [2] as of 10/01/1985 Medicaid Cost Reimbursement Analysis Target Rate limitation change FRVS Change Water Change Stephen Russell Medicaid Cost Reimbursement Analysis Target Rate limitation change FRVS Change Water Change Stephen Russell Medicaid Cost Reimbursement Analysis								
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 Field audit - interim portion The Rate Semester Change On FRV [2] as of 10/01/1985 Stephen Russell Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis The Rate Semester Change On FRV [2] as of 10/01/1985 Stephen Russell Medicaid Cost Reimbursement Analysis The Rate Semester Change On FRV [2] as of 10/01/1985								
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: Acts, Inc Karen Beasley 375 Morris Road Rate Semester Change On FRV [2] as of 10/01/1985 Stephen Russell Medicaid Cost Reimbursement Analysis Rate Semester Change On FRV [2] as of 10/01/1985	Field audit	ed costs						
Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prosp	Field audit	: - interim portion	<u> </u>	FRVS C	Change			
Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Medicaid Cost Reimbursement Analysis Stephen Russell Medicaid Cost Reimbursement Analysis	Desk audit	ed costs						
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Acts, Inc Karen Beasley 375 Morris Road			X					
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Medicaid Cost Reimbursement Analysis Stephen Russell Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis Stephen Russell Medicaid Cost Reimbursement Analysis Stephen Russell		t - Prospective portion		On FRV	[2] as of 10/01/1985			
Permanent File For information Only No Change in Rate Acts, Inc Karen Beasley 375 Morris Road		omant / Figaal Agant			Stephen Russell			
For information Only No Change in Rate Home Office: Acts, Inc Karen Beasley 375 Morris Road				Medicaid Cost Reimbursement Analysis				
Home Office: Acts, Inc Karen Beasley 375 Morris Road					,			
Home Office: Acts, Inc Karen Beasley 375 Morris Road		•		Step 1.	mes Ru	sell		
Karen Beasley 375 Morris Road	No Char	ige in Kate			•			
Karen Beasley 375 Morris Road	Home Office	Acts Inc						
375 Morris Road	Tiome Office.							
West Point PA 19486								
		West Point PA 19486						



The Waterford			Provider Number:	0 206610-00
601 Universal Blvd.			Date:	12/29/2009
Juno Beach FL 33408			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	240.70		1/1/2010
I	Level H: AIDS	381.05	385.47	1/1/2010
I	Level U: Fragile Under 21	493.67	499.35	1/1/2010
Basis: Budget X Unaudited cost Field audit - ir Desk audited c Desk Audit - P	ts costs nterim portion costs	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Management	nt / Fiscal Agent		Stephen Russell	
Permanent File For informat No Change	tion Only		d Cost Reimbursement	•
Home Office:	Life Care Retirement Comm.,Inc. John Kaduce 200 East Grand Avenue Des Moines IA 50309-1800			



Abbey Delray South			Provider Number:	0 206865-00
1717 Homewood Blvd.			Date:	12/29/2009
Delray Beach FL 33445	<u> </u>		Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	242.30		1/1/2010
	Level H: AIDS	382.65	380.88	1/1/2010
	Level U: Fragile Under 21	495.27	494.76	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - I	ests costs interim portion	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:			Stephen Russell	
Contract Managem Permanent File	ent / Fiscal Agent	Medicaio	d Cost Reimbursement	Analysis
For inform	ation Only	e	1 -	.//
No Change	•	styl	hus Ru	sall!
Home Office:	Life Care Retirement Comm.,Inc. John Kaduce 200 East Grand Avenue Des Moines IA 50309-1800			



Riverside Care Center			Provider Number:	0 207276-00
899 N. W. 4th Street			Date:	12/29/2009
Miami FL 33128			Fiscal Year End:	2/28/2009
			Audit Status:	Unaudited [3]
Provider Type:	Simala Laval	Current Rate	Rate	Effective Date
Nursing Home	Single Level	222.60	212.98	1/1/2010
	Level H: AIDS	362.95	354.90	1/1/2010
	Level U: Fragile Under 21	475.57	468.78	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with sure Rating Change and Customary Limitation Rate limitation change Change Gemester Change n FRV [1]	h Interim Component
Distribution: Contract Managem	ent / Fiscal Agent		Stephen Russell	
Permanent File For information No Change	ation Only		eaid Cost Reimbursement	•
Home Office:	Stacey Enterprises, Inc Richard E. Stacey 421 Garrard Street Covington KY 41011			



Joseph L. Morse Geria	atric Center, Inc.		Provider Number	: 0 207381-00
4847 FRED GLADST	ONE DRIVE		Date	12/29/2009
West Palm Beach FL	33417		Fiscal Year End:	5/31/2009
			Audit Status	: Unaudited [3]
Provider Type:		Currer Rate	Rate	Effective Date
Nursing Home	Single Level	225.3	225.85	1/1/2010
	Level H: AIDS	365.6	<u>367.77</u>	1/1/2010
	Level U: Fragile Under 21	478.3	481.65	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes: Lice Usu Targ FRV	Prospective Adjuste	ith Interim Component
	ment / Fiscal Agent		Stephen Russell	
Permanent File	· · · · • • • • • • • • • • • • •		licaid Cost Reimburseme	•
	mation Only ge in Rate	Sty	Mus Re	wall
Home Office:	1 - No Home Office			



ΓAYLOR CARE CENTER, INC.			Provider Number:	0 207446-00
6635 CHESTER AVE.		Date: 12		12/29/2009
facksonville FL 32217			Fiscal Year End:	8/31/2009
			Audit Status:	Unaudited [3]
Provider Type:			rudit Status.	Onadated [5]
Tovider Type.		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level	Į	210.34	209.72	1/1/2010
I1 II. AIDC		250.60	251.61	1/1/2010
Level H: AIDS		350.69	351.64	1/1/2010
Level U: Fragil	e Under 21	463.31	465.52	1/1/2010
Rate Type :				
Interim	_	X Prospective		
Total Interim			Total Prospective	
Interim Componen			Prospective Adjusted	
Settlement based o		T	Cotal Prospective wit	h Interim Component
Prior Provider Pros	pective data			
Basis:		Changes:		
<u> </u>				
Budget	-		Rating Change	
XUnaudited costs	-		Customary Limitati	on
Field audited costs	-		te limitation change	
Field audit - interim portion	-	FRVS Ch	ange	
Desk audited costs				
Desk audit - Interim Portion	_		ester Change	
Desk Audit - Prospective por	ion	On FRV [2] as of 01/01/2004	
<u>Distribution:</u>			Stephen Russell	
Contract Management / Fiscal Age	ıı	Medicaid	Cost Reimbursemen	t Analysis
Permanent File				•
For information Only		Steph	us Ru	sell
No Change in Rate			-	
H OSS	andation Services, Inc.			
	nuation Services, Inc.			
Home Office: Taylor Fou James T. P 6601 Ches	rice			



Sunrise Health & Rehabilitat	ion Center			Provider Number:	0 207497-00
800 Nob Hill Road				Date:	12/29/2009
Junrise FL 33321				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
••			Current	New	Effective
		-	Rate	Rate	Date
Nursing Home Sin	gle Level	-	206.32	<u> 194.24</u> _	1/1/2010
Leve	el H: AIDS		346.67	336.16	1/1/2010
Leve	el U: Fragile Under 21		459.29	450.04	1/1/2010
			159.29		1,1,2010
Rate Type :					
		v	D		
Interim	A continu	X	Prospective		
Total In				Total Prospective	for Non-Costs
	Component			Prospective Adjusted	
	ent based on costs			Total Prospective with	n Interim Component
Prior Pr	ovider Prospective data				
Basis:		Change	s:		
Budget			Licensure	Rating Change	
X Unaudited costs			Usual and	l Customary Limitation	on
Field audited costs	3		Target Ra	ate limitation change	
Field audit - interi	m portion		FRVS Ch	nange	
Desk audited costs	=	-	_	C	
Desk audit - Interi		X	Rate Sem	ester Change	
Desk Audit - Prosp	pective portion	-		[2] as of 10/01/1985	
Distribution:				Stephen Russell	
Contract Management /	Fiscal Agent		Mediasid	Cost Reimbursement	Analysis
Permanent File					•
For information	Only	ء	atim 1.	in Ru	sell
No Change in R	ate		vyen		•
Home Office:	Subacute Services, Inc.				
	David Lemcke				
	3100 Five Forks Trickum Ro	ad, S.W.			
	Lilburn GA 30047				



AUBURNDALE OA	AKS HEALTHCARE CENTER		Provider Number:	0 207527-00
919 Old Winter Haven Road			Date:	12/29/2009
Auburndale FL 3382	3		Fiscal Year End:	8/31/2008
			Audit Status:	Unaudited [3]
Provider Type:				
		Curren		Effective
NI • II	C' 1 T 1	Rate	Rate	Date
Nursing Home	Single Level	193.0	<u> 194.63</u>	1/1/2010
	Level H: AIDS	333.4	0 336.55	1/1/2010
	Level U: Fragile Under 21	446.0	2 450.43	1/1/2010
			<u> </u>	
Rate Type :				
Interim		X Prospe	ective	
	Total Interim	X	Total Prospective	
	Interim Component		Prospective Adjusted	l for New Costs
	Settlement based on costs		Total Prospective wit	th Interim Component
	Prior Provider Prospective data			_
Basis:		Changes:		
Dusis.		Changes.		
Budget		Lice	nsure Rating Change	
X Unaudited	costs	Usua	al and Customary Limitati	ion
Field audi	ted costs		et Rate limitation change	
Field audi	t - interim portion		S Change	
Desk audit	-		C	
	t - Interim Portion	X Rate	Semester Change	
	it - Prospective portion		FRV [2] as of 10/01/1985	
Distribution:			Stephen Russell	
Contract Manag	ement / Fiscal Agent	Mad	icaid Cost Reimbursemen	at Analysis
Permanent File				•
	rmation Only	Eter	In Ru	sell
No Cha	nge in Rate		. , , , ,	
Home Office:	Lyric Health Care			
	Timothy J Trybus 7150 Columbia Gateway Dr	vo Suito I		
	Columbia MD 21046	ve suite i		
	Columbia MD 21040			



Lakeside Health Center			Provider Number:	0 207683-00
2501 Australian Avenue		Date:		12/29/2009
West Palm Beach FL 334	07		Fiscal Year End:	7/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 193.50	New Rate 209.28	Effective Date 1/1/2010
-				
L	evel H: AIDS	333.85	351.20	1/1/2010
L	evel U: Fragile Under 21	446.47	465.08	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audit - In Desk Audit - Property of the second content o	s osts terim portion osts	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Management	nt / Fiscal Agent		Stephen Russell	
Permanent File For informati No Change i	ion Only		l Cost Reimbursement	· ·
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Ponce de Leon Care Ce	enter			Provider Number:	0 207799-00	
1999 Old Moultrie Roa	d			Date:	12/29/2009	
St. Augustine FL 32806	5			Fiscal Year End:	7/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:	Charle Land	R	rrent ate	New Rate	Effective Date	
Nursing Home	Single Level		9.28		1/1/2010	
	Level H: AIDS	35	9.63	363.34	1/1/2010	
	Level U: Fragile Under 21	47	2.25	477.22	1/1/2010	
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	d costs interim portion	Changes:	Jsual an Target R TRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component	
Distribution:	(T)			Stephen Russell		
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis				
Permanent File For inform	nation Only	-m- 2		/ -		
No Chang	•	250	pe r	hus Ru	sacri	
Home Office:	HPSA, Inc. Eric Thomas 210 25th Ave North Nashville TN 37203					



Florida Club Care Center				Provider Number:	0 207993-00
220 Sierra Drive				Date:	12/29/2009
Miami FL 33179				Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	_	234.18	236.62	1/1/2010
I	Level H: AIDS	_	374.53	378.54	1/1/2010
I	evel U: Fragile Under 21	<u>-</u>	487.15	492.42	1/1/2010
Inter Settl	costs aterim portion osts	Changes	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
Desk Audit - P	rospective portion			[2] as of 10/01/1998	
Distribution:	ut / Eissal A saut			Stephen Russell	
Contract Management Permanent File For informate No Change in	ion Only			l Cost Reimbursement	
Home Office:	Seniors Management, Inc Lenard Brown 1114 Wynwood Avenue Cherry Hill NJ 08002				



BERNARD L. SAMSO	ON NURSING CENTER		Provider Number:	0 208442-00
255 - 59 STREET NOF			Date:	12/29/2009
St. Petersburg FL 3371	0		Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 231.40	New Rate 232.14	Effective Date 1/1/2010
runsing Home	Single Level	231.40		1/1/2010
	Level H: AIDS	371.75	374.06	1/1/2010
	Level U: Fragile Under 21	484.37	487.94	1/1/2010
Rate Type :				
In Se	otal Interim terim Component ettlement based on costs ior Provider Prospective data	X Prospec X	tive Total Prospective Prospective Adjusted Total Prospective with	
Desk audited Desk audit - Desk Audit -	d costs interim portion	Usual a Target FRVS	ure Rating Change and Customary Limitatio Rate limitation change Change emester Change	on
Distribution: Contract Managem	nent / Fiscal Agent		Stephen Russell	
Permanent File	ient / 1 iseai Agent	Medica	aid Cost Reimbursement	t Analysis
	nation Only e in Rate	Sty.	In Ru	mell
Home Office:	1 - No Home Office			



Jupiter Medical Center P				Provider Number:	0 208485-00
1230 South Old Dixie H	ighway			Date:	12/29/2009
Jupiter FL 33458				Fiscal Year End:	9/30/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 223.67	New Rate 224.41	Effective Date 1/1/2010
ruising Home	Single Level	-	223.07		1/1/2010
	Level H: AIDS		364.02	366.33	1/1/2010
	Level U: Fragile Under 21		476.64	480.21	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs nterim portion costs	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component
Distribution:	out /E' and A and			Stephen Russell	
Contract Manageme Permanent File	ent / riscai Agent		Medicai	d Cost Reimbursement	Analysis
For informa	tion Only		11-1	hus Ru	2
No Change	in Rate		uzeri	ms / m	
Home Office:	1 - No Home Office				



Claridge House			Provider Number:	0 208507-00		
13900 NE 3rd Court			Date:	12/29/2009		
North Miami FL 33161			Fiscal Year End:	8/31/2008		
			Audit Status:	Unaudited [3]		
Provider Type:		Current Rate	New Rate	Effective Date		
Nursing Home	Single Level	196.72		1/1/2010		
	Level H: AIDS	337.07	340.35	1/1/2010		
	Level U: Fragile Under 21	449.69	454.23	1/1/2010		
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target FRVS X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 08/01/2002	n Interim Component		
Distribution:			Stephen Russell			
Contract Manager Permanent File	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
	nation Only					
	ge in Rate	My	hus Ru	sacri		
Home Office:	1 - No Home Office					



Westminster Towers			Provider Number:	0 208540-00
70 West Lucerne Circle			Date:	12/29/2009
Orlando FL 32801			Fiscal Year End:	3/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 193.01	New Rate 189.04	Effective Date 1/1/2010
	Level H: AIDS	333.36	330.96	1/1/2010
	Level U: Fragile Under 21	445.98	444.84	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - I	costs nterim portion	Usual ar Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Cate limitation change	n Interim Component
Distribution: Contract Manageme Permanent File For informa No Change	ation Only		Stephen Russell d Cost Reimbursement	•
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801			



Baptist Manor			P	Provider Number:	0 208809-00
0095 Hillview Road		Date:		12/29/2009	
Pensacola FL 32514			I	Fiscal Year End:	9/30/2008
				Audit Status:	Unaudited [3]
Provider Type:				110010 20000	
• •		Curre		New	Effective
		Rate	!	Rate	Date
Nursing Home	Single Level	192.1	14	193.68	1/1/2010
	Level H: AIDS	332.4	19	335.60	1/1/2010
	Level U: Fragile Under 21	445.	<u> </u>	449.48	1/1/2010
	-				
Rate Type :					
Interim		X Prost	ective		
	al Interim			al Prospective	
	erim Component			spective Adjusted	for New Costs
	lement based on costs			=	h Interim Component
				ai i iospective wit	ii iiiciiii Component
PTIC	or Provider Prospective data				
Basis:		Changes:			
Budget		Lice	ensure R	ating Change	
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Field audited	costs	Targ	get Rate	limitation change	
Field audit - i	nterim portion	FRY	/S Chan	ge	
Desk audited	costs				
Desk audit - In	nterim Portion	X Rate	e Semest	er Change	
Desk Audit - I	Prospective portion				
Distribution:			9	Stephen Russell	
Contract Manageme	ent / Fiscal Agent	Mac		ost Reimbursemen	t Analysis
Permanent File					•
For informa	tion Only	I.t.	An.	es Ru	sell
No Change	in Rate	my	- in		
Home Office:	Baptist Health Care Corporation	n			
	Timothy M. Owens				
	1717 North E Street				
	Pensacola FL 32501				



Plantation Key Conva	lescent Center			Provider Number:	0 208906-00	
48 High Point Road				Date:	12/29/2009	
Tavernier FL 33070				Fiscal Year End:	12/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	185.72	186.52	1/1/2010	
	Level H: AIDS	_	326.07	328.44	1/1/2010	
	Level U: Fragile Under 21	_	438.69	442.32	1/1/2010	
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component	
<u>Distribution:</u>	ment / Fiscal Agent			Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
	mation Only	<i></i>	t.ws	hus Ru	sall	
No Chan	ge in Rate		y i	ing the		
Home Office:	Midcare Barbara Mecher 9430 Hwy 141 South Hartsville TN 37074					



Courtenay Springs Village			Provider Number:	0 209325-00
100 S. Courtenay Parkway			Date:	12/29/2009
Merritt Island FL 32952			Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Sin	ngle Level	206.67	208.07	1/1/2010
Lev	vel H: AIDS	347.02	349.99	1/1/2010
Lev	vel U: Fragile Under 21	459.64	463.87	1/1/2010
Rate Type :				
Interim		X Prospective		
Total l	Interim	X To	tal Prospective	
Interin	n Component	Pr	ospective Adjusted	for New Costs
Settler	nent based on costs	To	tal Prospective with	h Interim Component
Prior F	Provider Prospective data			
Basis:		anges:		
Budget			Rating Change	
Unaudited costs	<u> </u>		Customary Limitation	on
Field audited cos	ets		limitation change	
Field audit - inte		FRVS Char	nge	
Desk audited cos				
Desk audit - Inter		X Rate Semes		
Desk Audit - Pro Distribution:	spective portion		as of 12/01/1994	
Contract Management	/ Fiscal Agant		Stephen Russell	
Permanent File	1 Iocal Agent	Medicaid C	ost Reimbursement	Analysis
For information	n Only	,		//
No Change in	•	Steph	u Ru	sell
	Nau			
Home Office:	Retirement Housing Foundation Robin Padilla			
	911 N. Studebaker Rd			
	Long Beach CA 90815-4900			



Westminster Asbury Ma	nor			Provider Number:	0 209422-00
1700 21st Avenue West				Date:	12/29/2009
Bradenton FL 34205				Fiscal Year End:	3/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 208.19	New Rate 198.80	Effective Date 1/1/2010
Trum Sang Laurie	Single Bever	_	200.17		1/1/2010
1	Level H: AIDS	_	348.54	340.72	1/1/2010
]	Level U: Fragile Under 21	_	461.16	454.60	1/1/2010
Basis: Budget X Unaudited cos Field audited	costs nterim portion	Changes:	Licensur Usual an	Total Prospective Prospective Adjusted Total Prospective with re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Desk audit - In Desk Audit - In	nterim Portion Prospective portion	X	_	nester Change [2] as of 03/11/1987	
<u>Distribution:</u>	-			Stephen Russell	
Contract Manageme Permanent File For informa No Change	tion Only			d Cost Reimbursement	•
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801				



t. Anne's Nursing Cente	r			Provider Number:	0 209473-00
1855 Quail Roost Drive				Date:	12/29/2009
Ліаті FL 33177				Fiscal Year End:	9/30/2008
				Audit Status:	Unaudited [3]
Provider Type:			rrent Rate	New Rate	Effective Date
Nursing Home	Single Level	21	15.47	217.55	1/1/2010
I	Level H: AIDS	35	55.82	359.47	1/1/2010
I	evel U: Fragile Under 21	46	58.44	473.35	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited c Desk Audit - P	costs aterim portion osts	Changes:	Licensure Usual and Γarget Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution: Contract Management	nt / Fiscal Agent			Stephen Russell	
Permanent File				Cost Reimbursement	•
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No Change i	in Kate		-	•	
Home Office:	Catholic Health Services Mary Jo Frick 4790 N. State Road 7 Lauderdale Lakes FL 33319				



Bishop's Glen Health C	are Center		Provider Number:	0 209511-00		
900 LPGA Blvd			Date:	12/29/2009		
Holly Hill FL 32117			Fiscal Year End:	9/30/2008		
			Audit Status:	Unaudited [3]		
Provider Type:	Single Level	Current Rate	New Rate	Effective Date		
Nursing Home	Single Level	227.38	229.60	1/1/2010		
	Level H: AIDS	367.73	371.52	1/1/2010		
	Level U: Fragile Under 21	480.35	485.40	1/1/2010		
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	osts I costs interim portion	Licensure Usual and Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 12/01/1987	n Interim Component		
Contract Managem	nent / Fiscal Agent		Stephen Russell			
Permanent File		Medicaid Cost Reimbursement Analysis				
For inform	•	Stend	un Ru	sell		
No Change	e in Rate	my in				
Home Office:	Retirement Housing Foundation Robin Padilla 911 N. Studebaker Rd Long Beach CA 90815-4900					



Winter Park Towers				Provider Number:	0 209848-00	
1111 South Lakemount	Avenue ,M.S. #101			Date:	12/29/2009	
Winter Park FL 32792				Fiscal Year End:	3/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:		Curr Ra	te	New Rate	Effective Date	
Nursing Home	Single Level	191	.77	182.46	1/1/2010	
	Level H: AIDS	332	.12	324.38	1/1/2010	
	Level U: Fragile Under 21	444	.74	438.26	1/1/2010	
Basis: Budget X Unaudited co Field audited Field audit - Desk audit - Desk Audit - Desk Audit -	interim portion	Changes:	censure ual and rget Ra VS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation I Change	n Interim Component	
<u>Distribution:</u>	cont / Eigeal A cont			Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
For inform No Change	•	Sty	r li	in Ru	sell	
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801					



Sun Terrace Health C	'enter	_		Provider Number:	0 209856-00
105 Trinity Lakes Dri				Date:	12/29/2009
Sun City Center FL 3	3570			Fiscal Year End:	8/31/2008
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		210.64	211.01	1/1/2010
	Level H: AIDS		350.99	352.93	1/1/2010
	Level U: Fragile Under 21		463.61	466.81	1/1/2010
Rate Type :					
Interim		X	Prospectiv	re	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Trospective with	i interim Component
	Thoi Provider Prospective data				
Basis:		Chang	ges:		
			Liconoum	a Datina Changa	
Budget				e Rating Change	
X Unaudited				d Customary Limitatio	on
Field audit		-		ate limitation change	
	: - interim portion	-	FRVS C	hange	
Desk audite				~	
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 09/01/1987	
Distribution:	t - Trospective portion		On i k v		
	ement / Fiscal Agent			Stephen Russell	
Permanent File			Medicaio	l Cost Reimbursement	Analysis
	mation Only		e	/ -	.//
	nge in Rate		5tye ti	un Ru	sour
	6		,		
Home Office:	CDV Conital LLC				
Home Office:	SBK Capital, LLC Larry Shrewsbury				
	1935 Garraux Road, Northy	vest			
	Atlanta GA 30327				



Life Care Center of A	Altamonte Springs			Provider Number:	0 210137-00
989 Orienta Avenue		= =		Date:	12/29/2009
Altamonte Springs Fl	L 32701	_		Fiscal Year End:	7/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N . II	C' I T I		Rate	Rate	Date
Nursing Home	Single Level		186.83	<u> 195.37</u> _	1/1/2010
	Level H: AIDS		327.18	337.29	1/1/2010
	Level U: Fragile Under 21		439.80	451.17	1/1/2010
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		<u>X</u>	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Chan	ges:		
Budget			Licensur	e Rating Change	
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Field audit				ate limitation change	
Field audit	t - interim portion		FRVS C	_	
Desk audit	-				
	- Interim Portion	X	Rate Sen	nester Change	
Desk Audi	t - Prospective portion		On FRV	[2] as of 10/01/1985	
Distribution:				Stephen Russell	
•	ement / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File					•
	rmation Only nge in Rate		Steph	hus Ru	soll
No Chai	nge in Kate				
Home Office:	Life Care Centers Of Amer	ion			
поше Опісе:	Doug Ruth	ica			
	3570 NW Keith Street				
	Cleveland TN 37320				



Covenant Village Care Center		Provider Number:	0 210188-00
2201 West Broward Blvd.		Date:	12/29/2009
Plantation FL 33324		Fiscal Year End:	1/31/2004
		Audit Status:	Unaudited [3]
Provider Type:			
V 1	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	232.42	231.21	1/1/2010
Level H: AIDS	372.77	373.13	1/1/2010
Loyal II. Fronila Under 21	495.20	497.01	1/1/2010
Level U: Fragile Under 21	485.39	487.01	1/1/2010
Rate Type :			
Interim	X Prospective		
Total Interim		otal Prospective	
Interim Component		ospective Adjusted	for New Costs
Settlement based on costs	To	otal Prospective with	h Interim Component
Prior Provider Prospective data		1	1
<u> </u>	•		
Basis:	hanges:		
	I i a a m a suma I	Octing Change	
Budget		Rating Change	
Vinaudited costs		Customary Limitation	on
Field audited costs		e limitation change	
Field audit - interim portion	FRVS Cha	nge	
Desk audited costs	<u> </u>	·	
Desk audit - Interim Portion		ster Change] as of 03/15/1988	
Desk Audit - Prospective portion Distribution:	Off TRV [2		
Contract Management / Fiscal Agent		Stephen Russell	
Permanent File	Medicaid C	Cost Reimbursemen	t Analysis
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No Change in Rate	Steph	u Ku	sour
110 Change in Page			
Home Office: Covenant Retirement Communities			
Richard Olson			
5115 North Francisco Avenue			
Chicago IL 60625			



John Knox Village Med				Provider Number:	0 210285-00
4100 E. FLETCHER A	VENUE			Date:	12/29/2009
Tampa FL 33613				Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 208.49	New Rate 210.76	Effective Date 1/1/2010
Truibing Home	Single Level	_	200.47		1/1/2010
	Level H: AIDS	_	348.84	352.68	1/1/2010
	Level U: Fragile Under 21	-	461.46	466.56	1/1/2010
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Managem	nent / Fiscal Agent			Stephen Russell	
Permanent File	nation Only	_		d Cost Reimbursement	
Home Office:	Baycare Health System 16331 Bay Vista Drive Clearwater Fl 33760				



Azalea Trace				Provider Number:	0 210374-00
10100 Hillview Road	I			Date:	12/29/2009
Pensacola FL 32504				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		218.20	212.91	1/1/2010
	Level H: AIDS		358.55	354.83	1/1/2010
	Level U: Fragile Under 21		471.17	468.71	1/1/2010
Rate Type:					
Interim		X	Prospecti	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data			_	_
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Field audit					
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Desk audit			D . C		
	t - Interim Portion t - Prospective portion	X		mester Change [2] as of 09/01/1988	
<u>Distribution:</u>				Stephen Russell	
Contract Manage	ement / Fiscal Agent		3.6.11. 1		A 1 .
Permanent File				d Cost Reimbursement	•
For info	rmation Only		t.ns	hus Ru	sell
No Chai	nge in Rate		e je ri		
Home Office:	Acts, Inc				
	Karen Beasley 375 Morris Road				
	West Point PA 19486				
	West Fullt PA 19480				



Village on the Isle			Provider Number:	0 210463-00
950 SOUTH TAMIA	MI TRAIL		Date:	12/29/2009
Venice FL 34285			Fiscal Year End:	12/31/2004
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	228.18		1/1/2010
	Level H: AIDS	368.53	373.73	1/1/2010
	Level U: Fragile Under 21	481.15	487.61	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk Audite	ed costs - interim portion	Usual a Target l FRVS	Total Prospective Prospective Adjusted Total Prospective with Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:	ment / Fiscal Agent		Stephen Russell	
Permanent File	ment / 1 iscai Ageilt	Medica	id Cost Reimbursement	Analysis
	mation Only	at	hus Ru	sell
No Chan	ge in Rate	ngr	my / m	
Home Office:	1 - No Home Office			



Health Park Care Center				Provider Number:	0 210587-00
16131 Rose Rush Court				Date:	12/29/2009
Ft. Myers FL 33908				Fiscal Year End:	9/30/2002
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 223.20	New Rate 225.75	Effective Date 1/1/2010
8	8				
1	Level H: AIDS		363.55	367.67	1/1/2010
]	Level U: Fragile Under 21		476.17	481.55	1/1/2010
Basis: Budget X Unaudited cos Field audit - in Desk audited co	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation ate limitation change Thange T	n Interim Component
Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File				d Cost Reimbursement	
For informa No Change	•		sty r	hus Ru	mell
Home Office:	1 - No Home Office				



Miami Gardens Care Ce	entre			Provider Number:	0 210617-00
190 NE 191 Street				Date:	12/29/2009
North Miami FL 33170				Fiscal Year End:	7/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		224.21	229.34	1/1/2010
	Level H: AIDS		364.56	371.26	1/1/2010
	Level U: Fragile Under 21	_	477.18	485.14	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:	(Stephen Russell	
Contract Managem Permanent File	ent / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
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No Change	•	-30	yer.	hus Ru	sacri
Home Office:	1 - No Home Office				



VANTE AT BOCA RA				Provider Number:	0 210676-00
130 NORTHWEST 15T				Date:	12/29/2009
soca Raton FL 33486-13-	43	,		Fiscal Year End:	5/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	Single Level		239.77		1/1/2010
L	evel H: AIDS		380.12	376.85	1/1/2010
L	evel U: Fragile Under 21		492.74	490.73	1/1/2010
Rate Type :					
Inter Settle	al Interim rim Component ement based on costs r Provider Prospective data	Change	F	Total Prospective Prospective Adjusted	for New Costs h Interim Component
Budget X Unaudited cost Field audited c Field audit - in Desk audited co	osts terim portion osts	X	Licensure Usual and Target Ra FRVS Ch	Rating Change Customary Limitation the limitation change lange ester Change 2] as of 04/01/1993	on
Distribution:				Stephen Russell	
Contract Managemer Permanent File For informati No Change i	ion Only			Cost Reimbursement	•
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	e 540-N			



The Edgewater at Wat	erman Village		Provider Number:	0 210684-00
300 Brookfield Ave.			Date:	12/29/2009
Mount Dora FL 32757	1		Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.27	217.93	1/1/2010
	Level H: AIDS	356.62	359.85	1/1/2010
	Level U: Fragile Under 21	469.24	473.73	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted	h Interim Component
Distribution:	(T) 1 A		Stephen Russell	
Permanent File	ment / Fiscal Agent	Medic	aid Cost Reimbursemen	t Analysis
	nation Only		1 -	
	ge in Rate	My	hus Ru	saco,
Home Office:	1 - No Home Office			



Brighton Gardens of	Port St. Lucie			Provider Number:	0 210781-00
1699 E. Lyngate Drive			Date:	12/29/2009	
Port St. Lucie FL 349	952	_		Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		215.50	217.39	1/1/2010
	Level H: AIDS		355.85	359.31	1/1/2010
	Level U: Fragile Under 21		468.47	473.19	1/1/2010
Rate Type :					
Interim		X	Prospectiv	ve.	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data				
	1	CI			
Basis:		Chang	ges:		
Budget			Licensur	e Rating Change	
X Unaudited	costs			d Customary Limitation	on
Field audit				ate limitation change	, i
	t - interim portion		FRVS C	=	
Desk audit	-				
	- Interim Portion	X	Rate Ser	nester Change	
Desk Audi	t - Prospective portion			[2] as of 10/18/1993	
Distribution:				Stephen Russell	
_	ement / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File					•
	mation Only nge in Rate		Stepl	hus Ru	sell
	ige in Rate				
II Occ	g' g ' *!'				
Home Office:	Sunrise Senior Living Tony Harris				
	7900 W. Park Drive, STE	Т900			
	McLean VA 22102				



Emory L. Bennett Star	te Veteran's Nursing Home		Provider Number:	0 210889-00
1920 Mason Avenue			Date:	12/29/2009
Daytona Beach FL 32	117		Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type:			Tudit Status.	
-10/1001 -JP00		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	216.89	217.07	1/1/2010
	Level H: AIDS	357.24	358.99	1/1/2010
	Level U: Fragile Under 21	469.86	472.87	1/1/2010
	Level 6. Pragne Onder 21	409.80	472.87	1/1/2010
Rate Type :				
Rate Type.				
Interim		X Prospective		
7	Total Interim	X To	otal Prospective	
I	nterim Component	Pr	ospective Adjusted	for New Costs
S	Settlement based on costs	To	otal Prospective wit	h Interim Component
P	Prior Provider Prospective data			
Basis:		Changes:		
Dasis.	 	Changes.		
-		Liaamayma	Octina Changa	
Budget			Rating Change	
X Unaudited of			Customary Limitation change	on
Field audite			_	
	- interim portion	FRVS Cha	nge	
Desk audite		P	ot an Ollassia	
	- Interim Portion - Prospective portion		ster Change] as of 01/19/1994	
Distribution:	- Prospective portion	On TRV [2	us of 01/17/17/4	
	ment / Fiscal Agent		Stephen Russell	
_	ment / Fiscai Agent	Medicaid C	Cost Reimbursemen	t Analysis
Permanent File	mation Only	,	-	//
	mation Only	Btyl	u Ru	sell
No Chan	ge in Rate			
Home Office:	Florida Dept. of Veterans Affairs			
	Walter Gilchrist 11351 Ulmerton Road, Room 332	2 1		
	•	∠-1		
	Largo Fl 33778-1630			



Stratford Court at Palm Harbor 45 Katherine Blvd				Provider Number:	0 210943-00	
		_		Date:	12/29/2009	
Palm Harbor FL 346	84	_		Fiscal Year End:	12/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
.,			Rate	Rate	Date	
Nursing Home	Single Level		221.67		1/1/2010	
	Level H: AIDS		362.02	366.38	1/1/2010	
	Level U: Fragile Under 21		474.64	480.26	1/1/2010	
Rate Type :						
Interim		X	Prospectiv	/e		
	Total Interim			Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	n Interim Component	
	Prior Provider Prospective data					
Basis:		Chang	ges:			
D. L. A			Licensur	e Rating Change		
Budget X Unaudited	costs			d Customary Limitation	on.	
Field audi				ate limitation change	Л	
	t - interim portion		FRVS C	=		
Desk audit	-			8-		
	t - Interim Portion	<u> X</u>	Rate Sen	nester Change		
	t - Prospective portion			[2] as of 02/12/1992		
Distribution:				Stephen Russell		
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Analysis			
Permanent File					•	
	rmation Only	يســ	Steph	mes Ru	sell	
No Cha	nge in Rate					
Home Office:	Cunnica Canica I ivia					
nome Office:	Sunrise Senior Living Tony Harris					
	7900 W. Park Drive, STE	T900				
	McLean VA 22102					



Sabal Palms Health Care	e Center		Provider Number:	0 210951-00	
499 Alternate Keene Ro	ad		Date:	12/29/2009	
Largo FL 33771-1652			Fiscal Year End:	6/30/2009	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	180.58	<u> 185.91</u>	1/1/2010	
	Level H: AIDS	320.93	327.83	1/1/2010	
	Level U: Fragile Under 21	433.55	441.71	1/1/2010	
Basis: Budget X Unaudited corrield audit - i Desk audited Desk audit - I	costs interim portion	Usual an Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Eate limitation change	n Interim Component	
Distribution:	(/E' 1.4		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For informa No Change	· · · · · · · · · · · · · · · · · · ·	Styr.	hus Ru	ssell	
Home Office:	The Goodman Group, LLC 1107 Hazeltine Blvd Chaska MN 55318				



tratford Court at Boca Pointe			Provider Number:	0 211010-00
343 Via Sonrisa Del Sur			Date:	12/29/2009
Boca Raton FL 33433			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type:				
• •		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Leve	el	246.27	230.54	1/1/2010
Level H: AID:	S	386.62	372.46	1/1/2010
Level U: Frag	lle Under 21	499.24	486.34	1/1/2010
		.,,,,,,		1/1/2010
Rate Type :				
		V D		
Interim	_	X Prospective	. t a 1 Dun ann a ations	
Total Interim			otal Prospective	Con No. Contr
Interim Compone			ospective Adjusted	
Settlement based		To	otal Prospective with	n Interim Component
Prior Provider Pro	ospective data			
Basis:	CJ	hanges:		
				
Budget		Licensure I	Rating Change	
X Unaudited costs		Usual and 0	Customary Limitation	on
Field audited costs	_		e limitation change	
Field audit - interim portion		FRVS Cha	=	
Desk audited costs			J	
Desk audited costs Desk audit - Interim Portion	-	X Rate Semes	ster Change	
Desk Audit - Prospective po			as of 03/17/1994	
Distribution:			Stephen Russell	
Contract Management / Fiscal Ag	ent	M		A a1
Permanent File			Cost Reimbursemen	•
For information Only		Steph	D.	rach
No Change in Rate		mym	4 / 1	,
				
Home Office: Sunrise S	enior Living			
Tony Har	ris			
	Park Drive, STE T900			
McLean V	VA 22102			



	NURSING FACILITY			Provider Number:	0 211052-00
159 NORTH THIRD STREET				Date:	12/29/2009
Macclenny FL 32063				Fiscal Year End:	9/30/2008
				Audit Status:	Unaudited [3]
Provider Type:		_	urrent Rate	New Rate	Effective Date
Nursing Home	Single Level	2	30.40	231.42	1/1/2010
	Level H: AIDS	3	70.75	373.34	1/1/2010
	Level U: Fragile Under 21	4	83.37	487.22	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk Audite	ed costs - interim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution:	ment / Fiscal Agent			Stephen Russell	
Permanent File	ment / 14scal Agellt	Medicaid Cost Reimbursement Analysis			
	mation Only	<i>_</i>		hus Ru	mell
No Chan	ge in Rate		eze ri	ms / cm	,
Home Office:	1 - No Home Office				



Huntington Place Rehab	and Nursing Center		Provider Number:	0 211281-00
1775 Huntington Lane			Date:	12/29/2009
Rockledge FL 32955			Fiscal Year End:	7/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 183.11	New Rate 184.68	Effective Date 1/1/2010
]	Level H: AIDS	323.46	326.60	1/1/2010
1	Level U: Fragile Under 21	436.08	440.48	1/1/2010
Basis: Budget X Unaudited cos Field audit - in Desk audited co	costs nterim portion costs	Usual ar Target F FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with Tre Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate			d Cost Reimbursement	· ·
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109			



Wauchula FL 33873 Fiscal Year End: 7/31/2008 Audit Status: Unaudited [3]	Hardee Manor Health	Care Center			Provider Number:	0 211435-00	
Provider Type: Current Rate Rate Date	401 ORANGE DRIVE				Date:	12/29/2009	
Provider Type: Current Rate Rate Date	Wauchula FL 33873				Fiscal Year End:	7/31/2008	
Nursing Home Single Level Level H: AIDS Level U: Fragile Under 21 At 35.04 At 39.43 At 1/1/2010 Rate Type: Interim Total Interim Total Interim Total Interim Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change Field audited costs Field audit - Interim portion Desk audited costs Desk audited - Interim Portion Desk audited - Interim Portion Desk audited - Interim Portion Desk audited - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Advocat Inc and Subsidiaries Wall McCullough Idea Rate Rate New Effective Rate Rate Rate Rate New Associate Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change Stephen Russell Medicaid Cost Reimbursement Analysis Advocat Inc and Subsidiaries Wall McCullough Idea Rate Medicaid Cost Reimbursement Analysis					Audit Status:	Unaudited [3]	
Level H: AIDS Level U: Fragile Under 21 A35.04	Provider Type:			Rate	Rate	Date	
Level U: Fragile Under 21	Nursing Home	Single Level		182.07	<u> 183.63</u> _	1/1/2010	
Rate Type :		Level H: AIDS		322.42	325.55	1/1/2010	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:		Level U: Fragile Under 21		435.04	439.43	1/1/2010	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:							
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Rate Type:						
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Interim		X	Prospectiv	ve		
Settlement based on costs		Total Interim		_			
Settlement based on costs Prior Provider Prospective data		Interim Component			Prospective Adjusted	for New Costs	
Budget X Unaudited costs Field audited costs Desk audited - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Prior Provider Prospective data Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Desk audited costs Target Rate limitation change FRVS Change On FRV [2] as of 10/01/1989 Stephen Russell Medicaid Cost Reimbursement Analysis Advocat Inc and Subsidiaries Walt McCullough 1621 Galleria Blvd		•					
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 Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Stephen Russel Medicaid Cost Reimbursement Analysis Stephen Russell Medicaid Cost Reimbursement Analysis Advocat Inc and Subsidiaries Walt McCullough 1621 Galleria Blvd					1	1	
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 Stephen Russell Medicaid Cost Reimbursement Analysis Advocat Inc and Subsidiaries Walt McCullough 1621 Galleria Blvd				1			
Wanal and Customary Limitation Target Rate limitation change Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Was a property of the post of the po	Basis:		Changes:]			
Wanal and Customary Limitation Target Rate limitation change Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Was a property of the post of the po	D 1			Liconeur	ra Pating Changa		
Field audited costs 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 Advocat Inc and Subsidiaries Walt McCullough 1621 Galleria Blvd Target Rate limitation change FRVS Change ST Rate Semester Change On FRV [2] as of 10/01/1989 Medicaid Cost Reimbursement Analysis Target Rate limitation change FRVS Change Water Semester Change On FRV [2] as of 10/01/1989 Stephen Russell Medicaid Cost Reimbursement Analysis Russell Medicaid Cost Reimbursement Analysis							
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 Advocat Inc and Subsidiaries Walt McCullough 1621 Galleria Blvd FRVS Change X Rate Semester Change On FRV [2] as of 10/01/1989 Stephen Russell Medicaid Cost Reimbursement Analysis Advocat Inc and Subsidiaries Walt McCullough 1621 Galleria Blvd							
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: Advocat Inc and Subsidiaries Walt McCullough 1621 Galleria Blvd Rate Semester Change On FRV [2] as of 10/01/1989 Stephen Russell Medicaid Cost Reimbursement Analysis Rate Semester Change On FRV [2] as of 10/01/1989 Stephen Russell Medicaid Cost Reimbursement Analysis Russell Medicaid Cost Reimbursement Analysis							
Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Advocat Inc and Subsidiaries Walt McCullough 1621 Galleria Blvd Take Semester Change On FRV [2] as of 10/01/1989 Stephen Russell Medicaid Cost Reimbursement Analysis Rate Semester Change On FRV [2] as of 10/01/1989		_		rk v S C	nange		
Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Advocat Inc and Subsidiaries Walt McCullough 1621 Galleria Blvd On FRV [2] as of 10/01/1989 Stephen Russell Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis				Data Car	mastar Changa		
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Advocat Inc and Subsidiaries Walt McCullough 1621 Galleria Blvd							
Permanent File For information Only No Change in Rate Advocat Inc and Subsidiaries Walt McCullough 1621 Galleria Blvd					Stephen Russell		
For information Only No Change in Rate Home Office: Advocat Inc and Subsidiaries Walt McCullough 1621 Galleria Blvd	Contract Management / Fiscal Agent						
Home Office: Advocat Inc and Subsidiaries Walt McCullough 1621 Galleria Blvd							
Home Office: Advocat Inc and Subsidiaries Walt McCullough 1621 Galleria Blvd		•	130	tel	m Ru	sell	
Walt McCullough 1621 Galleria Blvd	No Chai	nge in Rate			. / -		
Walt McCullough 1621 Galleria Blvd	Homa Office	Advocating and Cubaiding					
1621 Galleria Blvd	поше Опісе:						
Brentwood TN 37027							
		Brentwood TN 37027					



LAUREL POINTE HEALTH AND REHAI	BILITATIO		Provider Number:	0 211516-00
703 South 26th Street			Date:	12/29/2009
Ft. Pierce FL 34947			Fiscal Year End:	8/31/2008
			Audit Status:	Unaudited [3]
Provider Type:				
••		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		199.04	200.73	1/1/2010
Level H: AIDS		339.39	342.65	1/1/2010
Land II. Feedla II.	- 4 21			
Level U: Fragile Ur	ider 21	452.01	456.53	1/1/2010
Rate Type :				
Interim	_	X Prospectiv		
Total Interim			Total Prospective	Con No. Contr
Interim Component			Prospective Adjusted	
Settlement based on co			Total Prospective with	h Interim Component
Prior Provider Prospect	tive data			
Basis:	C	Changes:		
Budget	-		e Rating Change	
XUnaudited costs	_		d Customary Limitation	on
Field audited costs	-		ate limitation change	
Field audit - interim portion	_	FRVS Cl	hange	
Desk audited costs	<u> </u>			
Desk audit - Interim Portion			nester Change	
Desk Audit - Prospective portion		On FRV	[2] as of 05/01/1993	
Distribution:			Stephen Russell	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File				•
For information Only		Steple	en Ru	soll
No Change in Rate				
Home Office: Lyric Health C				
Timothy J Tryl		to I		
	a Gateway Drive Sui	le J		
Columbia MD	Z1U40			



Life Care Center of Cit	trus County		Provider Number:	0 211532-00	
3325 Jerwayne Lane			Date:	12/29/2009	
Lecanto FL 34461			Fiscal Year End:	7/31/2009	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	188.08	192.15	1/1/2010	
	Level H: AIDS	328.43	334.07	1/1/2010	
	Level U: Fragile Under 21	441.05	447.95	1/1/2010	
Basis: Budget X Unaudited concept and the con	d costs interim portion	Usual ar Target I FRVS C X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Tre Rating Change and Customary Limitation Rate limitation change	n Interim Component	
Distribution: Contract Managen	nent / Fiscal Agent	Stephen Russell			
Permanent File For information Only No Change in Rate			id Cost Reimbursement	•	
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320				



Delta Health Care Cer	nter - Destin		Provider Number:	0 211621-00
138 Sandestin Lane			Date:	12/29/2009
Destin FL 32550			Fiscal Year End:	1/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.39		1/1/2010
	Level H: AIDS	346.74	351.39	1/1/2010
	Level U: Fragile Under 21	459.36	465.27	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 02/24/1988	h Interim Component
	ment / Fiscal Agent		Stephen Russell	
Permanent File For inform	mation Only ge in Rate		aid Cost Reimbursement	•
Home Office:	Delta Health Group, Inc. John Tolan 2 North Palofox Street Pensacola FL 32501			



Rosewood Manor			Provider Number:	0 211842-00
3107 North H Street			Date:	12/29/2009
Pensacola FL 32501	_		Fiscal Year End:	7/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 180.70	Rate	Effective Date 1/1/2010
	Level H: AIDS	321.05	333.96	1/1/2010
	Level U: Fragile Under 21	433.67	447.84	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Usua. Targe FRV: X Rate	Total Prospective Prospective Adjusted	h Interim Component on
Distribution: Contract Managem Permanent File For inform No Change	ation Only		Stephen Russell caid Cost Reimbursemen Muss Russell	•
Home Office:	Delta Health Group, Inc. John Tolan 2 North Palofox Street Pensacola FL 32501			



Plaza West	Pro	ovider Number:	0 211885-00
212 American Eagle Blvd		Date:	
Sun City Center FL 33573	Fi	scal Year End:	12/29/2009 12/31/2008
		Audit Status:	Unaudited [3]
Provider Type:		Tada Status	
••	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	206.52	201.78	1/1/2010
Level H: AIDS	346.87	343.70	1/1/2010
Leady Facility 1 and 21			
Level U: Fragile Under 21	459.49	457.58	1/1/2010
Rate Type :			
Interim	X Prospective		
Total Interim		l Prospective	
Interim Component		pective Adjusted	for New Costs
Settlement based on costs			h Interim Component
	10ta	i i iospective with	ii interiii Component
Prior Provider Prospective data			
Basis: Ch	nanges:		
	Licensure Rat	ina Changa	
Budget X Unaudited costs			
		stomary Limitation change	on
		_	
Field audit - interim portion	FRVS Chang	E	
Desk audited costs	V D. (. C	Channa	
Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Semester	r Change as of 06/10/1994	
Distribution:			
Contract Management / Fiscal Agent		tephen Russell	
Permanent File	Medicaid Cos	t Reimbursemen	t Analysis
For information Only	14 1	7	
No Change in Rate	Stephu.	, ru	
	•		
Home Office: Brookdale Senior Living, Inc.			
Russ Bellora			
111 Westwood Place, Suite 200			
Brentwood TN 37027			



Lake Park of Madiso		_		Provider Number:	0 211923-00	
259 S. W. Captain Brown Rd.		_		Date:	12/29/2009	
Madison FL 32340		_		Fiscal Year End:	8/31/2007	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		192.21	<u> 194.41</u> _	1/1/2010	
	Level H: AIDS		332.56	336.33	1/1/2010	
	Level U: Fragile Under 21		445.18	450.21	1/1/2010	
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		
	Prior Provider Prospective data			Total Prospective with	i interim Component	
	Thor trovider trospective data	1				
Basis:		Change	es:			
D. 1			Licensur	e Rating Change		
Budget X Unaudited						
Field audi				d Customary Limitation ate limitation change)II	
		-	FRVS C			
	t - interim portion		FRVSC	nange		
Desk audit		<u> X</u>				
	t - Interim Portion it - Prospective portion			nester Change [2] as of 08/25/1995		
Distribution:				Stephen Russell		
Contract Manage	ement / Fiscal Agent		Medicaid Cost Reimbursement Analysis			
Permanent File						
	rmation Only	_	Stend	hus Ru	sell	
No Cha	nge in Rate		ny u			
Harris Office	1. N. H OCC					
Home Office:	1 - No Home Office					



E.J. Healey Rehabilitat	tion and Nursing Center		Provider Number:	0 212032-00
1200 45th Street	200 45th Street		Date:	12/29/2009
West Palm Beach FL 3	33401		Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 241.14	New Rate 242.07	Effective Date 1/1/2010
ruising Home	Single Level	271,17		1/1/2010
	Level H: AIDS	381.49	383.99	1/1/2010
	Level U: Fragile Under 21	494.11	497.87	1/1/2010
Basis: Budget X Unaudited c Field audite Field audit - Desk audite Desk Audit	d costs - interim portion	Usual a Target FRVS X Rate So	tive Total Prospective Prospective Adjusted Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 10/01/1985	n Interim Component
Distribution:	ment / Fiscal Agent		Stephen Russell	
Permanent File	nom / Piscai Ageiii	Medica	aid Cost Reimbursement	Analysis
	nation Only	1.	hus Ru	mell
No Chang	ge in Rate	my.	my /w	
Home Office:	1 - No Home Office			



Westminster Woods on	Julington Creek			Provider Number:	0 212083-00
25 William Bartram Sc	enic Highway			Date:	12/29/2009
Jacksonville FL 32259				Fiscal Year End:	3/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 206.20	New Rate 195.90	Effective Date 1/1/2010
- (>g.v = v · v.	•	200.20		1/1/2010
	Level H: AIDS		346.55	337.82	1/1/2010
	Level U: Fragile Under 21		459.17	451.70	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	d costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Eate limitation change	n Interim Component
	nent / Fiscal Agent			Stephen Russell	
Contract Management / Fiscal Agent Permanent File				d Cost Reimbursement	•
	ation Only e in Rate		rty r	lus Ru	sell
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801				



Homestead Manor			Provider Number:	0 212121-00
1330 NW First Avenue			Date:	12/29/2009
Homestead FL 33030			Fiscal Year End:	8/31/2009
			Audit Status:	Unaudited [3]
Provider Type:	Cingle Level	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	185.46	192.41	1/1/2010
	Level H: AIDS	325.81	334.33	1/1/2010
	Level U: Fragile Under 21	438.43	448.21	1/1/2010
				<u> </u>
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Usual ar Target I FRVS (Total Prospective Prospective Adjusted Total Prospective with Tre Rating Change and Customary Limitation Rate limitation change Change mester Change	n Interim Component
Distribution:			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis		
For inform	ation Only	1	1 -	
No Change	· · · · · · · · · · · · · · · · · · ·	suger	hus Ru	uu,
Home Office:	Salem Housing Corporation 500 Floyd Road NE Calhoun GA 30701			



Ybor City Healthcare a	nd Rehabilitation Center		Provider Number:	0 212164-00
1709 Taliaferro Ave.	1709 Taliaferro Ave.		Date:	12/29/2009
Tampa FL 33602			Fiscal Year End:	7/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 197.62	New Rate 200.94	Effective Date 1/1/2010
Truising Home	Single Level			1/1/2010
	Level H: AIDS	337.97	342.86	1/1/2010
	Level U: Fragile Under 21	450.59	456.74	1/1/2010
Rate Type :				
In Se	otal Interim terim Component ettlement based on costs ior Provider Prospective data	X Prospect X	tive Total Prospective Prospective Adjusted Total Prospective with	
Desk audited Desk audit -	d costs interim portion	Usual a Target FRVS X Rate Se	ure Rating Change and Customary Limitatio Rate limitation change Change emester Change V [2] as of 10/01/1985	on
Permanent File	nent / Fiscal Agent nation Only se in Rate		Stephen Russell aid Cost Reimbursement Ann Russell	•
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Circl Tallahassee FL 32308	, Ste. D		



The Fountains Nursing Home		Provider Number:	0 212393-00
3800 North Federal Hwy.		Date:	12/29/2009
Boca Raton FL 33431		Fiscal Year End:	12/31/2008
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 198.01	New Rate 199.58	Effective Date 1/1/2010
Single Devel			1/1/2010
Level H: AIDS	338.36	341.50	1/1/2010
Level U: Fragile Under 21	450.98	455.38	1/1/2010
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs	Changes: Licensur Usual an Target R	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		nange nester Change [2] as of 03/01/1986	
<u>Distribution:</u>		Stephen Russell	
Contract Management / Fiscal Agent	Medicaio	d Cost Reimbursement	Analysis
Permanent File			•
For information Only No Change in Rate	Steph	hus Ru	soll
Home Office: Rohm Service Corp			



Woodland Terrace			Provider Number:	0 212636-00
120 Chipola Avenue			Date:	12/29/2009
Deland FL 32720			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 173.85	New Rate 166.10	Effective Date 1/1/2010
I	Level H: AIDS	314.20	308.02	1/1/2010
I	Level U: Fragile Under 21	426.82	421.90	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	ts costs nterim portion costs	Usual an Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Eate limitation change	n Interim Component
Distribution: Contract Management File For informate No Change	tion Only		Stephen Russell d Cost Reimbursement	•
Home Office:	SMJ Enterprises, LLC Anthony Rimmer 1265 W. Granada Blvd, Suite 4 Ormond Beach FL 32174			



Suncoast Manor				Provider Number:	0 212709-00
6909 9th Street South				Date:	12/29/2009
St. Petersburg FL 33705	5-6272			Fiscal Year End:	3/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 188.23	New Rate 184.82	Effective Date 1/1/2010
	Single Bever		100.23		1/1/2010
	Level H: AIDS		328.58	326.74	1/1/2010
	Level U: Fragile Under 21	_	441.20	440.62	1/1/2010
Basis: Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	costs interim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change	n Interim Component
	ent / Fiscal Agent			Stephen Russell	
Contract Management / Fiscal Agent Permanent File				d Cost Reimbursement	•
For informa No Change	•	<i>-</i>	ty r	mes Rue	mell
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801				



Oceanside Extended Car	re Center			Provider Number:	0 212733-00
550 9th Street				Date:	12/29/2009
Miami Beach FL 33139				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		157.85	<u> 159.17</u> _	1/1/2010
	Level H: AIDS		298.20	301.09	1/1/2010
	Level U: Fragile Under 21		410.82	414.97	1/1/2010
	zever evirugile ender zr		110.02		1/1/2010
Rate Type :					
		3 7	D (*		
Interim	4-1.1-4	X	Prospective		
	tal Interim			Total Prospective	Con Nico Contr
	erim Component			Prospective Adjusted	
	tlement based on costs			Total Prospective with	h Interim Component
Pri	or Provider Prospective data				
Basis:		Chang	ges:		
Budget			Licensure	Rating Change	
X Unaudited cos	sts		Usual and	l Customary Limitation	on
Field audited	costs		Target Ra	ate limitation change	
Field audit - i	interim portion		FRVS Cl	nange	
Desk audited	-				
Desk audit - I	nterim Portion	X	Rate Sem	ester Change	
Desk Audit -	Prospective portion		On FRV	[2] as of 10/01/1985	
Distribution:				Stephen Russell	
Contract Manageme	ent / Fiscal Agent		Madigaid	Cost Reimbursement	t Analysis
Permanent File					•
For informa	ation Only		Sten 1	in Ru	sell
No Change	in Rate		ngen		
Home Office:	SMJ Enterprises, LLC				
	Anthony Rimmer	. 4			
	1265 W. Granada Blvd, Suit	e 4			
	Ormond Beach FL 32174				



Florida Lutheran Retin	rement Church			Provider Number:	0 212792-00
450 NORTH MCDON	450 NORTH MCDONALD AVENUE			Date:	12/29/2009
DeLand FL 32724		•		Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nuusina Hama	Cingle I aval	-	Rate	Rate	Date
Nursing Home	Single Level	-	190.74	<u> 195.58</u>	1/1/2010
	Level H: AIDS		331.09	337.50	1/1/2010
	Level U: Fragile Under 21		443.71	451.38	1/1/2010
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		_ X	Total Prospective	
I	nterim Component			Prospective Adjusted	for New Costs
s	Settlement based on costs			Total Prospective with	n Interim Component
F	Prior Provider Prospective data				
Basis:		Change	g•		
Dubib.		Change	<u>. </u>		
Budget			Licensu	e Rating Change	
X Unaudited	costs	·	— Usual ar	nd Customary Limitation	on
Field audite		Target Rate limitation change			
Field audit	- interim portion		FRVS C	hange	
Desk audite	•			C	
	- Interim Portion	X	Rate Ser	nester Change	
	- Prospective portion	-		[2] as of 01/17/1997	
Distribution:				Stephen Russell	
Contract Manage	ment / Fiscal Agent		M. P		A1
Permanent File				d Cost Reimbursement	•
For infor	mation Only	و	Stins	hus Ru	sell
No Chan	ge in Rate		nge i.		
Home Office:	Evangelical Lutheran Good	Samaritan			
	Kim Kouri				
	4800 West 57th Street				
	Sioux Falls SD 57117				



Palmetto Sub Acute Care	Center		Provider Number:	0 212806-00
7600 S.W. 8th Street			Date:	12/29/2009
Miami FL 33144			Fiscal Year End:	7/31/2009
			Audit Status:	Unaudited [3]
Provider Type:	N. 1. 7. 1.	Currer Rate	Rate	Effective Date
Nursing Home S	Single Level	245.4	250.41	1/1/2010
L	evel H: AIDS	385.8	4 392.33	1/1/2010
L	evel U: Fragile Under 21	498.4	6 506.21	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Interest of the second content o	osts terim portion osts	Changes: Lice Usus Targ FRV	Prospective Adjusted	ion
Distribution:			Stephen Russell	
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis		
Permanent File For informati	ion Only			
No Change i	•	Sty	hus Ru	well
Home Office:	1 - No Home Office			



University Center Wes	t		Provider Number:	0 212831-00
545 West Euclid Ave			Date:	12/29/2009
Deland FL 32720			Fiscal Year End:	8/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.00		1/1/2010
	Level H: AIDS	338.35	342.17	1/1/2010
	Level U: Fragile Under 21	450.97	456.05	1/1/2010
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usual a Target FRVS X Rate So	tive Total Prospective Prospective Adjusted Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 10/01/1985	n Interim Component
Distribution:	nent / Fiscal Agent		Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medica	aid Cost Reimbursement	t Analysis
	nation Only	14	hus Ru	mell
No Chang	ge in Rate	ng.	mes / la	
Home Office:	1 - No Home Office			



Tarpon Bayou Center			Provider Number:	0 212849-00
515 Chesapeake Drive	<u> </u>		Date:	12/29/2009
Tarpon Springs FL 346	89		Fiscal Year End:	8/31/2009
			Audit Status:	Unaudited [3]
Provider Type:	Cinale Level	Curren Rate	Rate	Effective Date
Nursing Home	Single Level	184.9	9 193.70 _	1/1/2010
	Level H: AIDS	325.3	4 335.62	1/1/2010
	Level U: Fragile Under 21	437.9	6 449.50	1/1/2010
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	l costs interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	ch Interim Component on
Distribution:	· · · · · / E'· · · · 1 A · · · · · ·		Stephen Russell	
Contract Managem Permanent File	ient / Fiscai Agent	Medicaid Cost Reimbursement Analysis		
	ation Only	14	hus Ru	and I
No Chang	e in Rate	mje	mus /w	,
Home Office:	1 - No Home Office			



Lakeland Hills Center				Provider Number:	0 212865-00
610 East Bella Vista Dr				Date:	12/29/2009
Lakeland FL 33805				Fiscal Year End:	8/31/2008
				Audit Status:	Unaudited [3]
Provider Type:		_	urrent Rate	New Rate	Effective Date
Nursing Home	Single Level	1	81.12	182.87	1/1/2010
	Level H: AIDS	3	21.47	324.79	1/1/2010
	Level U: Fragile Under 21	_ 4	34.09	438.67	1/1/2010
Basis: Budget X Unaudited confield audit - infield audit - in	costs interim portion	Changes:	Usual an Target R FRVS C Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution: Contract Management	ant / Figural A grant			Stephen Russell	
Permanent File	ent / Fiscai Agent	Medicaid Cost Reimbursement Analysis			
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No Change	e in Rate		eze u		
Home Office:	1 - No Home Office				



University Center East			Provider Number:	0 212873-00
991 East New York Ave			Date:	12/29/2009
Deland FL 32724			Fiscal Year End:	7/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.46		1/1/2010
	Level H: AIDS	340.81	344.36	1/1/2010
	Level U: Fragile Under 21	453.43	458.24	1/1/2010
Basis: Budget X Unaudited co Field audited Field audited Desk audited Desk Audit	d costs interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Bure Rating Change and Customary Limitation Rate limitation change Change Every [2] as of 10/01/1985	h Interim Component
Distribution: Contract Managen	cont / Eigael A gent		Stephen Russell	
Permanent File	icht / Piscai Ageilt	Medic	aid Cost Reimbursement	t Analysis
	nation Only	7-4-12	hus Ru	2011
No Chang	e in Rate	my.	my / m	
Home Office:	1 - No Home Office			



The Groves Center				Provider Number:	0 212881-00
512 South 11th Street				Date:	12/29/2009
Lake Wales FL 33853				Fiscal Year End:	8/31/2008
				Audit Status:	Unaudited [3]
Provider Type:		Cur Ra		New Rate	Effective Date
Nursing Home	Single Level	17	1.74	176.45	1/1/2010
	Level H: AIDS	31:	5.09	318.37	1/1/2010
	Level U: Fragile Under 21	42	7.71	432.25	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	costs interim portion	Changes:	censure sual and arget R RVS Cl	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1985	n Interim Component
Contract Managem	ent / Fiscal Agent			Stephen Russell	
Permanent File For inform No Change	ation Only			l Cost Reimbursement	
Home Office:	1 - No Home Office				



Egret Cove Center			Provider Number:	0 212890-00	
550 62nd Street South			Date:	12/29/2009	
St. Petersburg FL 3370	07		Fiscal Year End:	7/31/2008	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	184.92	186.77	1/1/2010	
	Level H: AIDS	325.27	328.69	1/1/2010	
	Level U: Fragile Under 21	437.89	442.57	1/1/2010	
Basis: Budget X Unaudited c Field audite Field audite Desk audite Desk Audit	d costs - interim portion	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change The Rating Chan	n Interim Component	
Distribution:	ment / Fiscal Agent		Stephen Russell		
Permanent File	nem / 1 iseai Ageill	Medicaid Cost Reimbursement Analysis			
	nation Only	1+	In Ru	mell	
No Chang	ge in Rate	myer	my / w	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Home Office:	1 - No Home Office				



Emerald Coast Center			Provider Number:	0 212903-00	
114 Third Street South			Date:	12/29/2009	
Ft. Walton Beach FL 32	2548		Fiscal Year End:	7/31/2008	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	Rate	Effective Date	
Nursing Home	Single Level	181.76	183.56	1/1/2010	
	Level H: AIDS	322.11	325.48	1/1/2010	
	Level U: Fragile Under 21	434.73	439.36	1/1/2010	
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with sure Rating Change and Customary Limitation t Rate limitation change Change Semester Change RV [2] as of 10/01/1985	h Interim Component	
Distribution:	ant / Fiscal Agant		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
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No Change	e in Rate	my		•	
Home Office:	1 - No Home Office				



Clearwater Center			Provider Number:	0 212911-00
1270 Turner Street			Date:	12/29/2009
Clearwater FL 34616			Fiscal Year End:	8/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	190.65	202.28	1/1/2010
	Level H: AIDS	331.00	344.20	1/1/2010
	Level U: Fragile Under 21	443.62	458.08	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target I FRVS C X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change The Prospective with The Rating Change The Rating Ch	n Interim Component
	ment / Fiscal Agent		Stephen Russell	
Permanent File For inform	mation Only ge in Rate		id Cost Reimbursement	-
Home Office:	1 - No Home Office			



Florida Presbyterian	Homes, Inc.	_		Provider Number:	0 212971-00	
16 Lake Hunter Drive		_		Date:	12/29/2009	
Lakeland FL 33803		_		Fiscal Year End:	12/31/2007	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		224.39	226.41	1/1/2010	
	Level H: AIDS		364.74	368.33	1/1/2010	
	Level U: Fragile Under 21		477.36	482.21	1/1/2010	
Rate Type :						
Interim		X	Prospectiv	/e		
	Total Interim	<u> </u>	X	Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with	n Interim Component	
	Prior Provider Prospective data			1	1	
Basis:		Change	es:			
D. 4			Licensur	e Rating Change		
Budget X Unaudited	agata	<u> </u>			- m	
Field audi		Usual and Customary Limitation Target Rate limitation change				
		FRVS Change				
	t - interim portion		FRVSC	nange		
Desk audit				· · · · · · · · · · · · · · · · · · ·		
	t - Interim Portion t - Prospective portion	X		nester Change [2] as of 03/20/1997		
Distribution:				Stephen Russell		
_	ement / Fiscal Agent		Medicaid Cost Reimbursement Analysis			
Permanent File					-	
	rmation Only	_	Sterl	hus Ru	sell	
No Cha	nge in Rate			. , , ,		
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Home Office:	1 - No Home Office					



Bay Center			Provider Number:	0 212989-00	
1336 St. Andrew Blvd			Date:	12/29/2009	
Panama City FL 3240	05		Fiscal Year End:	8/31/2009	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	194.11	197.53	1/1/2010	
	Level H: AIDS	334.46	339.45	1/1/2010	
	Level U: Fragile Under 21	447.08	453.33	1/1/2010	
Basis: Budget X Unaudited Field audit	ed costs - interim portion	Usual Targe	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Change Change	h Interim Component	
Desk audit	- Interim Portion - Prospective portion		Semester Change RV [2] as of 10/01/1985		
<u>Distribution:</u>	Trospective portion	J. I. I.	Stephen Russell		
Contract Manage	ement / Fiscal Agent				
Permanent File			caid Cost Reimbursement		
	mation Only	Stee	hus Ru	sell	
No Chan	age in Rate				
Home Office:	1 - No Home Office				



Bartow Center		_		Provider Number:	0 212997-00	
2055 East Georgia Street		_		Date:	12/29/2009	
Bartow FL 33830		_		Fiscal Year End:	8/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 181.58	New Rate	Effective Date 1/1/2010	
Nursing Home	Single Level		101.50	<u> 185.90</u> _	1/1/2010	
	Level H: AIDS		321.93	327.82	1/1/2010	
	Level U: Fragile Under 21		434.55	441.70	1/1/2010	
Rate Type:						
Interim		X	Prospectiv	ve		
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with	n Interim Component	
	Prior Provider Prospective data			1	1	
Basis:		Change	es:			
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Budget				e Rating Change		
X Unaudited				d Customary Limitation	on	
Field audit	ted costs	Target Rate limitation change				
Field audi	t - interim portion		FRVS C	hange		
Desk audit	red costs					
	- Interim Portion	X		nester Change		
	t - Prospective portion		On FRV	[2] as of 10/01/1985		
<u>Distribution:</u>				Stephen Russell		
•	ement / Fiscal Agent		Medicaid Cost Reimbursement Analysis			
Permanent File						
	rmation Only	_	aten	hus Ru	sell	
No Cha	nge in Rate			. , , , ,		
Home Office:	1 - No Home Office					



Boca Ciega Center			Provider Number:	0 213004-00	
	1414 59th Street South		Date:	12/29/2009	
Gulfport FL 33707			Fiscal Year End:	8/31/2009	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	Rate	Effective Date	
Nursing Home	Single Level	192.01	<u> 199.71</u> _	1/1/2010	
	Level H: AIDS	332.36	341.63	1/1/2010	
	Level U: Fragile Under 21	444.98	455.51	1/1/2010	
Basis: Budget X Unaudited c Field audite Field audit - Desk audited Desk audit -	d costs - interim portion	Usua Targe FRV	Total Prospective Prospective Adjusted	h Interim Component	
Distribution:	. / F' 1 A		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	0+	hus Ru	raell	
No Chang	ge in Rate	ng	my /w		
Home Office:	1 - No Home Office				



Γamarac Rehabilitation	and Health Center		Provider Number:	: 0 213098-00
7901 NW 88th Avenue			Date	: 12/29/2009
Γamarac FL 33321			Fiscal Year End:	1/31/2009
			Audit Status:	: Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren Rate 211.2	Rate	Effective Date 1/1/2010
	Single Devel			
	Level H: AIDS	351.63	341.42	1/1/2010
	Level U: Fragile Under 21	464.2	5 455.30	1/1/2010
Rate Type:				
Int Set	tal Interim erim Component ttlement based on costs or Provider Prospective data		Total Prospective Prospective Adjuste	rith Interim Component
Field audited			et Rate limitation change	
Field audit - i Desk audited	interim portion	FRV	S Change	
Desk audit - I	Interim Portion Prospective portion		Semester Change RV [2] as of 11/01/199	7
Distribution:			Stephen Russell	
Contract Manageme	ent / Fiscal Agent	Medi	caid Cost Reimburseme	ent Analysis
Permanent File For informa	ation Only		/ ->	
No Change	•	Step	hus Re	wall
Home Office:	Millenium Health Systems Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309			
	1 t. Lauderdale I'L 33309			



Water's Edge Extended	d Care		Provider Number:	0 213152-00	
1500 S.W. Capri			Date:	12/29/2009	
Palm City FL 34990			Fiscal Year End:	12/31/2008	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	251.34		1/1/2010	
	Level H: AIDS	391.69	391.59	1/1/2010	
	Level U: Fragile Under 21	504.31	505.47	1/1/2010	
Basis: Budget X Unaudited c Field audite Field audite Desk audite Desk Audit	d costs - interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 04/21/1997	n Interim Component	
Distribution:	ment / Fiscal Agent		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	at-	hus Ru	sell	
No Chang	ge in Rate	my	my / m		
Home Office:	1 - No Home Office				



Life Care Center of W	Vells Crossing			Provider Number:	0 213161-00	
355 Crossing Boulevard			Date:		12/29/2009	
Orange Park FL 3207	73			Fiscal Year End:	7/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level		183.54	188.80	1/1/2010	
	Level H: AIDS		323.89	330.72	1/1/2010	
	Level U: Fragile Under 21		436.51	444.60	1/1/2010	
Rate Type :						
Interim		V	Dua			
	Total Interim	X	Prospectiv X	Total Prospective		
	Interim Component		<u> </u>	Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with		
	Prior Provider Prospective data			Total Prospective will	i internii Component	
	Thor Trovider Prospective data					
Basis:		Chang	es:			
D 1			Liconsur	o Pating Change		
Budget X Unaudited				e Rating Change		
Field audit				d Customary Limitation change)II	
			FRVS Change			
Desk audit	: - interim portion			mange		
	- Interim Portion	<u> X</u>	Rate Ser	nester Change		
	t - Prospective portion			[2] as of 07/23/1997		
<u>Distribution:</u>				Stephen Russell		
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Analysis			
Permanent File					•	
	rmation Only		Steel	hus Ru	sell	
No Char	nge in Rate			. , , -		
Home Office:	Life Care Centers Of Ameri	a				
	Doug Ruth 3570 NW Keith Street					
	Cleveland TN 37320					
	Cicvolana 11(3/320					



Haborchase of Venice				Provider Number:	0 213322-00	
950 Pinebrook Road				Date:	12/29/2009	
Venice FL 34292				Fiscal Year End:	12/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:		R	rrent ate	New Rate	Effective Date	
Nursing Home	Single Level		5.12		1/1/2010	
	Level H: AIDS	34	5.47	352.13	1/1/2010	
	Level U: Fragile Under 21	45	8.09	466.01	1/1/2010	
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - I	costs interim portion	Changes:	Jsual an Farget R FRVS C Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Eate limitation change	n Interim Component	
Distribution:				Stephen Russell		
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis				
Permanent File For information Only		<u> م</u>		1 -		
No Change	•	250	pe l	hus Ru	sau!	
Home Office:	1 - No Home Office					



Life Care Center Of Orland	lo		Provider Number:	0 213403-00
3211 Rouse Road			Date:	12/29/2009
Orlando FL 32817			Fiscal Year End:	7/31/2009
			Audit Status:	Unaudited [3]
Provider Type:			Tadio Status	
-J F		Current	New	Effective
		Rate	Rate	Date
Nursing Home Si	ngle Level	189.70	196.62	1/1/2010
Le	vel H: AIDS	330.05	338.54	1/1/2010
Le	vel U: Fragile Under 21	442.67	452.42	1/1/2010
Rate Type :				
Interim		X Prospective		
Total	Interim		otal Prospective	
Interio	n Component		ospective Adjusted	for New Costs
	nent based on costs		= -	n Interim Component
	Provider Prospective data		1	1
 _	-			
Basis:		nanges:		
- ·		I i a a m a u ma I	Poting Change	
Budget	-		Rating Change	
Unaudited costs Field audited costs			Customary Limitation change	on
	_		_	
Field audit - inte		FRVS Cha	nge	
Desk audited cos		V D . C	·	
Desk audit - Inte			ster Change] as of 10/02/1997	
Desk Audit - Pro Distribution:	sspective portion	Oli PKV [2		
Contract Management	/ Fiscal Agent		Stephen Russell	
Permanent File	, I isola i igone	Medicaid C	Cost Reimbursement	Analysis
For information	n Only	1	-75	.//
No Change in	•	Steph	u Ku	sell
	Rate			
Home Office:	Life Care Centers Of America			
Home Office.	Doug Ruth			
	3570 NW Keith Street			
	Cleveland TN 37320			



Madison Nursing Cer	nter		Provider Number:	0 213462-00
Route 3 Box 2310			Date:	12/29/2009
Madison FL 32340			Fiscal Year End:	7/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 208.39	New Rate 210.51	Effective Date 1/1/2010
C	G			
	Level H: AIDS	348.74	352.43	1/1/2010
	Level U: Fragile Under 21	461.36	466.31	1/1/2010
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk Audit	ed costs - interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change Gemester Change RV [2] as of 09/01/1996	h Interim Component
Distribution:	ement / Fiscal Agent		Stephen Russell	
Permanent File For infor	rmation Only age in Rate		aid Cost Reimbursement	•
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Cir Tallahassee FL 32308	le, Ste. D		



Lakeside Village A Cl	lassic Residence by Hyatt		Provider Number:	0 213837-00	
2792 Donnelly Drive			Date:	12/29/2009	
Lantana FL 33462			Fiscal Year End:	12/31/2008	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	244.63	239.43	1/1/2010	
	Level H: AIDS	384.98	381.35	1/1/2010	
	Level U: Fragile Under 21	497.60	495.23	1/1/2010	
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component	
Distribution:	ment / Fiscal Agent		Stephen Russell		
Permanent File	ment / 1 iseai Agent	Medicaid Cost Reimbursement Analysis			
	mation Only	4	hus Ru	raell	
No Chan	ge in Rate	Myen	my / m		
Home Office:	1 - No Home Office				



Bayside Manor			Provider Number:	0 213853-00
4343 Langley Avenue			Date:	12/29/2009
Pensacola FL 32504-8	511		Fiscal Year End:	7/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 181.93	New Rate 184.86	Effective Date 1/1/2010
	Level H: AIDS	322.28	326.78	1/1/2010
	Level U: Fragile Under 21	434.90	440.66	1/1/2010
Basis: Budget X Unaudited c Field audite Field audit Desk audite Desk audit	d costs - interim portion	Usual a Target FRVS X Rate So	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 05/01/1992	n Interim Component
Permanent File For inform	ment / Fiscal Agent mation Only ge in Rate		Stephen Russell aid Cost Reimbursement Ann Russell	•
Home Office:	Delta Health Group, Inc. John Tolan 2 North Palofox Street Pensacola FL 32501			



Bay Breeze Nursing &	& Retirement Center			Provider Number:	0 213861-00	
3387 Gulf Breeze Parkway				Date:	12/29/2009	
Gulf Breeze FL 3256	3			Fiscal Year End:	7/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:						
• •		Curr	ent	New	Effective	
		Rat		Rate	Date	
Nursing Home	Single Level	198	84	200.89	1/1/2010	
	Level H: AIDS	339	19	342.81	1/1/2010	
	Level U: Fragile Under 21	451	81	456.69	1/1/2010	
Rate Type :						
Interim		X Pros	pective	e		
	Total Interim		X	Total Prospective		
	Interim Component	Prospective Adjusted for New Costs				
	Settlement based on costs			Total Prospective with	n Interim Component	
]	Prior Provider Prospective data					
Basis:		Changes:				
Dusis.		Changes.				
Budget		Lic	ensure	Rating Change		
X Unaudited	costs			l Customary Limitation	on	
Field audit		Target Rate limitation change				
	- interim portion	FRVS Change				
Desk audite	*			8-		
	- Interim Portion	X Ra	e Sem	ester Change		
l	t - Prospective portion			[2] as of 06/30/1994		
Distribution:				Stephen Russell		
Contract Management / Fiscal Agent						
Permanent File				Cost Reimbursement	•	
For infor	mation Only	15	n 1	in Ru	sell	
No Char	nge in Rate	my		my / m		
				7		
Home Office:	Delta Health Group, Inc.					
	John Tolan					
	2 North Palofox Street					
	Pensacola FL 32501					



Shady Rest Care Pavilion, Inc.		Provider Number:	0 213900-00	
2310 North Airport Road		Date:	12/29/2009	
Fort Myers FL 33907		Fiscal Year End:	9/30/2009	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 216.87	New Rate 225.54	Effective Date 1/1/2010	
Single Level	210.07		1/1/2010	
Level H: AIDS	357.22	367.46	1/1/2010	
Level U: Fragile Under 21	469.84	481.34	1/1/2010	
Rate Type :				
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospectiv	Total Prospective Prospective Adjusted Total Prospective with		
Basis:	Changes:			
Budget	Licensur	e Rating Change		
X Unaudited costs		d Customary Limitation	on	
Field audited costs	Target Rate limitation change			
Field audit - interim portion	FRVS C	hange		
Desk audited costs				
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 07/01/1986		
<u>Distribution:</u>		Stephen Russell		
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File			•	
For information Only	Steel	hus Ru	sell	
No Change in Rate		- / -		
Home Office: 1 - No Home Office				



pecialty Center of Pensacola				Provider Number:	0 213918-00
984 Pine Forest Road				Date:	12/29/2009
Pensacola FL 32526				Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	[e]
zo, zocz zypot			Current	New	Effective
		_	Rate	Rate	Date
Sursing Home Single	Level	_	201.71	204.06	1/1/2010
Level H	: AIDS		342.06	345.98	1/1/2010
		-			
Level U	: Fragile Under 21	-	454.68	459.86	1/1/2010
Rate Type :					
Interim		X	Prospective	;	
Total Interi	m		-	otal Prospective	
Interim Con	mponent		P	rospective Adjusted	for New Costs
Settlement	based on costs		T	otal Prospective with	h Interim Component
	der Prospective data			•	-
Basis:		Changes			
Dasis.		Changes	<u>-</u>		
Budget			Licensure	Rating Change	
X Unaudited costs			_	Customary Limitation	on
Field audited costs			_	te limitation change	on .
Field audit - interim p	portion	-	FRVS Ch	=	
Desk audited costs	Official		_	unge	
Desk audit - Interim F	tortion	<u> X</u>	Rate Seme	ester Change	
Desk Audit - Prospect				2] as of 12/16/1991	
<u>Distribution:</u>				Stephen Russell	
Contract Management / Fisc	nt / Fiscal Agent Medicaid Cost Reimbursement Analysis		t Analysis		
Permanent File					•
For information On	ly	ب <i>حر</i>	ten h	us Ru	soll
No Change in Rate				- / / / / / / / / / / / / / / / / / / /	
Homo Office:	to Hoolth Cucre. Inc.				
	ta Health Group, Inc. in Tolan				
				ı	
	orth Palofox Street				



Silvercrest Manor 910 Brookmeade Drive			Provider Number:	0 213926-00
			Date:	12/29/2009
Crestview FL 32539			Fiscal Year End:	7/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 193.26	New Rate 198.89	Effective Date 1/1/2010
	Level H: AIDS	333.61	340.81	1/1/2010
	Level U: Fragile Under 21	446.23	454.69	1/1/2010
Basis: Budget X Unaudited c Field audite Field audite Desk audite Desk audit	d costs - interim portion	Usual a Target FRVS X Rate So	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 08/01/1988	n Interim Component
Permanent File For inform	ment / Fiscal Agent mation Only ge in Rate		Stephen Russell aid Cost Reimbursement Russell	•
Home Office:	Delta Health Group, Inc. John Tolan 2 North Palofox Street Pensacola FL 32501			



TMH Skilled Nursing Facility		_		Provider Number:	0 213934-00	
1609 Medical Drive		_		Date:	12/29/2009	
Tallahassee FL 32308	8	_		Fiscal Year End:	9/30/2008	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	-	208.00	208.14	1/1/2010	
	Level H: AIDS		348.35	350.06	1/1/2010	
	Level U: Fragile Under 21		460.97	463.94	1/1/2010	
Rate Type:						
Interim		X	Prospectiv	ve		
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with	n Interim Component	
	Prior Provider Prospective data			_	_	
Basis:	_	Change	s:			
						
Budget			Licensur	e Rating Change		
X Unaudited	costs		Usual an	nd Customary Limitation	on	
Field audit	red costs	Target Rate limitation change				
Field audit	t - interim portion	FRVS Change				
Desk audit	_					
Desk audit	- Interim Portion	X	Rate Ser	nester Change		
Desk Audi	t - Prospective portion		On FRV	[2] as of 10/01/1985		
Distribution:				Stephen Russell		
•	ement / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
Permanent File					-	
	rmation Only	بســ	steel	lens Ru	sell	
No Char	nge in Rate			. / -		
Home Office:	1 - No Home Office					



Gramercy Park Nursing	g Center		Provider Number:	0 214027-00	
17475 S. Dixie Highway			Date:	12/29/2009	
Miami FL 33157			Fiscal Year End:	7/31/2008	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	196.62	198.29	1/1/2010	
	Level H: AIDS	336.97	340.21	1/1/2010	
	Level U: Fragile Under 21	449.59	454.09	1/1/2010	
Basis: Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component	
Distribution:	cont / Fiscal Agent		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	1	In Ru	2	
No Chang	ge in Rate	ngi	my /w		
Home Office:	Seniors Management, Inc Lenard Brown 1114 Wynwood Avenue Cherry Hill NJ 08002				



MIAMI SHORES NURSING AND REHAB CENTER			Provider Number:	0 214035-00
9380 N.W. 7TH AVENUE			Date:	12/29/2009
Miami FL 33150			Fiscal Year End:	7/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren Rate 232.6	Rate	Effective Date 1/1/2010
	Level H: AIDS	372.9	8 380.79	1/1/2010
	Level U: Fragile Under 21	485.6	0 494.67	1/1/2010
Basis: Budget X Unaudited comprised audited Field audit - in Desk audited	costs interim portion	Usua Targ FRV	Prospective Adjusted	th Interim Component
	Prospective portion	On F	RV [2] as of 10/01/1985	
Distribution: Contract Manageme Permanent File For informa No Change	ation Only		Stephen Russell icaid Cost Reimbursemen Ann Russell	•
Home Office:	DOS Health Care, Inc Jorge Hernando 300 71st Street, Suite 400 Miami FL 33141			



Marion House Health			Provider Number:	0 214043-00
3930 E Silver Springs	Blvd		Date:	12/29/2009
Ocala FL 32670			Fiscal Year End:	7/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	214.70	216.75	1/1/2010
	Level H: AIDS	355.05	358.67	1/1/2010
	Level U: Fragile Under 21	467.67	472.55	1/1/2010
Basis: Budget X Unaudited c Field audite Field audite Desk audite Desk audit	d costs - interim portion	Usual a Target I FRVS 0 X Rate Se	ive Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Total Prospective with Use Rating Change and Customary Limitation Rate limitation change Change Emester Change V [2] as of 04/18/1991	n Interim Component
Distribution:	1 1		Stephen Russell	
Contract Manager	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis		
Permanent File				•
For inform No Chang	nation Only	Step	hus Ru	soll
140 Chang	50 m ruic			
Home Office:	Seniors Management, Inc Lenard Brown 1114 Wynwood Avenue Cherry Hill NJ 08002			



Life Care Center of I	Hilliard			Provider Number:	0 214060-00
JS 1 & 3rd Street				Date:	12/29/2009
Hilliard FL 32046				Fiscal Year End:	7/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
V 1			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		179.84	183.89	1/1/2010
	Level H: AIDS		320.19	325.81	1/1/2010
	Level U: Fragile Under 21		432.81	439.69	1/1/2010
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
-	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensur	e Rating Change	
X Unaudited	costs	-	Usual an	nd Customary Limitation	on
Field audit	ted costs		Target Rate limitation change		
Field audi	t - interim portion		FRVS C	Change	
Desk audit					
Desk audit	- Interim Portion	X	Rate Ser	nester Change	
Desk Audi	t - Prospective portion	-	On FRV	[2] as of 05/01/1990	
Distribution:				Stephen Russell	
Contract Manage	ement / Fiscal Agent		Madiani	d Cost Reimbursement	- A malayaia
Permanent File					•
	rmation Only	_	Etens	hus Ru	sell
No Cha	nge in Rate		roje u		
Home Office:	Life Care Centers Of Amer	ca			
	Doug Ruth				
	3570 NW Keith Street				
	Cleveland TN 37320				



Baldomero Lopez State V	Veteran's Nursing Home			Provider Number:	0 214914-00
6919 Parkway Boulevard				Date:	12/29/2009
Land O Lakes FL 34639				Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 216.58	New Rate 217.23	Effective Date 1/1/2010
I	evel H: AIDS		356.93	359.15	1/1/2010
I	evel U: Fragile Under 21	_	469.55	473.03	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Changes: X	Licensur Usual an Target R FRVS C	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 informate No Change in	ion Only			Stephen Russell d Cost Reimbursement Russell	•
Home Office:	Florida Dept. of Veterans Afr Walter Gilchrist 11351 Ulmerton Road, Room Largo Fl 33778-1630				



Margate Health Care C	Center		Provider Number:	0 214931-00	
5951 Colonial Drive			Date:	12/29/2009	
Margate FL 33063			Fiscal Year End:	1/31/2009	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	196.50		1/1/2010	
	Level H: AIDS	336.85	339.17	1/1/2010	
	Level U: Fragile Under 21	449.47	453.05	1/1/2010	
Basis: Budget X Unaudited c Field audite Field audit Desk audite Desk audit	d costs - interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change emester Change	n Interim Component	
Distribution:	(/ E' 1 A		Stephen Russell		
Permanent File	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File For information Only		11.2-	1 -		
No Chang	•	sup.	hus Ru	mu'	
Home Office:	Delta Health Group, Inc. John Tolan 2 North Palofox Street Pensacola FL 32501				



Osprey Point Nursing Cen	nter		Provider Number:	0 215597-00
1104 South Main Street			Date:	12/29/2009
Bushnell FL 33513			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	Single Level	Current Rate 201.53	New Rate 192.16	Effective Date 1/1/2010
Le	evel H: AIDS	341.88	334.08	1/1/2010
Le	evel U: Fragile Under 21	454.50	447.96	1/1/2010
Interi Settle	I Interim im Component ement based on costs Provider Prospective data	X Prospec X	Total Prospective Prospective Adjusted	for New Costs h Interim Component
Basis: Budget X Unaudited costs Field audited co Field audit - int Desk audit - Into Desk Audit - Pr	terim portion osts	Usual Target FRVS X Rate S	ure Rating Change and Customary Limitati Rate limitation change Change emester Change V [2] as of 07/02/1999	on
Distribution: Contract Managemen Permanent File For information No Change in	on Only		Stephen Russell aid Cost Reimbursemen Muss Russell	•
Home Office:	Health Care Managers, Inc Ivonne Burrell 2380 Sadler Road Suite 201 Fernandina Beach FL 32034			



Harbour's Edge			Provider Number:	0 216399-00
401 E. Linton Boulevard			Date:	12/29/2009
Delray Beach FL 33483			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level	Current Rate 241.52	New Rate 238.60	Effective Date 1/1/2010
Le	evel H: AIDS	381.87	380.52	1/1/2010
Le	evel U: Fragile Under 21	494.49	494.40	1/1/2010
Interi Settle	Interim m Component ment based on costs Provider Prospective data	Pr	otal Prospective Pospective Adjusted otal Prospective with	for New Costs In Interim Component
Budget X Unaudited costs Field audited co Field audit - into Desk audit - Into Desk Audit - Pro	erim portion sts	Usual and Target Rate FRVS Cha X Rate Seme	Rating Change Customary Limitation change Inge Ster Change as of 01/01/1999	on
Distribution:			Stephen Russell	
Contract Management Permanent File For information No Change in	on Only		Cost Reimbursement	•
Home Office:	Life Care Retirement Comm.,Inc. John Kaduce 200 East Grand Avenue Des Moines IA 50309-1800			



Crystal River Health & Rehabilitation Center			Provider Number:	0 217263-00	
136 Northeast 12th Avenue			Date:	12/29/2009	
Crystal River FL 3442	29	•	Fiscal Year End:	6/30/2009	
			Audit Status:	Unaudited [3]	
Provider Type:					
• •		Current	New	Effective	
	a	Rate	Rate	Date	
Nursing Home	Single Level	192.34		1/1/2010	
	Level H: AIDS	332.69	339.47	1/1/2010	
	Level U: Fragile Under 21	445.31	453.35	1/1/2010	
Rate Type :					
Interim		X Prospec	etive		
	Total Interim	X	Total Prospective		
	Interim Component		Prospective Adjusted	for New Costs	
	Settlement based on costs		Total Prospective with	h Interim Component	
I	Prior Provider Prospective data				
Basis:		Changes:			
		Ligans	yuna Datina Changa		
Budget X Unaudited	acets		sure Rating Change	o.m	
Field audit			and Customary Limitation Rate limitation change	OH	
	: - interim portion		FRVS Change		
Desk audite	-		8-		
	- Interim Portion	X Rate S	emester Change		
Desk Audit	t - Prospective portion	On FR	V [2] as of 07/01/1999		
Distribution:			Stephen Russell		
Contract Manage	ement / Fiscal Agent	Madia	aid Cost Reimbursement	t Analysis	
Permanent File				•	
	mation Only	Step	hus Ru	sell	
No Char	nge in Rate		-		
Home Office:	NHIC Management				
Home Office:	NHS Management Claude Lee				
	931 Fairfax Park				
	Tuscaloosa AL 35406				



Ocala Health & Rehat			Provider Number:	0 217395-00	
1201 Southeast 24th F	Road		Date:	12/29/2009	
Ocala FL 34471			Fiscal Year End:	6/30/2009	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	183.06		1/1/2010	
	Level H: AIDS	323.41	328.95	1/1/2010	
	Level U: Fragile Under 21	436.03	442.83	1/1/2010	
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target FRVS	ive _ Total Prospective _ Prospective Adjusted _ Total Prospective with _ Total Prospective with are Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 07/01/1999	n Interim Component	
Distribution:	(/E' 1.4		Stephen Russell		
Contract Manage Permanent File	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
	mation Only	e	1 -		
	ge in Rate	My	In Ru	sacri	
Home Office:	NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406				



West Melbourne Health	& Rehabilitation Center		Provider Number:	0 217727-00
2125 West New Havene	2125 West New Havene Avenue		Date:	12/29/2009
West Melbourne FL 3290)4		Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curre Rate 204.5	Rate	Effective Date 1/1/2010
I	Level H: AIDS	344.8	348.25	1/1/2010
I	Level U: Fragile Under 21	457.4	462.13	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion costs	Changes: Lice Usu Targ FRV	Total Prospective Prospective Adjusted Total Prospective wi Total Prospective wi ensure Rating Change al and Customary Limitat get Rate limitation change VS Change	th Interim Component
Distribution: Contract Manageme Permanent File For informat No Change	tion Only		Stephen Russell licaid Cost Reimbursement Russell Russell Russell	•
Home Office:	NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406			



St.Augustine Health & R	Rehabilitation Center			Provider Number:	0 217735-00
51 Sunrise Boulevard				Date:	12/29/2009
St. Augustine FL 32086				Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	· -	urrent Rate 05.39	New Rate 207.47	Effective Date 1/1/2010
]	Level H: AIDS	3	45.74	349.39	1/1/2010
1	Level U: Fragile Under 21	4	58.36	463.27	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - in Desk audited of Desk audit - In	costs nterim portion costs	Changes:	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
Distribution: Contract Manageme Permanent File For informa No Change	tion Only			Stephen Russell Cost Reimbursement Russell Russell	•
Home Office:	NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406				



Daytona Beach Health	and Rehabilitation Center		Provider Number:	0 217743-00
1055 Third Avenue			Date:	12/29/2009
Daytona Beach FL 32	117		Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type:	Single Level	Current Rate	Rate	Effective Date
Nursing Home	Single Level	206.60	<u>208.51</u>	1/1/2010
	Level H: AIDS	346.95	5 350.43	1/1/2010
	Level U: Fragile Under 21	459.5	7 464.31	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	d costs - interim portion	Usua Targe FRV X Rate		h Interim Component
Distribution: Contract Manager	ment / Fiscal Agent	M- I	Stephen Russell	A a alamia
	nation Only ge in Rate		caid Cost Reimbursement	•
Home Office:	NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406			



Life Care Center of Port	St. Lucie		Provider Number:	0 217824-00
3720 South Jennings Roa	ad		Date:	12/29/2009
Port St Lucie FL 34952			Fiscal Year End:	7/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 204.42	New Rate 208.98	Effective Date 1/1/2010
- (~ g			1/1/2010
1	Level H: AIDS	344.77	350.90	1/1/2010
1	Level U: Fragile Under 21	457.39	464.78	1/1/2010
Rate Type :				
Inte Sett	al Interim erim Component element based on costs or Provider Prospective data		re Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited cos Field audited of Field audit - in Desk audit - In Desk Audit - Field audit -	ts costs	Usual and Target R. FRVS C. X Rate Sem	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/01/1999	on
Distribution: Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell Cost Reimbursement Russell Russell	•
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Lakeshore Villas Healt	h Care Center			Provider Number:	0 218057-00
16002 Lakeshore Villa	s Drive			Date:	12/29/2009
Tampa FL 33613				Fiscal Year End:	1/31/2009
				Audit Status:	Unaudited [3]
Provider Type:		<u>I</u>	ırrent Rate	New Rate	Effective Date
Nursing Home	Single Level		04.08		1/1/2010
	Level H: AIDS		14.43	349.63	1/1/2010
	Level U: Fragile Under 21	4:	57.05	463.51	1/1/2010
Basis: Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	d costs interim portion	Changes:	Usual an Farget R FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change d Customary Limitatio ate limitation change	n Interim Component
	nent / Fiscal Agent		Medicaio	Stephen Russell	Analysis
Permanent File For inform No Chang	nation Only ge in Rate			hus Rus	
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619				



W. JACKSONVILLI	E HEALTH AND REHAB CENTE			Provider Number:	0 218171-00
1650 Fouraker Road				Date:	12/29/2009
Jacksonville FL 3222	21			Fiscal Year End:	8/31/2008
				Audit Status:	Unaudited [3]
Provider Type:				Tadit Status	
			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level		196.71	<u>198.42</u>	1/1/2010
	Level H: AIDS		337.06	340.34	1/1/2010
	Level U: Fragile Under 21	_	449.68	454.22	1/1/2010
		_	,		1, 1, 2010
Rate Type :					
Interim		X	Prospectiv	WO.	
	Total Interim	<u> </u>	X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Prospective will	i interim Component
	Thor Frovider Frospective data		1		
Basis:		Changes			
Б. 1			Liconeus	re Rating Change	
Budget X Unaudited	Lagata	-	_		
Field audi			_	nd Customary Limitation change	on
			FRVS C	_	
	t - interim portion		- FRVSC	mange	
Desk audit	ted costs t - Interim Portion	<u> X</u>	- Doto Cor	mastar Changa	
	it - Prospective portion	A		mester Change [2] as of 08/10/1990	
Distribution:	• •			Stephen Russell	
Contract Manag	ement / Fiscal Agent				
Permanent File				d Cost Reimbursement	•
For info	rmation Only		4	hus Ru	mell
No Cha	nge in Rate		reze r	mes / la	,
Home Office:	Lyric Health Care				
	Timothy J Trybus	C:4- I			
	7150 Columbia Gateway Driv	e Suite J			
	Columbia MD 21046				



Life Care Center of Winter Haven		Provider Number:	0 219380-00
1510 Cypress Gardens Boulevard		Date:	12/29/2009
Winter Haven FL 33884		Fiscal Year End:	7/31/2008
		Audit Status:	
Provider Type:		Tudit Status.	Chadares [e]
1, per	Curren	t New	Effective
	Rate	Rate	Date
Nursing Home Single Level	193.8	5 195.90	1/1/2010
Level H: AIDS	224.2	0 227.02	1/1/2010
Level H. AIDS	334.2	0 337.82	1/1/2010
Level U: Fragile Under 21	446.8	451.70	1/1/2010
Rate Type :			
Interim	X Prosp		
Total Interim	X		16 N G
Interim Component		Prospective Adjuste	
Settlement based on costs		Total Prospective w	ith Interim Component
Prior Provider Prospective da	a		
Basis:	Changes:		
	T *	Dating Classes	
Budget		nsure Rating Change	
Y Unaudited costs		l and Customary Limita	
Field audited costs		et Rate limitation change	
Field audit - interim portion	FRV	S Change	
Desk audited costs			
Desk audit - Interim Portion		Semester Change	•
Desk Audit - Prospective portion	On F	RV [2] as of 11/03/1999	9
<u>Distribution:</u> Contract Management / Fiscal Agent		Stephen Russell	
Permanent File	Med	icaid Cost Reimburseme	nt Analysis
For information Only		1 -	//
No Change in Rate	Sty	hus Re	wall
No Change in Rate			
Home Office: Life Care Centers Of	America		
Doug Ruth			
3570 NW Keith Stree			
Cleveland TN 37320			



Century Care Center.			Provider Number:	0 220604-00
6020 Industrial Blvd.			Date:	12/29/2009
Century FL 32535			Fiscal Year End:	7/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 202.57	New Rate 207.92	Effective Date 1/1/2010
	Level H: AIDS	342.92	349.84	1/1/2010
	Level U: Fragile Under 21	455.54	463.72	1/1/2010
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk Audit	ed costs - interim portion	Usual a Target FRVS X Rate S	tive Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 08/12/1994	n Interim Component
Distribution:	ement / Fiscal Agent	<u> </u>	Stephen Russell	
Permanent File For infor	rmation Only age in Rate		aid Cost Reimbursement	•
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Cir Tallahassee FL 32308	le, Ste. D		



Santa Rosa Health & R	ehabilitation Center		Provider Number:	0 220612-00
5386 Broad Steeet			Date:	12/29/2009
Milton FL 32570			Fiscal Year End:	7/31/2008
			Audit Status:	Unaudited [3]
Provider Type:	Single Level	Currer Rate	Rate	Effective Date
Nursing Home	Single Level	199.6	201.33	1/1/2010
	Level H: AIDS	339.9	343.25	1/1/2010
	Level U: Fragile Under 21	452.5	457.13	1/1/2010
Basis: Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Changes: Lice Usu Targ FRV X Rate	Prospective Adjuste Total Prospective w ensure Rating Change al and Customary Limita get Rate limitation change //S Change e Semester Change FRV [2] as of 10/01/198	tion
	nent / Fiscal Agent		Stephen Russell	
Permanent File	nation Only		licaid Cost Reimburseme	· ·
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Circ Tallahassee FL 32308	e, Ste. D		



andy Ridge Care Center	r			Provider Number:	0 220621-00
5360 Glover Lane				Date:	12/29/2009
filton FL 32570				Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
rovider Type:					
3 1			Current	New	Effective
		_	Rate	Rate	Date
Jursing Home	Single Level	_	211.58	213.45	1/1/2010
]	Level H: AIDS		351.93	355.37	1/1/2010
1	Level U: Fragile Under 21	-	464.55	469.25	1/1/2010
•	Devel of Fragile Olider 21		104.33		1/1/2010
Rate Type :					
Interim		X	Prospectiv	0	
	al Interim		Prospectiv X	Total Prospective	
				=	for Nav. Costs
	erim Component			Prospective Adjusted	
	lement based on costs			Total Prospective with	n Interim Component
Prio	or Provider Prospective data				
Basis:		Changes	::		
			<u>.</u>		
Budget			Licensure	e Rating Change	
X Unaudited cos	ts		Usual and	d Customary Limitation	on
Field audited	costs		Target Ra	ate limitation change	
Field audit - in	nterim portion		FRVS Cl	nange	
Desk audited of	-				
Desk audit - Ir		X	Rate Sem	nester Change	
Desk Audit - I	Prospective portion	-		[2] as of 02/29/2000	
Distribution:				Stephen Russell	
Contract Manageme	ent / Fiscal Agent		Modiasid	Cost Reimbursement	Analysis
Permanent File					•
For informa	tion Only	<u> </u>	ton 1	en Ru	sell
No Change	in Rate		rejen		
Home Office:	Summit Care II, Inc				
	Guy Farmer	a. E			
	2851 Remington Green Circle	e, Ste. D			
	Tallahassee FL 32308				
	1				



Westminster Care of Clermont		Provider Number:	0 221465-00
151 East Minnehaha Avenue		Date:	12/29/2009
Clermont FL 34711		Fiscal Year End:	1/31/2009
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 180.33	New Rate 178.11	Effective Date 1/1/2010
Level H: AIDS	320.68	320.03	1/1/2010
Level U: Fragile Under 21	433.30	433.91	1/1/2010
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data Basis: BudgetX Unaudited costsField audited costsField audit - interim portionDesk audit - Interim PortionDesk Audit - Prospective portion	Changes: Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Stephen Russell d Cost Reimbursement	·
Home Office: 1 - No Home Office			



Calusa Harbour				Provider Number:	0 221473-00
2525 East First Street				Date:	12/29/2009
Ft. Myers FL 33901				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 238.51	New Rate 222.24	Effective Date 1/1/2010
Truising Home	Single Devel				1/1/2010
	Level H: AIDS		378.86	364.16	1/1/2010
	Level U: Fragile Under 21		491.48	478.04	1/1/2010
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Chang	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	h Interim Component
Distribution:	nent / Fiscal Agent			Stephen Russell	
Permanent File	nation Only			d Cost Reimbursement	•
Home Office:	Sunrise Senior Living Tony Harris 7900 W. Park Drive, STE T McLean VA 22102	900			



Westminster Care of Do	elaney Park			Provider Number:	0 221589-00
215 Annie Street				Date:	12/29/2009
Orlando FL 32806				Fiscal Year End:	1/31/2009
				Audit Status:	Unaudited [3]
Provider Type:		Cur Ra	rent ate	New Rate	Effective Date
Nursing Home	Single Level	19	2.76	194.56	1/1/2010
	Level H: AIDS	33:	3.11	336.48	1/1/2010
	Level U: Fragile Under 21	44.	5.73	450.36	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Changes: L U T F	sual an arget R RVS C ate Sen	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 03/30/1993	n Interim Component
Contract Managem	nent / Fiscal Agent			Stephen Russell	
Permanent File	nation Only			d Cost Reimbursement	-
Home Office:	1 - No Home Office				



Regents Park at Aventura		Provider Number:	0 223239-00
18905 NE 25th Avenue		Date:	12/29/2009
North Miami Beach FL 33180		Fiscal Year End:	8/31/2008
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 218.29	New Rate 220.16	Effective Date 1/1/2010
Single Level		220.10	1/1/2010
Level H: AIDS	358.64	362.08	1/1/2010
Level U: Fragile Under 21	471.26	475.96	1/1/2010
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	Changes: Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change d Customary Limitatio ate limitation change	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent		Stephen Russell	
Permanent File		d Cost Reimbursement	
For information Only No Change in Rate	Steph	hus Ru	sall
Home Office: 1 - No Home Office			



Westminster Care of	Orlando	_		Provider Number:	0 223654-00
830 West 29th Street		_		Date:	12/29/2009
Orlando FL 32805		<u>-</u>		Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		180.95	182.64	1/1/2010
	Level H: AIDS		321.30	324.56	1/1/2010
	Level U: Fragile Under 21		433.92	438.44	1/1/2010
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		- X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Prospective with	i interim component
	Thor Frovider Frospective data				
Basis:		Change	s:		
D. 1			Licensur	e Rating Change	
Budget					
<u>X</u> Unaudited				d Customary Limitation change	on
Field audi					
	t - interim portion		FRVS C	nange	
Desk audit					
	t - Interim Portion t - Prospective portion	X		mester Change [2] as of 10/01/1985	
Distribution:				Stephen Russell	
Contract Manage	ement / Fiscal Agent		M. P		A 1
Permanent File				d Cost Reimbursement	
	rmation Only	ر.	ations	hus Ru	sell
No Cha	nge in Rate		nge ii		
Home Office:	1 - No Home Office				



Fiscal Year End: 1/31/2009 Audit Status: Unaudited [3]	Life Care Center of Sarasota				Provider Number:	0 223786-00
Provider Type: Current New Effective Rate Rate Date	8104 North Tuttle A	venue			Date:	12/29/2009
Provider Type: Current Rate Rate Date	Sarasota Fl 34243					1/31/2009
Provider Type: Current Rate Rate Date						1
Nursing Home Single Level Level H: AIDS Level U: Fragile Under 21 A70,46 A70,46 A72,19 A71/2010 Rate Type: Interim Total Interim Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Changes: Licensure Rating Change	Provider Type:					
Level H: AIDS 357.84 358.31 1/1/2010 Level U: Fragile Under 21 470.46 472.19 1/1/2010 Rate Type :	• •					
Level H: AIDS Level U: Fragile Under 21 A70.46						
Level U: Fragile Under 21 470.46 472.19 1/1/2010	Nursing Home	Single Level		217.49	216.39	1/1/2010
Interim		Level H: AIDS		357.84	358.31	1/1/2010
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:		Level U: Fragile Under 21		470.46	472.19	1/1/2010
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:						
Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Rate Type :					
Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Interin	1	X	Prospectiv	/e	
Interim Component Settlement based on costs Prior Provider Prospective data Basis:						
Basis: Budget Yunaudited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change On FRV [2] as of 06/29/2000 Stephen Russell Medicaid Cost Reimbursement Analysis		-			=	for New Costs
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 Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change On FRV [2] as of 06/29/2000 Stephen Russell Medicaid Cost Reimbursement Analysis		•				
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 Licensure Rating Change Usual and Customary Limitation FRVS Change Target Rate limitation change FRVS Change On FRV [2] as of 06/29/2000 Stephen Russell Medicaid Cost Reimbursement Analysis		•			1	1
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 Licensure Rating Change Usual and Customary Limitation Farget Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 06/29/2000 Stephen Russell Medicaid Cost Reimbursement Analysis	Racic		Chang	100.		
X Unaudited costs	Dasis.		Chang	,cs.		
With the contract Management / Fiscal Agent With the contract Ma	Budget			Licensur	e 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 Target Rate limitation change FRVS Change Stephen Russell Medicaid Cost Reimbursement Analysis		l costs	-	—— Usual an	d Customary Limitation	on
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File The Rate Semester Change On FRV [2] as of 06/29/2000 Stephen Russell Medicaid Cost Reimbursement Analysis	Field aud	ited costs	-		•	
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File X Rate Semester Change On FRV [2] as of 06/29/2000 Stephen Russell Medicaid Cost Reimbursement Analysis	Field aud	it - interim portion		FRVS C	hange	
Desk Audit - Prospective portion On FRV [2] as of 06/29/2000 Distribution: Contract Management / Fiscal Agent Permanent File Stephen Russell Medicaid Cost Reimbursement Analysis		-				
Distribution: Contract Management / Fiscal Agent Permanent File Stephen Russell Medicaid Cost Reimbursement Analysis	Desk audi	t - Interim Portion	X			
Contract Management / Fiscal Agent Permanent File Medicaid Cost Reimbursement Analysis		• •		On FRV	[2] as of 06/29/2000	
Permanent File Medicaid Cost Reimbursement Analysis		_			Stephen Russell	
Permanent File	-	•		Medicaio	d Cost Reimbursement	Analysis
No Change in Rate Styling Russell						•
No Change in Rate		•		Styl	m Ru	soll
	No Cit	inge in Kate				
XX 0.00	**	7.10 G G G G G G G G G G				
Home Office: Life Care Centers Of America Doug Ruth	Home Office:		ca			
3570 NW Keith Street						
Cleveland TN 37320						



avante at Orlando, inc.		Provider Number:	0 223808-00	
000 North Semoran Boulevard	ılevard Date:		12/29/2009	
Orlando FL 32807		Fiscal Year End:	5/31/2009	
		Audit Status:	Unaudited [3]	
Provider Type:				
• •	Current	New	Effective	
	Rate	Rate	Date	
Sursing Home Single Level	214.03	218.73	1/1/2010	
Level H: AIDS	354.38	360.65	1/1/2010	
Level U: Fragile Under 21	467.00	474.53	1/1/2010	
•				
Rate Type :				
Interim	X Prospectiv	ve		
Total Interim		Total Prospective		
Interim Component		Prospective Adjusted	for New Costs	
Settlement based on costs		Total Prospective with		
Prior Provider Prospective data		T		
Basis:	Changes:			
	Licensur	e Rating Change		
Budget				
Y Unaudited costs		d Customary Limitation	on	
Field audited costs		ate limitation change		
Field audit - interim portion	FRVS C	nange		
Desk audited costs		CI.		
Desk audit - Interim Portion		nester Change [2] as of 11/01/1990		
Desk Audit - Prospective portion Distribution:	Oll TRV			
Contract Management / Fiscal Agent		Stephen Russell		
Permanent File	Medicaio	d Cost Reimbursemen	t Analysis	
For information Only	7-	1 -		
No Change in Rate	Bry r	hus Ru	sacri	
Home Office: Avante Group, Inc.				
Janan Mitchell				
4000 Hollywood Blvd, Suite	40-N			
Hollywood FL 33021-6744				



Ooctors Lake of Orange	Park			Provider Number:	0 223883-00	
33 Kingsley Avenue				Date:	12/29/2009	
Orange Park FL 32073				Fiscal Year End:	9/30/2008	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	-	Current Rate 193.76	New Rate 195.34	Effective Date 1/1/2010	
tursing frome	bingle Devel	-	173.70		1/1/2010	
	Level H: AIDS		334.11	337.26	1/1/2010	
	Level U: Fragile Under 21		446.73	451.14	1/1/2010	
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited	costs nterim portion	Change	Licensur Usual an Target R FRVS C	nester Change	h Interim Component	
	Prospective portion		On FRV	[2] as of 11/03/1987		
Distribution: Contract Manageme	ent / Fiscal Agent		Modiosis	Stephen Russell	t A polycic	
Permanent File For informa No Change	<u> </u>	ئىيىر		l Cost Reimbursement	-	
Home Office:	SV / Home Office, Inc. 4178 Malbeth Ct Winston-Salem NC 27104					



Horizon Healthcare Cen	nter at Daytona			Provider Number:	0 223905-00
1350 South Nova Road				Date:	12/29/2009
Daytona Beach FL 3211	14			Fiscal Year End:	5/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
		Cu	ırrent	New	Effective
		F	Rate	Rate	Date
Nursing Home	Single Level		25.91		1/1/2010
	Level H: AIDS	24	66.26	369.09	1/1/2010
	Level U: Fragile Under 21	47	78.88	482.97	1/1/2010
Rate Type :					
Interim		P1	ospective		
	tal Interim	-		Total Prospective	
	terim Component	-		Prospective Adjusted	
	ttlement based on costs	-		Total Prospective with	n Interim Component
Pri	or Provider Prospective data				
Basis:		Changes:			
Budget				Rating Change	
X Unaudited co				l Customary Limitation	on
Field audited	costs		_	te limitation change	
Field audit -	interim portion	1	FRVS Ch	nange	
Desk audited	costs				
Desk audit - I	Interim Portion			ester Change	
	Prospective portion		On FRV	[2] as of 07/01/1987	
Distribution:				Stephen Russell	
Contract Managem	ent / Fiscal Agent		Medicaid	Cost Reimbursement	Analysis
Permanent File					•
For information	•	<i>4.</i> 1	in to	in Ru	sell
No Change	e in Rate	100			
Home Office:	Lyric Health Care				
	Timothy J Trybus	ivo Cuito I			
	7150 Columbia Gateway Dr	ive Suite J			
	Columbia MD 21046				



Pensacola Health Care	e Facility		Provider Number:	0 224243-00
1717 West Avery Stre	•		Date:	12/29/2009
Pensacola FL 32501			Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type:	Single Level	Current Rate	Rate	Effective Date
Nursing Home	Single Level	209.08	209.80	1/1/2010
	Level H: AIDS	349.43	351.72	1/1/2010
	Level U: Fragile Under 21	462.05	465.60	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk Audite	ed costs - interim portion	Usua Targe FRV:	Total Prospective Prospective Adjusted	ch Interim Component
Distribution:	ment / Fiscal Agent		Stephen Russell	
Permanent File	Ç		caid Cost Reimbursemen	•
	mation Only ge in Rate	Styp	hus Ru	ssell
Home Office:	1 - No Home Office			



MK of Haines City I	LLC			Provider Number:	0 224341-00
409 10TH STREET		-		Date:	12/29/2009
Haines City FL 3384	14			Fiscal Year End:	11/30/2008
				Audit Status:	Unaudited [3]
Provider Type:					
•			Current	New	Effective
	a		Rate	Rate	Date
Nursing Home	Single Level		179.98	<u> 181.47</u> _	1/1/2010
	Level H: AIDS		320.33	323.39	1/1/2010
	Level U: Fragile Under 21		432.95	437.27	1/1/2010
Rate Type :					
Interim	1	X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs		·	Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Chang	es:		
200200		9110119	,000		
Budget			Licensur	e Rating Change	
X Unaudited	l costs		Usual an	d Customary Limitation	on
Field audi	ted costs			ate limitation change	
Field audi	it - interim portion		FRVS C	hange	
Desk audi	-			-	
	t - Interim Portion	X	Rate Ser	nester Change	
Desk Aud	it - Prospective portion		On FRV	[2] as of 12/01/1998	
Distribution	_			Stephen Russell	
_	gement / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
Permanent File					•
	ormation Only		Step 1	hus Ru	sell
No Cha	inge in Rate	مد حمد			
Home Office:	M-K Management, LLC Mark D. Hickman				
	1181 Vickery Lane, Suite 2	00			
	Cordova TN 38016-0633	~ ~			
	Coldo (a 111 50010 0055				



South Tampa Health an	nd Rehabilitation Center		Provider Numbe	r: 0 224910-00	
4610 S. Manhattan Ave	enue		Dat	e: 12/29/2009	
Tampa FL 33611			Fiscal Year End	: 6/30/2009	
			Audit Statu	s: Unaudited [3]	
Provider Type:		Curre Rate	Rate	Effective Date	
Nursing Home	Single Level	200.	26 202.82	1/1/2010	
	Level H: AIDS	340.	344.74	1/1/2010	
	Level U: Fragile Under 21	453.	23 458.62	1/1/2010	
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	d costs interim portion	Changes: Lice Use Tar FR	Total Prospective Prospective Adjust Total Prospective Adjust Total Prospective vices ensure Rating Change al and Customary Limit get Rate limitation change VS Change e Semester Change FRV [2] as of 12/01/19	with Interim Component ation ge	
Distribution:	(T)		Stephen Russel	11	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	14	. /		
No Chang	•	My	elm R	wall	
Home Office:	1 - No Home Office				



MK of North Port LLC			Provider Number:	0 225053-00
6940 Outreach Way			Date:	12/29/2009
North Port FL 34287	_		Fiscal Year End:	2/28/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 214.70	New Rate	Effective Date 1/1/2010
runsing frome	Single Devel	214.70		1/1/2010
	Level H: AIDS	355.05	349.17	1/1/2010
	Level U: Fragile Under 21	467.67	463.05	1/1/2010
Basis: Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	sts costs interim portion	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 11/01/1997	n Interim Component
Contract Manageme	ent / Fiscal Agent		Stephen Russell	
Permanent File For informa No Change	ation Only		l Cost Reimbursement	•
Home Office:	M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 Cordova TN 38016-0633			



Victoria Nursing & Rel	hab Center		Provider Number:	0 225177-00
955 NW 3rd Street			Date:	12/29/2009
Miami Fl 33128			Fiscal Year End:	2/28/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 234.40	Rate	Effective Date 1/1/2010
runsing nome	Single Level	234.40		1/1/2010
	Level H: AIDS	374.75	356.39	1/1/2010
	Level U: Fragile Under 21	487.37	470.27	1/1/2010
Basis: Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 11/13/2000	h Interim Component
	nent / Fiscal Agent		Stephen Russell	
Permanent File	nation Only		caid Cost Reimbursemen	•
Home Office:	Stacey Enterprises, Inc Richard E. Stacey 421 Garrard Street Covington KY 41011			



NK of Fernandina Beach LLC	Provider Number	: 0 225274-00
625 Lime Street	Date:	
Gernandina Beach FL 32034	Fiscal Year End:	: <u>12/29/2009</u> 12/31/2008
	Audit Status	-
Provider Type:	Tudit Status	
- J P S S	Current New	Effective
	Rate Rate	Date
Nursing Home Single Level	192.67 193.21	1/1/2010
Level H: AIDS	333.02 335.13	1/1/2010
Level II. Albs	333.02 333.13	1/1/2010
Level U: Fragile Under 21	445.64 449.01	1/1/2010
Rate Type :		
Interim	X Prospective	
Total Interim	X Total Prospective	
Interim Component	Prospective Adjuste	ed for New Costs
Settlement based on costs		rith Interim Component
Prior Provider Prospective data		· · · · · · · · · · · · · · · · · · ·
<u> </u>	. 1	
Basis:	hanges:	
	Linear Patient Change	
Budget	Licensure Rating Change	
Unaudited costs	Usual and Customary Limita	
Field audited costs	Target Rate limitation chang	е
Field audit - interim portion	FRVS Change	
Desk audited costs		
Desk audit - Interim Portion	X Rate Semester Change	0
Desk Audit - Prospective portion Distribution:	On FRV [2] as of 08/01/200	
Contract Management / Fiscal Agent	Stephen Russell	
Permanent File	Medicaid Cost Reimburseme	ent Analysis
For information Only	/	.//
No Change in Rate	Stephus Re	issell
Home Office: M-K Management, LLC		
Mark D. Hickman		
1181 Vickery Lane, Suite 200		
Cordova TN 38016-0633		



The Aristocrat			Provider Number:	0 225291-00
10949 Parnu Street	_		Date:	12/29/2009
Naples FL 34109			Fiscal Year End:	3/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	242.90	236.72	1/1/2010
	Level H: AIDS	383.25	378.64	1/1/2010
	Level U: Fragile Under 21	495.87	492.52	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change The Prospective with The Rating Change The Rating	n Interim Component
	ment / Fiscal Agent		Stephen Russell	
Permanent File For inform	mation Only ge in Rate		id Cost Reimbursement	-
Home Office:	1 - No Home Office			



MK of Winter Garden LL	C		Provider Number:	0 225410-00
12751 W Colonial Dr			Date:	12/29/2009
Winter Garden FL 31787			Fiscal Year End:	12/31/2007
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	Single Level	Current Rate 200.80	New Rate	Effective Date 1/1/2010
L	evel H: AIDS	341.15	345.34	1/1/2010
L	evel U: Fragile Under 21	453.77	459.22	1/1/2010
Basis: Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int	osts	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
Distribution: Contract Management Permanent File For informati No Change in	on Only		Stephen Russell d Cost Reimbursement	· ·
Home Office:	M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 Cordova TN 38016-0633			



Springtree Rehab & Ho	ealth Care Center, LLC		Provider Number:	0 225631-00
4251 Springtree Drive	4251 Springtree Drive		Date:	12/29/2009
Sunrise FL 33351			Fiscal Year End:	8/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 208.28	New Rate 209.99	Effective Date 1/1/2010
runsing frome	Single Level	200.20		1/1/2010
	Level H: AIDS	348.63	351.91	1/1/2010
	Level U: Fragile Under 21	461.25	465.79	1/1/2010
Basis: Budget X Unaudited c Field audite Field audit - Desk auditec Desk Audit	d costs - interim portion	Usual a Target FRVS X Rate Se	tive Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 03/06/1990	n Interim Component
Distribution:	went / Figure 1 A grant		Stephen Russell	
Permanent File	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis		
For information Only		1.4	1 7	
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Home Office:	Millenium Health Systems Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309			



Pinecrest Convalescent C	Center		Provider Number:	0 225754-00
13650 NE Third Street			Date:	12/29/2009
North Miami FL 33161			Fiscal Year End:	8/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 214.55	New Rate 224.14	Effective Date 1/1/2010
I	Level H: AIDS	354.90	366.06	1/1/2010
I	Level U: Fragile Under 21	467.52	479.94	1/1/2010
Basis: Budget X Unaudited cos Field audit - ir Desk audited co	costs nterim portion costs	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution: Contract Manageme Permanent File For information No Change	tion Only		Stephen Russell id Cost Reimbursement	<u> </u>
Home Office:	Millenium Health Systems Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309			



Stuart Nursing & Resto	orative Care Center		Provider Number:	0 225991-00
1500 Palm Beach Road	d		Date:	12/29/2009
Stuart FL 33494			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.04	197.66	1/1/2010
	Level H: AIDS	348.39	339.58	1/1/2010
	Level U: Fragile Under 21	461.01	453.46	1/1/2010
Basis: Budget X Unaudited c Field audite Field audite Desk audite Desk audit	d costs - interim portion	Usual at Target I FRVS C	Total Prospective Prospective Adjusted Total Prospective with Tre Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:			Stephen Russell	
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis		
Permanent File For information Only		. 	1 -	
No Chang	•	stypi	hus Ru	and I
Home Office:	Eden Park Management, Inc. Thomas R. Ellis 22 Holland Avenue Albany NY 12209			



Port St. Lucie Nursing &	Restorative Care Center		Provider Number:	0 226009-00
7300 Oleander Avenue			Date:	12/29/2009
Port St. Lucie FL 34952			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 203.81	New Rate 205.85	Effective Date 1/1/2010
L	evel H: AIDS	344.16	347.77	1/1/2010
L	evel U: Fragile Under 21	456.78	461.65	1/1/2010
Basis: Budget X Unaudited cost: Field audit - in Desk audited co	osts terim portion osts	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution: Contract Managemer Permanent File For informati No Change i	ion Only		Stephen Russell id Cost Reimbursement Russ	•
Home Office:	Eden Park Management, Inc. Thomas R. Ellis 22 Holland Avenue Albany NY 12209			



Plantation Nursing & Re	chab Center		Provider Number:	0 226017-00
4250 NW 5th Street			Date:	12/29/2009
Plantation FL 33317			Fiscal Year End:	8/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 216.27	New Rate 223.16	Effective Date 1/1/2010
	Level H: AIDS	356.62	365.08	1/1/2010
:	Level U: Fragile Under 21	469.24	478.96	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - is Desk audited Desk audit - Is	costs nterim portion costs	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change The Rating Chang	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate			id Cost Reimbursement	•
Home Office:	Millenium Health Systems Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309			



Martin Nursing and Re	estorative Care Center		Provider Numb	per: 0 226033-00
6001 S.E. Tower Road	<u> </u>		Da	ate: 12/29/2009
Stuart FL 34997			Fiscal Year Er	nd: 12/31/2008
			Audit Sta	tus: Unaudited [3]
Provider Type: Nursing Home	Single Level	Curre Rate 212.	Rate	Effective
Nursing Home	Single Level		206.50	
	Level H: AIDS	352.	48 348.42	1/1/2010
	Level U: Fragile Under 21	465.	10 462.30	1/1/2010
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs - interim portion	Changes: Lic Usu Tar FR		nsted for New Costs e with Interim Component nitation unge
Distribution:	ment / Fiscal Agent		Stephen Russ	sell
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis		
For information Only		4	ehm Z	mell
No Chang	ge in Rate	my	my /	
Home Office:	Eden Park Management, Inc. Thomas R. Ellis 22 Holland Avenue Albany NY 12209			



The Manor At Blue W	·			Provider Number:	0 226041-00
1500 North White Pt.	Road			Date:	12/29/2009
Niceville FL 32578				Fiscal Year End:	8/31/2008
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	194.75	196.66	1/1/2010
	Level H: AIDS	_	335.10	338.58	1/1/2010
	Level U: Fragile Under 21		447.72	452.46	1/1/2010
Rate Type :					
Interim		X	Prospectiv	ve	
	Γotal Interim	<u> </u>	- X	Total Prospective	
	nterim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
				Total Prospective with	i internii Component
P	Prior Provider Prospective data				
Basis:		Changes	:		
Budget			Licensur	e Rating Change	
X Unaudited of	costs	-		d Customary Limitation	n .
Field audite		Target Rate limitation change			
		FRVS Change			
	- interim portion			mange	
Desk audite	- Interim Portion	X	- Doto Con	nester Change	
	- Prospective portion			[2] as of 02/02/1993	
Distribution:				Stephen Russell	
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis			
Permanent File					· ·
	mation Only	يحر	tens	hus Ru	sell
No Chan	ge in Rate				
Home Office:	1 - No Home Office				
Home Office.	1 - No Home Office				



Cathedral Gerontolog	y Center			Provider Number:	0 226068-00
333 East Ashley Stree				Date:	12/29/2009
Jacksonville FL 3220	2			Fiscal Year End:	9/30/2009
				Audit Status:	Unaudited [3]
Provider Type:		R	rent ate	New Rate	Effective Date
Nursing Home	Single Level		0.31	205.15	1/1/2010
	Level H: AIDS	34	0.66	347.07	1/1/2010
	Level U: Fragile Under 21	45	3.28	460.95	1/1/2010
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	Changes:	sual ar arget R RVS C ate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution:	· / T' 1 A			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For information Only		1.4		m Ru	2011
No Char	nge in Rate	my.		m / m	,
Home Office:	1 - No Home Office				



Bayonet Point Health & F				Provider Number:	0 226076-00
7210 Beacon Woods Driv	re e			Date:	12/29/2009
Hudson FL 34667				Fiscal Year End:	10/31/2008
				Audit Status:	Unaudited [3]
Provider Type:		-	Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	-	210.17	212.31	1/1/2010
L	evel H: AIDS		350.52	354.23	1/1/2010
L	evel U: Fragile Under 21		463.14	468.11	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk audit - In	osts terim portion osts	Changes	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
Distribution:	. (77)			Stephen Russell	
Permanent File	Contract Management / Fiscal Agent Permanent File Medicaid Cost Reimbu		d Cost Reimbursement	Analysis	
For informat	ion Only	ع	ation 1	hus Ru	sell
No Change i	n Rate		rege ii	mer / Ma	
Home Office:	1 - No Home Office				



The Health Center of La	ike City		Provider Number	: 0 226173-00
560 S.W. McFarlane Av	re.		Date	: 12/29/2009
Lake City FL 32025			Fiscal Year End:	9/30/2008
			Audit Status	: Unaudited [3]
Provider Type:		Curre Rate	Rate	Effective Date
Nursing Home	Single Level	194.1	195.76	1/1/2010
	Level H: AIDS	334.5	337.68	1/1/2010
	Level U: Fragile Under 21	447.	451.56	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit	costs interim portion	Changes: Lice Usu Targ FRV X Rate	Total Prospective Prospective Adjusted Total Prospective we are Rating Change al and Customary Limitate Rate limitation change and S Change E Semester Change FRV [2] as of 05/01/199	ntion
<u>Distribution:</u>	ont / Fiscal Agant		Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis		
For information Only		1-	Mus Re	mell
No Change	e in Rate	ng	mus / c	
Home Office:	1 - No Home Office			



Charlotte Harbor Heal	th Care		Provider Number:	0 226327-00
4000 Kings Highway			Date:	12/29/2009
Port Charlotte FL 3398	30		Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 223.89	New Rate 225.34	Effective Date 1/1/2010
- · · · · · · · · · · · · · · · · · · ·	~ g			
	Level H: AIDS	364.24	367.26	1/1/2010
	Level U: Fragile Under 21	476.86	481.14	1/1/2010
Basis: Budget X Unaudited c Field audite Field audite Desk audite Desk Audit	d costs - interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change Gemester Change Every [2] as of 06/02/1994	h Interim Component
Distribution:	ment / Eigen A cent		Stephen Russell	
Permanent File	ment / Fiscal Agent nation Only ge in Rate		aid Cost Reimbursement	-
Home Office:	1 - No Home Office			



Broward Nursing and Reh	nab Center		Provider Number:	0 226335-00
1330 South Andrews Ave	1330 South Andrews Avenue		Date:	12/29/2009
Ft. Lauderdale FL 33316			Fiscal Year End:	8/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 210.41	New Rate 212.08	Effective Date 1/1/2010
L	evel H: AIDS	350.76	354.00	1/1/2010
L	evel U: Fragile Under 21	463.38	467.88	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Interest of the second content o	osts terim portion osts	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 10/01/1985	n Interim Component
Distribution: Contract Managemer Permanent File For informati No Change i	ion Only		Stephen Russell aid Cost Reimbursement Ann Rus	•
Home Office:	Millenium Health Systems Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309			



The Health Center of Pl	ant City			Provider Number:	0 226343-00
701 North Wilder Road				Date:	12/29/2009
Plant City FL 33566				Fiscal Year End:	9/30/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 203.51	New Rate 205.50	Effective Date 1/1/2010
runging frome	Single Devel				1/1/2010
	Level H: AIDS		343.86	347.42	1/1/2010
	Level U: Fragile Under 21		456.48	461.30	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit	costs interim portion	Change X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Managem	ant / Figgal A gant			Stephen Russell	
Permanent File	CIII / PISCAI Ageill		Medicaio	d Cost Reimbursement	Analysis
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No Change	e in Rate		ngen	my the	
Home Office:	1 - No Home Office				



Ocean View Nursing and	Rehabilitation Center		Provider Number:	0 226351-00
2810 S. Atlanta Avenue			Date:	12/29/2009
New Smyrna Beach FL 3	2069		Fiscal Year End:	1/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 198.93	New Rate 196.14	Effective Date 1/1/2010
I	Level H: AIDS	339.28	338.06	1/1/2010
I	Level U: Fragile Under 21	451.90	451.94	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion costs	Usual a Target I FRVS 0	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change The Rating Chang	n Interim Component
Distribution: Contract Manageme Permanent File For informat No Change	tion Only		id Cost Reimbursement	•
Home Office:	Millenium Health Systems Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309			



South Heritage Nursing	g Center		Provider Number:	0 226360-00
718 Lakeview Avenue	South		Date:	12/29/2009
St. Petersburg FL 3370)5		Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	196.58		1/1/2010
	Level H: AIDS	336.93	340.26	1/1/2010
	Level U: Fragile Under 21	449.55	454.14	1/1/2010
			<u> </u>	
Basis: Budget X Unaudited c Field audite Field audit - Desk audited Desk audit -	d costs - interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change EV [2] as of 01/01/2001	n Interim Component
Distribution:			Stephen Russell	
_	ment / Fiscal Agent	Medic	aid Cost Reimbursement	t Analysis
Permanent File	nation Only			•
No Chang	•	Step	hus Ru	sell.
	-	•		
Home Office:	1 - No Home Office			



Imperial Health Care C	enter		Provider Number:	0 226378-00
900 Imperial Golf Cour	rse		Date:	12/29/2009
Naples FL 34110			Fiscal Year End:	3/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Curren Rate	nt New Rate	Effective Date
Nursing Home	Single Level	225.6	<u>221.77</u>	1/1/2010
	Level H: AIDS	365.9	6 363.69	1/1/2010
	Level U: Fragile Under 21	478.5	8 477.57	1/1/2010
Basis: Budget X Unaudited conception Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
Distribution: Contract Managen	cont / Eigael A gent		Stephen Russell	
Permanent File	ient / 1 iseai Agent	Med	icaid Cost Reimbursemen	nt Analysis
	nation Only	4	hus Ru	saell
No Chang	e in Rate	My	my / w.	
Home Office:	1 - No Home Office			



Health Center of Coconu	ıt Creek			Provider Number:	0 226581-00
4125 W. Sample Road				Date:	12/29/2009
Coconut Creek FL 3307	3			Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 228.67	Effective Date 1/1/2010
Nursing Home	Single Level	_	232.40		1/1/2010
	Level H: AIDS	<u>-</u>	372.81	370.59	1/1/2010
·	Level U: Fragile Under 21	_	485.43	484.47	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	costs nterim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution:				Stephen Russell	
Contract Manageme Permanent File	ent / Fiscal Agent	-	Medicai	d Cost Reimbursement	Analysis
For informa	ation Only			1 7	
No Change	•	مراجعه	uz r	hus Ru	
Home Office:	1 - No Home Office				



Treasure Isle Care Cent	er		Provider Number:	0 226602-00
1735 North Treasure Dr	rive		Date:	12/29/2009
North Bay Village FL 3	3141		Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type:	Charle I and	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	194.49		1/1/2010
	Level H: AIDS	334.84	338.13	1/1/2010
	Level U: Fragile Under 21	447.46	452.01	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Trotal Prospective with	n Interim Component
Distribution: Contract Managem	ent / Fiscal Agent		Stephen Russell	
Permanent File	iciit / Piscai Ageill	Medica	id Cost Reimbursement	Analysis
For inform	ation Only	et.s	hus Ru	sell
No Change	e in Rate	my		
Home Office:	1 - No Home Office			



The Health Center of Merritt Island		Provider Number:	0 226700-00
500 Crockett Blvd.		Date:	12/29/2009
Merritt Island FL 32953		Fiscal Year End:	12/31/2008
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 217.62	New Rate 213.33	Effective Date 1/1/2010
Single Level			1/1/2010
Level H: AIDS	357.97	355.25	1/1/2010
Level U: Fragile Under 21	470.59	469.13	1/1/2010
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data Basis: BudgetX Unaudited costsField audited costsField audit - interim portionDesk audited costs	Changes: Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent		Stephen Russell	
Permanent File		d Cost Reimbursement	-
For information Only No Change in Rate	Styl.	us Ru	soll
Home Office: 1 - No Home Office			



air Havens Center, LLC	Pi	rovider Number:	0 227226-00
01 Curtiss Parkway		Date:	12/29/2009
Miami Springs FL 33166	F	iscal Year End:	12/31/2008
	-	Audit Status:	Unaudited [3]
Provider Type:			
	Current	New	Effective
	Rate	Rate	Date
Sursing Home Single Level	158.25	149.47	1/1/2010
Level H: AIDS	298.60	291.39	1/1/2010
Level U: Fragile Under 21	411.22	405.27	1/1/2010
Rate Type :			
Interim	X Prospective		
Total Interim		al Prospective	
Interim Component	Pros	spective Adjusted	for New Costs
Settlement based on costs	Tota	al Prospective with	h Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
	Licensure Ra	oting Change	
Budget			
Unaudited costs		ustomary Limitation	on
Field audited costs		imitation change	
Field audit - interim portion	FRVS Chang	ge	
Desk audited costs		CI.	
Desk audit - Interim Portion	X Rate Semeste	er Change as of 10/01/1985	
Desk Audit - Prospective portion Distribution:			
Contract Management / Fiscal Agent	S	Stephen Russell	
Permanent File	Medicaid Co	st Reimbursement	t Analysis
For information Only	1	-77	
No Change in Rate	Stephn	1 Ku	sacr!
Home Office: SMJ Enterprises, LLC			
Anthony Rimmer			
1265 W. Granada Blvd, Suite 4			
Ormond Beach FL 32174			



Alpine Health & Rehab	pilitation Center		Provider Number	: 0 227251-00
3456 21st Avenue Sout	th		Date	: 12/29/2009
St. Petersburg FL 3371	1		Fiscal Year End:	6/30/2008
			Audit Status	: Unaudited [3]
Provider Type: Nursing Home	Single Level	Currer Rate 217.3	Rate	Effective Date 1/1/2010
runsing frome	Single Level	217.	219.00	1/1/2010
	Level H: AIDS	357.7	361.78	1/1/2010
	Level U: Fragile Under 21	470.3	475.66	1/1/2010
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Changes: Lice Usu Targ FRV X Rate	Prospective Adjuste	tion
Distribution:	nant / Figual A gant		Stephen Russell	
Permanent File	nent / Fiscal Agent nation Only ge in Rate		licaid Cost Reimburseme	-
Home Office:	1 - No Home Office			



Nursing Home Single Level Level H: AIDS Level U: Fragile Under 21 Level U: Fragile Under 21 At 1.010 Level U: Fragile Under 21 Level U: Fragile Under 21 At 1.010 Level U: Fragile Under 21 At 1.010 At 2.010 At 329.06 At 334.64 At 1.11/2010 At 329.06 At 334.64 At 3.01 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At	Unity Health & Reha	b Center	_	Provider Number	:: 0 227544-00
Provider Type: Current Rate Rate Rate Date		t	_	Date	: 12/29/2009
Provider Type: Current Rate Rate Date	Miami FL 33142		-	Fiscal Year End:	12/31/2008
Nursing Home Single Level Level H: AIDS Level U: Fragile Under 21 Level U: Fragile Under 21 At 1.010 Level U: Fragile Under 21 Level U: Fragile Under 21 At 1.010 Level U: Fragile Under 21 At 1.010 At 2.010 At 329.06 At 334.64 At 1.11/2010 At 329.06 At 334.64 At 3.01 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At 48.52 I/1/2010 At 41.68 At				Audit Status	: Unaudited [3]
Level H: AIDS Level U: Fragile Under 21 Level U: Fragile Under 21 A41.68 A48.52 I/1/2010 Rate Type: Interim Total Interim Total Interim Settlement based on costs Prior Provider Prospective data Basis: Changes: Budget X Unaudited costs Field audited costs Field sudited 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: Greystone Healthcare Management, LLC Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102	Provider Type:		Rate	Rate	
Level U: Fragile Under 21	Nursing Home	Single Level	188.7	192.72	1/1/2010
Interim		Level H: AIDS	329.0	6 334.64	1/1/2010
Interim X Prospective Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis:		Level U: Fragile Under 21	441.6	448.52	1/1/2010
Interim X Prospective Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis:					
Interim X Prospective Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Rate Type :				
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:			X Prosp	ective	
Interim Component Settlement based on costs Prior Provider Prospective data Basis:					
Settlement based on costs				•	ed for New Costs
Budget X Unaudited costs Field audited costs Desk audited - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Desk Audited - Prospective portion Desk Audited - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Corporation Provider Prospective data Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [2] as of 11/01/1988 Stephen Russell Medicaid Cost Reimbursement Analysis Augulus Russell Home Office: Greystone Healthcare Management, LLC Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102		-		`	
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 Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 11/01/1988 Stephen Russell Medicaid Cost Reimbursement Analysis Augularia Russell Medicaid Cost Reimbursement Analysis Augularia Russell Greystone Healthcare Management, LLC Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102				rotal rrospective w	vitii interini 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 Target Rate limitation change FRVS Change STRVS Change Target Rate limitation change FRVS Change On FRV [2] as of 11/01/1988 Stephen Russell Medicaid Cost Reimbursement Analysis The Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis For information Only The Office: Greystone Healthcare Management, LLC Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102		Thor Trovider Trospective data			
X Unaudited costs	Basis:		Changes:		
X Unaudited costs	Dudget		Lice	nsure 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 Greystone Healthcare Management, LLC Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102 Target Rate limitation change FRVS Change Stephen Russell Medicaid Cost Reimbursement Analysis Target Rate limitation change FRVS Change Medicaid Cost Reimbursement Analysis Target Rate limitation change FRVS Change Medicaid Cost Reimbursement Analysis		aceta			ation
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 Field audit - interim portion The Rate Semester Change On FRV [2] as of 11/01/1988 Stephen Russell Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis The Russell Medicaid Cost Reimbursement Analysis The Russell Medicaid Cost Reimbursement Analysis The Rate Semester Change On FRV [2] as of 11/01/1988					
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 Greystone Healthcare Management, LLC Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102					;C
Desk audit - Interim Portion X Rate Semester Change On FRV [2] as of 11/01/1988		_	FKV	S Change	
Desk Audit - Prospective portion On FRV [2] as of 11/01/1988 Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Greystone Healthcare Management, LLC Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102			D	C	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Greystone Healthcare Management, LLC Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102					38
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Greystone Healthcare Management, LLC Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102	Distribution:			Stephen Russell	I
For information Only No Change in Rate Home Office: Greystone Healthcare Management, LLC Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102	Contract Manage	ement / Fiscal Agent	Mad		
Home Office: Greystone Healthcare Management, LLC Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102					
Home Office: Greystone Healthcare Management, LLC Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102	For info	rmation Only	Eten	Jun Re	well
Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102	No Cha	nge in Rate	2509	-2-, / / /	
Kenneth Hubbard 3922 Coconut Palms Drive, Suite 102	II 000	G . T	, II C		
3922 Coconut Palms Drive, Suite 102	Home Office:		agement, LLC		
			Suite 102		
		Tampa FL 33619	,		



Lady Lake Specialty Care	e Center		Provider Number:	0 227561-00
630 Griffen Avenue			Date:	12/29/2009
Lady Lake FL 32159			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 216.77	New Rate 210.81	Effective Date 1/1/2010
_				
Ι	evel H: AIDS	357.12	352.73	1/1/2010
Ι	Level U: Fragile Under 21	469.74	466.61	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audit - In Desk Audit - P	costs aterim portion osts	Usual Target FRVS X Rate S	tive Total Prospective Prospective Adjusted Total Prospective with Total Prospective Adjusted Total Prospective With Total Prospective Total Prosp	n Interim Component
Distribution: Contract Management	nt / Fiscal Agant		Stephen Russell	
Permanent File	•		aid Cost Reimbursement	•
For informat No Change	•	Step	hus Ru	ssell
Home Office:	Greystone Healthcare Manag Kenneth Hubbard 3922 Coconut Palms Drive, S Tampa FL 33619			



Wilton Manors Health	& Rehab Center			Provider Number:	0 227579-00
2675 North Andrews A				Date:	12/29/2009
Wilton Manors FL 333	311			Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
		Curre		New	Effective
		Rat		Rate	Date
Nursing Home	Single Level	214.	88	217.09	1/1/2010
	Level H: AIDS	355.	23	359.01	1/1/2010
	Level U: Fragile Under 21	467.	85	472.89	1/1/2010
Rate Type :					
Interim		X Pros	ective		
	Cotal Interim			otal Prospective	
	nterim Component	_		rospective Adjusted	for New Costs
	ettlement based on costs			-	n Interim Component
	rior Provider Prospective data			otai i iospective wit	i internii Component
	noi Flovidei Flospective data				
Basis:		Changes:			
				D	
Budget				Rating Change	
X Unaudited c				Customary Limitation	on
Field audite	ed costs		-	e limitation change	
Field audit	- interim portion	FR	VS Cha	ange	
Desk audite					
	- Interim Portion	X Rat	e Seme	ester Change	
	- Prospective portion				
Distribution:	. (5:			Stephen Russell	
•	ment / Fiscal Agent	Me	dicaid (Cost Reimbursement	Analysis
Permanent File	. 01				<u>*</u>
	nation Only	Sty	eh	us Ru	sell
No Chang	ge in Rate			·	
Home Office:	Greystone Healthcare Manager	nent, LLC			
	Kenneth Hubbard 3922 Coconut Palms Drive, Su	ite 102			
	Tampa FL 33619	102			
	1 ampa 1 L 33019				



Rockledge Rehab & Nur	rsing Center			Provider Number:	0 227587-00
587 Barton Blvd.			Date:		12/29/2009
Rockledge FL 32955				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
	G! 1 T 1	_	Rate	Rate	Date
Nursing Home	Single Level	-	210.30	198.25	1/1/2010
	Level H: AIDS		350.65	340.17	1/1/2010
	Level U: Fragile Under 21	•	463.27	454.05	1/1/2010
			103.27		1,1,2010
Rate Type :					
Interim		X	Prospectiv		
	al Interim			Total Prospective	C. M. G.
	erim Component			Prospective Adjusted	
	tlement based on costs			Total Prospective with	h Interim Component
Prio	or Provider Prospective data				
Basis:		Change	S:		
					
Budget			Licensur	e Rating Change	
X Unaudited cos	sts	-	Usual an	d Customary Limitation	on
Field audited	costs		Target R	ate limitation change	
Field audit - i	nterim portion		FRVS C	hange	
Desk audited	•				
Desk audit - In		X	Rate Sen	nester Change	
	Prospective portion		_	C	
Distribution:		<u> </u>		Stephen Russell	
Contract Manageme	ent / Fiscal Agent		M. P		. A a1ai.a
Permanent File				d Cost Reimbursement	•
For informa	tion Only	۵	11.01	hus Ru	sell
No Change	in Rate		u je u		
Home Office:	Greystone Healthcare Mana	gement, LLC			
	Kenneth Hubbard				
	3922 Coconut Palms Drive,	Suite 102			
	Tampa FL 33619				



Greenbriar Rehab & Nurs	sing Center		Provide	er Number:	0 227625-00
210 21st Avenue West				Date:	12/29/2009
Bradenton FL 34205			Fiscal	Year End:	12/31/2008
			A	udit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curr Ra 219	e F	New Rate	Effective Date 1/1/2010
L	evel H: AIDS	359	.36 35	55.74	1/1/2010
I	evel U: Fragile Under 21	471	.98 46	59.62	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk audit - In	osts terim portion osts	Changes: Lie Us Ta		cive Adjusted ospective with Change nary Limitation change	for New Costs Interim Component on
Distribution: Contract Managemer Permanent File For informat No Change i	ion Only		edicaid Cost Re		t Analysis
Home Office:	Greystone Healthcare Manag Kenneth Hubbard 3922 Coconut Palms Drive, Tampa FL 33619				



Apollo Health & Rehab Center	Prov	vider Number:	0 227633-00
000 24th Street North		Date:	12/29/2009
t. Petersburg FL 33713	Fisc	cal Year End:	12/31/2008
	2 10	Audit Status:	Unaudited [3]
Provider Type:		110010 200000	
••	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	199.12	201.11	1/1/2010
Level H: AIDS	339.47	343.03	1/1/2010
Level U: Fragile Under 21	452.09	456.91	1/1/2010
	132.09		1,1,2010
Rate Type :			
	V Dominio		
Interim	X Prospective	D	
Total Interim		Prospective	Car Na Class
Interim Component	*	ective Adjusted	
Settlement based on costs	Total	Prospective with	n Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensure Ratin	ng Change	
X Unaudited costs	Usual and Cust	omary Limitatio	on
Field audited costs	Target Rate lim	itation change	
Field audit - interim portion	FRVS Change		
Desk audited costs			
Desk audit - Interim Portion	X Rate Semester	Change	
Desk Audit - Prospective portion	On FRV [2] as		
Distribution:	Ste	phen Russell	
Contract Management / Fiscal Agent		_	- A nolucio
Permanent File		Reimbursement	•
For information Only	Stephus	7.	sell
No Change in Rate	sof was		
Home Office: Greystone Healthcare Management	t, LLC		
Kenneth Hubbard			
3922 Coconut Palms Drive, Suite 1	102		
Tampa FL 33619			



orth Rehabilitation Cent	er			Provider Number:	0 227641-00
301 16th Street North			Date:		12/29/2009
t. Petersburg FL 33705				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
rovider Type:					
• •			Current	New	Effective
		_	Rate	Rate	Date
Sursing Home	Single Level	_	211.56		1/1/2010
L	evel H: AIDS		351.91	353.92	1/1/2010
L	evel U: Fragile Under 21	-	464.53	467.80	1/1/2010
	•	-			
Rate Type:					
Interim		X	Prospective		
	l Interim	<u> </u>	_	Total Prospective	
				Prospective Adjusted	for New Costs
	im Component			= =	
	ement based on costs		1	otal Prospective with	n Interim Component
Prior	Provider Prospective data				
Basis:		Changes	:		
.					
Budget			Licensure	Rating Change	
X Unaudited costs	S		Usual and	Customary Limitation	on
Field audited co	osts		Target Ra	te limitation change	
Field audit - in	terim portion		FRVS Ch	ange	
Desk audited co			_		
Desk audit - Int		X	Rate Seme	ester Change	
Desk Audit - Pr	rospective portion		_	2	
Distribution:				Stephen Russell	
Contract Managemen	t / Fiscal Agent		Madiasid		A nolucio
Permanent File				Cost Reimbursement	•
For informati	on Only	<i>4</i>	to la	us Ru	sell
No Change is	n Rate		rejen	u / li	
Home Office:	Greystone Healthcare Manag	ement, LLC			
	Kenneth Hubbard				
	3922 Coconut Palms Drive, S	uite 102			
	Tampa FL 33619				



exington Health & Reha	bilitation Center			Provider Number:	0 227650-00	
300 46th Avenue North				Date:	12/29/2009	
Cenneth City FL 33709				Fiscal Year End:	12/31/2008	
				Audit Status:	Unaudited [3]	
rovider Type:				110010 200000		
• •			rent	New	Effective	
		Ra	ite	Rate	Date	
Nursing Home S	Single Level	210	0.14	212.11	1/1/2010	
L	evel H: AIDS	350).49	354.03	1/1/2010	
L	evel U: Fragile Under 21	463	3.11	467.91	1/1/2010	
					_	
Rate Type:						
Interim		X Pro	spective			
	l Interim			otal Prospective		
	im Component	_		rospective Adjusted	for New Costs	
	ement based on costs	_		1 5	n Interim Component	
	Provider Prospective data	_				
	Trovider Prospective data					
Basis:		Changes:				
D . 1		1	aangura l	Dating Change		
Budget				Rating Change		
Unaudited costs				Customary Limitation	on	
Field audited co			-	e limitation change		
Field audit - in	_	F	RVS Cha	inge		
Desk audited co				CI.		
Desk audit - Int		X R	ate Seme	ster Change		
Distribution:	rospective portion					
Contract Managemen	nt / Fiscal Agent			Stephen Russell		
Permanent File		\mathbf{N}	ledicaid (Cost Reimbursement	Analysis	
For informati	on Only	2	_ /	-7		
No Change is	•	Sty	en	us Ru	sacri	
Home Office:	Greystone Healthcare Manager	ment IIC				
Home Office.	Kenneth Hubbard	nent, LLC				
				I I		
	3922 Coconut Palms Drive, Su	ite 102				



Liberty Inn			Provider Number:	0 227676-00	
858 Heritage Park Way		Date:		12/29/2009	
Delray Beach FL 33484			Fiscal Year End:	7/31/2008	
			Audit Status:	Unaudited [3]	
Provider Type:			Tadio Status		
- J F · ·		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home Sing	gle Level	246.60	248.20	1/1/2010	
Level	H: AIDS	386.95	390.12	1/1/2010	
Level	U: Fragile Under 21	499.57	504.00	1/1/2010	
Deve.	o. Trughe chaor 21	477.37	304.00	1/1/2010	
Rate Type :					
		W 5			
Interim	· —	X Prospective	. (. 1 D		
Total Int			otal Prospective	Con No. Contr	
	Component		ospective Adjusted		
	nt based on costs	To	otal Prospective with	n Interim Component	
Prior Pro	vider Prospective data				
Basis:	Cha	anges:			
<u></u>		<u></u>			
Budget		Licensure I	Rating Change		
X Unaudited costs		Usual and	Customary Limitation	on	
Field audited costs		Target Rate	e limitation change		
Field audit - interir	n portion	FRVS Cha	nge		
Desk audited costs					
Desk audit - Interin	n Portion	X Rate Semes	ster Change		
Desk Audit - Prosp] as of 06/17/1998		
Distribution:			Stephen Russell		
Contract Management / F	Fiscal Agent -	Madiasid	Cost Reimbursement	A nolucio	
Permanent File				•	
For information (Only	Sty h	P.	sell	
No Change in Ra	ite	mym		•	
	Heritage Park Retirement Comm.				
	Robin Myrick				
	5861 Heritage Park Way				
I	Delray Beach FL 33484				



Park Meadows Health & Reh	nab Center	Provider Number: 0		0 227765-00	
3250 SW 41st Place		- -	Date:		12/29/2009
Gainesville FL 32608		_		Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
V 2			Current	New	Effective
		-	Rate	Rate	Date
Nursing Home Sin	gle Level	-	210.58	210.52	1/1/2010
Leve	el H: AIDS		350.93	352.44	1/1/2010
Lovo	el U: Fragile Under 21				1/1/2010
Leve	of O. Fragile Older 21		463.55	466.32	1/1/2010
Rate Type :	-				
Rate Type.					
Interim		X	Prospectiv		
Total In				Total Prospective	
	Component			Prospective Adjusted	
Settleme	ent based on costs			Total Prospective with	n Interim Component
Prior Pr	ovider Prospective data				
Basis:		Change	es:		
		8	<u> </u>		
Budget			Licensur	e Rating Change	
X Unaudited costs			— Usual an	d Customary Limitation	on
Field audited costs	S	-		ate limitation change	
Field audit - interi			FRVS C	=	
Desk audited costs	*	-			
Desk audit - Interior		<u> X</u>	Rate Sen	nester Change	
Desk Audit - Prosp			Not on F	•	
Distribution:				Stephen Russell	
Contract Management /	Fiscal Agent				
Permanent File				l Cost Reimbursement	•
For information	Only			1 2.	21/1
No Change in R	ate		ngen	hus Ru	,
Home Office:	Greystone Healthcare Mana	agement. LLC			
	Kenneth Hubbard				
	3922 Coconut Palms Drive,	, Suite 102			
	Tampa FL 33619				



New Horizon Health & Re	ehab Center			Provider Number:	0 227773-00
635 SE 17th Street			Date:		12/29/2009
Ocala FL 34471				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
	(* 1 T 1	_	Rate	Rate	Date
Nursing Home S	Single Level	_	210.97	211.54	1/1/2010
L	evel H: AIDS		351.32	353.46	1/1/2010
L	evel U: Fragile Under 21	•	463.94	467.34	1/1/2010
		,	102.51		1,1,2010
Rate Type :					
Interim		X	Prospectiv		
	I Interim			Total Prospective	
	im Component			Prospective Adjusted	
Settle	ement based on costs			Total Prospective with	n Interim Component
Prior	Provider Prospective data				
Basis:		Changes	s:		
200350		on and a			
Budget			Licensur	e Rating Change	
X Unaudited costs			_	d Customary Limitation	n .
Field audited co		-		ate limitation change	Л
			FRVS C	_	
Field audit - int	*	-	- FRVSC	nange	
Desk audited co			_ _{D.4} . c	Clarence	
Desk audit - Int	rospective portion	X	_ Kate Sen	nester Change	
Distribution:	ospecu ve potuon				
Contract Managemen	nt / Fiscal Agent	-		Stephen Russell	
Permanent File	8. ·		Medicaid	Cost Reimbursement	Analysis
For informati	on Only			/ -	.//
No Change in	•	مسير	tyeth	un Ru	sou
H OCC	C				
Home Office:	Greystone Healthcare Mana Kenneth Hubbard	gement, LLC			
	3922 Coconut Palms Drive,	Suite 102			
	Tampa FL 33619	-			



First Coast Health and	d Rehab Center		Provider Number:	0 227838-00		
7723 Jasper Avenue			Date:	12/29/2009		
Jacksonville FL 3221	1		Fiscal Year End:	6/30/2009		
			Audit Status:	Unaudited [3]		
Provider Type:		Curren Rate	t New Rate	Effective Date		
Nursing Home	Single Level	188.5	199.54	1/1/2010		
	Level H: AIDS	328.92	2 341.46	1/1/2010		
	Level U: Fragile Under 21	441.5	455.34	1/1/2010		
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk Audit	ed costs - interim portion	Usua Targe FRV X Rate	Total Prospective Prospective Adjusted	ch Interim Component on		
Distribution:	omant / Fiscal Agant		Stephen Russell			
Permanent File	ement / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
	mation Only	1-	hus Ru	and I		
No Char	nge in Rate	ng	my /w			
Home Office:	1 - No Home Office					



Ayers Health & Rehab	Center			Provider Number:	0 227871-00
606 NE 7th Street				Date:	12/29/2009
Trenton FL 32693				Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 180.45	Effective Date 1/1/2010
, , , , , , , , , , , , , , , , , , ,		_			
	Level H: AIDS		319.23	322.37	1/1/2010
	Level U: Fragile Under 21	•	431.85	436.25	1/1/2010
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution:				Stephen Russell	
Permanent File	nent / Fiscal Agent nation Only se in Rate	مريد		d Cost Reimbursement	•
Home Office:	Health Services Mgt., Inc. Preston Sweeney 714 South Church Street Murfreesboro TN 37130				



North Beach Nursing & Rehabilitation Center				Provider Number:	0 228001-00
2201 N.E. 170th Street	N.E. 170th Street Date:		12/29/2009		
North Miami Beach FL 33160				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
		Curi		New	Effective
NI II C'	. T1	Ra	_	Rate	Date
Nursing Home Single	e Level		.70	227.94	1/1/2010
Level F	I: AIDS	368	.05	369.86	1/1/2010
Level U	J: Fragile Under 21	480	.67	483.74	1/1/2010
	pomponent based on costs der Prospective data portion Portion	Changes: Li Us Ta	censure ual and rget Ra	Total Prospective Prospective Adjusted Total Prospective wit Rating Change d Customary Limitation change hange hester Change	h Interim Component
Contract Management / Fis	cal Agent			Stephen Russell	
Permanent File		Medicaid Cost Reimbursement Analysis			
For information Or	ıly	11		en Ru	sell
No Change in Rate	,	my	e ir	my / the	-
Ke 39	eystone Healthcare Managen enneth Hubbard 22 Coconut Palms Drive, Sui mpa FL 33619				



The Gardens Court			Provider Number:	0 228320-00		
3803 PGA Boulevard			Date:	12/29/2009		
Palm Beach Gardens FL 3	33410		Fiscal Year End:	8/31/2009		
			Audit Status:	Unaudited [3]		
Provider Type: Nursing Home	Single Level	Current Rate 215.84	New Rate 222.07	Effective Date 1/1/2010		
L	evel H: AIDS	356.19	363.99	1/1/2010		
L	evel U: Fragile Under 21	468.81	477.87	1/1/2010		
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk Audit - Property of the control of the co	s osts terim portion osts	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 03/13/1997	n Interim Component		
<u>Distribution:</u>	et / Figgel A gent		Stephen Russell			
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
For information No Change i	•	Styl	m, Ru	sell		
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320					



Life Care Center of Melbe	ourne		Provider Number:	0 228338-00
606 East Sheridan Street			Date:	12/29/2009
Melbourne FL 32901			Fiscal Year End:	2/28/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 192.10	New Rate 194.20	Effective Date 1/1/2010
L	evel H: AIDS	332.45	336.12	1/1/2010
L	evel U: Fragile Under 21	445.07	450.00	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Interest of the second content o	s osts terim portion osts	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
Distribution: Contract Managemer Permanent File For informati No Change i	ion Only		Stephen Russell d Cost Reimbursement	•
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Park Ridge Nursing (Center		Provider Number:	0 228401-00
730 College Street			Date:	12/29/2009
Jacksonville FL 3220	14		Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Curren Rate	t New Rate	Effective Date
Nursing Home	Single Level	186.4	<u> 180.32</u>	1/1/2010
	Level H: AIDS	326.7	7 322.24	1/1/2010
	Level U: Fragile Under 21	439.3	9 436.12	1/1/2010
Rate Type:				
Interim		X Prospe	ective	
	Total Interim	X		
	Interim Component		Prospective Adjusted	d for New Costs
	Settlement based on costs		Total Prospective wi	th Interim Component
	Prior Provider Prospective data			1
	1	CI		
Basis:		Changes:		
Budget			nsure Rating Change	
X Unaudited			l and Customary Limitat	
Field audit	ted costs		et Rate limitation change	
	t - interim portion	FRV	S Change	
Desk audit				
	- Interim Portion		Semester Change	_
	t - Prospective portion	On F	RV [2] as of 10/01/1987	/
<u>Distribution:</u>			Stephen Russell	
•	ement / Fiscal Agent	Med	icaid Cost Reimbursemen	nt Analysis
Permanent File				
	rmation Only	Ster	hus Re	well
No Chai	nge in Rate			
Home Office:	Health Care Managers, Inc Ivonne Burrell			
	2380 Sadler Road Suite 201			
	Fernandina Beach FL 32034			



Bear Creek Nursing Ce	enter			Provider Number:	0 228567-00
8041 State Rd. 52				Date:	12/29/2009
Hudson FL 34667				Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
Provider Type:	Charle I amal]	urrent Rate	New Rate	Effective Date
Nursing Home	Single Level		77.44	<u> 179.23</u>	1/1/2010
	Level H: AIDS	3	17.79	321.15	1/1/2010
	Level U: Fragile Under 21	4	30.41	435.03	1/1/2010
Basis: Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Changes:	Usual an Target R FRVS C Rate Sen	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component
	nent / Fiscal Agent			Stephen Russell	
Permanent File	nation Only			d Cost Reimbursement	•
Home Office:	Health Services Mgt., Inc. Preston Sweeney 714 South Church Street Murfreesboro TN 37130				



Royal Oak Nursing Center	<u> </u>			Provider Number:	0 228575-00
7300 Royal Oak Lane				Date:	12/29/2009
Dade City FL 33525				Fiscal Year End:	7/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	ingle Level	-	181.81	184.77	1/1/2010
Le	evel H: AIDS		322.16	326.69	1/1/2010
Le	evel U: Fragile Under 21	•	434.78	440.57	1/1/2010
Basis: Budget X Unaudited costs Field audited co Field audit - int Desk audited co	erim portion	Changes	Licensun Usual ar Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Cate limitation change Change	n Interim Component
	ospective portion	X		mester Change [2] as of 01/01/2000	
Distribution: Contract Management Permanent File For information No Change in	on Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Health Services Mgt., Inc. Preston Sweeney 714 South Church Street Murfreesboro TN 37130				



Heather Hill Nursing Hor	me		Provider Number:	0 228591-00
6630 Kentucky Avenue			Date:	12/29/2009
New Port Richey FL 3465	53		Fiscal Year End:	7/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren Rate 182.5	Rate	Effective Date 1/1/2010
I	Level H: AIDS	322.9	0 329.63	1/1/2010
I	evel U: Fragile Under 21	435.5	2 443.51	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
Distribution: Contract Management Permanent File For informate No Change in	ion Only		Stephen Russell icaid Cost Reimbursemen Ann Rus	•
Home Office:	Health Services Mgt., Inc. Preston Sweeney 714 South Church Street Murfreesboro TN 37130			



Inn at Sarasota Bay Clu	b			Provider Number:	0 228621-00
1303 N. Tamiami Trail				Date:	12/29/2009
Sarasota Fl 34236				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	R	rrent ate	New Rate 260.29	Effective Date 1/1/2010
- · · · · · · · · · · · · · · · · · · ·	~ g				
	Level H: AIDS	39	9.95	402.21	1/1/2010
	Level U: Fragile Under 21	51	2.57	516.09	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audit - Desk Audit - Desk Audit -	costs interim portion	Changes: I I I I I I I I I I I I I I I I I I	icensur Isual an Parget R PRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
<u>Distribution:</u>	ent / Eigeal Agent			Stephen Russell	
Contract Managem Permanent File For inform No Change	ation Only			d Cost Reimbursement	-
Home Office:	1 - No Home Office				



Winter Haven Health & Rehab Center		Provider Number:	0 228702-00
202 Avenue ^'O^' NE		Date:	12/29/2009
Winter Haven FL 33881		Fiscal Year End:	6/30/2009
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 175.65	New Rate 184.13	Effective Date 1/1/2010
2g.v = 0 . v .			1/1/2010
Level H: AIDS	316.00	326.05	1/1/2010
Level U: Fragile Under 21	428.62	439.93	1/1/2010
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs	Changes: Licensur Usual an	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation	n Interim Component
Field audited costs Field audit - interim portion Desk audited costs	FRVS C	<u> </u>	
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 01/01/2001	
<u>Distribution:</u>		Stephen Russell	
Contract Management / Fiscal Agent	Madiania	d Cost Reimbursement	- A molycoic
Permanent File			
For information Only No Change in Rate	Stype	hus Ru	sell
Home Office: 1 - No Home Office			



Woodland Terrace of	Citrus County			Provider Number:	0 228711-00	
124 W. Norvell Bryan	nt Hwy			Date:	12/29/2009	
Hernando FL 34442				Fiscal Year End:	12/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		184.28	168.40	1/1/2010	
	Level H: AIDS		324.63	310.32	1/1/2010	
	Level U: Fragile Under 21		437.25	424.20	1/1/2010	
Rate Type :						
Interim		X	Prospectiv	/e		
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	n Interim Component	
1	Prior Provider Prospective data					
Basis:		Chang	ges:			
Budget			Licensur	e Rating Change		
X Unaudited	costs			d Customary Limitation	on	
Field audit				ate limitation change		
Field audit	- interim portion		FRVS C	hange		
Desk audit	*			C		
	- Interim Portion	<u> </u>	Rate Sen	nester Change		
Desk Audi	t - Prospective portion	-		[2] as of 07/12/2001		
Distribution:				Stephen Russell		
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Analysis			
Permanent File					•	
	rmation Only	_	Steel	hus Ru	sell	
No Char	nge in Rate			. / -		
Home Office:	SMJ Enterprises, LLC					
	Anthony Rimmer	. 4				
	1265 W. Granada Blvd, Sui	te 4				
	Ormond Beach FL 32174					



East Ridge Retirement	_			Provider Number:	0 228788-00
19301 SW 87th Avenu	e			Date:	12/29/2009
Miami Fl 33157				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:		R	_	New Rate	Effective Date
Nursing Home	Single Level		7.91		1/1/2010
	Level H: AIDS	36	3.26	373.64	1/1/2010
	Level U: Fragile Under 21	48	0.88	487.52	1/1/2010
Basis: Budget X Unaudited c Field audite Field audit - Desk audited Desk audit -	d costs - interim portion	Changes:	censur sual an arget R RVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:				Stephen Russell	
_	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File					-
No Chang	nation Only ze in Rate	-St.	eli	hus Ru	sell
	,	,			
Home Office:	1 - No Home Office				



The Healthcare Center	r Of Windermere		Provider Number:	0 228877-00	
4875 Cason Cove Drive			Date:	12/29/2009	
Orlando FL 32811			Fiscal Year End:	9/30/2008	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	204.65		1/1/2010	
	Level H: AIDS	345.00	348.96	1/1/2010	
	Level U: Fragile Under 21	457.62	462.84	1/1/2010	
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk Audite	ed costs - interim portion	Usual a Target FRVS X Rate So	tive Total Prospective Prospective Adjusted Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 05/20/1997	h Interim Component	
Distribution:	ment / Fiscal Agent		Stephen Russell		
Permanent File	ment / 14scal Agellt	Medicaid Cost Reimbursement Analysis			
	mation Only	0+	hus Ru	mell	
No Chan	ge in Rate	my.	mes / la	,	
Home Office:	1 - No Home Office				



Parkway Health & Re	hab			Provider Number:	0 228885-00	
800 SE Central Pkwy				Date:	12/29/2009	
Stuart FL 34994				Fiscal Year End:	3/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:]	urrent Rate	New Rate	Effective Date	
Nursing Home	Single Level		08.79	211.35	1/1/2010	
	Level H: AIDS	3	49.14	353.27	1/1/2010	
	Level U: Fragile Under 21	_4	61.76	467.15	1/1/2010	
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes:	Usual an Target R FRVS C Rate Sen	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change	n Interim Component	
Distribution:	ement / Fiscal Agent			Stephen Russell		
Permanent File	mont / Fiscai Agent	Medicaid Cost Reimbursement Analysis				
	mation Only	<i>(-</i>)		hus Ru	raell	
No Chan	ge in Rate	M	ezerri,	my / Com	,	
Home Office:	1 - No Home Office					



Cypress Cove Care Ce	nter		Provider Number:	0 228940-00		
700 SE 8th Avenue			Date:	12/29/2009		
Crystal River FL 3442	9		Fiscal Year End:	7/31/2009		
			Audit Status:	Unaudited [3]		
Provider Type: Nursing Home	Single Level	Current Rate 181.63	New Rate 186.24	Effective Date 1/1/2010		
runsing frome	Single Level	101.03		1/1/2010		
	Level H: AIDS	321.98	328.16	1/1/2010		
	Level U: Fragile Under 21	434.60	442.04	1/1/2010		
Basis: Budget X Unaudited c Field audite Field audit - Desk audite Desk Audit	d costs - interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 01/01/2000	n Interim Component		
Distribution:	ment / Fiscal Agent		Stephen Russell			
Permanent File	none, i isoui rigoni	Medicaid Cost Reimbursement Analysis				
	nation Only	15.	hus Ru	raell		
No Chang	ge in Rate	ng	my / Ca	,		
Home Office:	Health Services Mgt., Inc. Preston Sweeney 714 South Church Street Murfreesboro TN 37130					



Brooksville Healthcare Center			Provider Number:	0 228958-00
1114 Chatman Blvd			Date:	12/29/2009
Brooksville FL 34601	_		Fiscal Year End:	7/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren Rate 181.4	Rate	Effective Date 1/1/2010
	Level H: AIDS	321.83	3 324.95	1/1/2010
	Level U: Fragile Under 21	434.4	438.83	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - I	costs nterim portion	Usua Targe FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
Distribution: Contract Management File For information No Change	ation Only		Stephen Russell caid Cost Reimbursemen Ann Rus	•
Home Office:	Health Services Mgt., Inc. Preston Sweeney 714 South Church Street Murfreesboro TN 37130			



Lake Harris Health Center	r		Provider Number:	0 228966-00
701 Lake Port Boulevard			Date:	12/29/2009
Leesburg FL 34748			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren Rate 194.5 '	Rate	Effective Date 1/1/2010
tursing frome	mgie Devel			1/1/2010
L	evel H: AIDS	334.92	338.68	1/1/2010
L	evel U: Fragile Under 21	447.54	452.56	1/1/2010
Rate Type :				
Inter Settle	osts	Usua Targe	Total Prospective Prospective Adjusted	th Interim Component
Desk audited co Desk audit - Int Desk Audit - Pr			Semester Change RV [2] as of 08/17/1990)
Distribution:			Stephen Russell	
Contract Managemer Permanent File For informati No Change i	ion Only		caid Cost Reimbursemen	•
Home Office:	SHP Senior Living Services, I Linda Guevarez 2701 N. Rocky Point Drive, S Tampa FL 33607			



The Health Center of I			Provider Number:	0 229091-00	
550 National Healthca			Date:	12/29/2009	
Daytona Beach FL 321	114		Fiscal Year End:	6/30/2008	
			Audit Status:	Unaudited [3]	
Provider Type:		Currer Rate	Rate	Effective Date	
Nursing Home	Single Level	211.7	213.79	1/1/2010	
	Level H: AIDS	352.0	6 355.71	1/1/2010	
	Level U: Fragile Under 21	464.6	469.59	1/1/2010	
Basis: Budget X Unaudited c Field audite Field audite Desk audite Desk Audit	d costs - interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	ion	
Distribution:	ment / Fiscal Agent		Stephen Russell		
Permanent File	nent / Fiscai Agellt	Medicaid Cost Reimbursement Analysis			
	nation Only	0+	hus Ru	mell	
No Chang	ge in Rate	my	mus / Co	,	
Home Office:	1 - No Home Office				



Sylvan Health Center			Provider Number:	0 229164-00
2770 Regency Oaks Blv	d.		Date:	12/29/2009
Clearwater FL 33759			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 207.31	Rate	Effective Date 1/1/2010
1 (01)1119 1101110	Single 20 voi			1/1/2010
	Level H: AIDS	347.66	351.72	1/1/2010
	Level U: Fragile Under 21	460.28	465.60	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs nterim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 10/07/1991	h Interim Component
Distribution: Contract Manageme	ent / Figgel A gent		Stephen Russell	
Permanent File	ont / 1 iscai Agent	Medicaid Cost Reimbursement Analysis		
For informa	ation Only	14	hus Ru	2011
No Change	•	mje	mes tu	
Home Office:	SHP Senior Living Services Linda Guevarez 2701 N. Rocky Point Drive, Tampa FL 33607			



Shell Point Village Ret				Provider Number:	0 229202-00
15000 Shell Point Bou	levard			Date:	12/29/2009
Ft. Myers Fl 33908				Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type:	Simala Laval]	urrent Rate	New Rate	Effective Date
Nursing Home	Single Level		12.90	213.75	1/1/2010
	Level H: AIDS	3:	53.25	355.67	1/1/2010
	Level U: Fragile Under 21	4	65.87	469.55	1/1/2010
Basis: Budget X Unaudited compiled audited audited audited audited audited audited audited audited besk audited besk audited besk audited audited besk audited audited besk audited besk audited audited besk audited besk audited audited besk audited bes	d costs - interim portion	Changes:	Usual an Target R FRVS C Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Change Change Thange Th	n Interim Component
	nent / Fiscal Agent	Stephen Russell			
Permanent File	nation Only			d Cost Reimbursement	•
Home Office:	1 - No Home Office				



Parthenon Healthcare of	f Ft. Walton			Provider Number:	0 229237-00
1 LBJ Sr. Drive				Date:	12/29/2009
Ft. Walton Beach FL 32	2548			Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
Provider Type:	Single Level	Cur R	ite	New Rate	Effective Date
Nursing Home	Single Level		1.92	196.55	1/1/2010
	Level H: AIDS	33:	5.27	338.47	1/1/2010
	Level U: Fragile Under 21	44	7.89	452.35	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Changes:	censure sual and arget R RVS Cl	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:	. / F' 1 A			Stephen Russell	
Contract Managem Permanent File	ent / Piscai Agent	Medicaid Cost Reimbursement Analysis			
For information Only		11.0		hus Ru	
No Change	•	My	e n	ens the	
Home Office:	Parthenon Group 909 Gardengate Circle Pensacola Fl 32504				



Gainesville Health Care Center	I	Provider Number:	0 229288-00
311 SW 16th Street		Date:	12/29/2009
Gainesville FL 32608		Fiscal Year End:	8/31/2009
		Audit Status:	Unaudited [3]
Provider Type:			
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	206.14	209.90	1/1/2010
Level H: AIDS	346.49	351.82	1/1/2010
Level U: Fragile Under 21	459.11	465.70	1/1/2010
20101 0.11 mg 0.1001 21		103.70	1/1/2010
Rate Type:			
Interim	X Prospective		
Total Interim		tal Prospective	
Interim Component		spective Adjusted	for New Costs
Settlement based on costs		=	h Interim Component
	10	iai i iospective with	ii iiiteriiii Component
Prior Provider Prospective data			
Basis:	Changes:		
	L'arma ma D	orione Channe	
Budget		ating Change	
X Unaudited costs		ustomary Limitatio	on
Field audited costs		limitation change	
Field audit - interim portion	FRVS Char	ige	
Desk audited costs			
Desk audit - Interim Portion	X Rate Semes		
Desk Audit - Prospective portion	On FRV [2]	as of 10/01/1985	
Distribution:		Stephen Russell	
Contract Management / Fiscal Agent	Medicaid C	ost Reimbursement	t Analysis
Permanent File			•
For information Only	Steph	es Ru	sell
No Change in Rate		•	
и ост			
Home Office: Council on Aging of Florida, Inc.			
1311 SW 16th Street			
Gainesville FL 32608			



The Health Center of I	Pensacola		Provider Number:	0 229571-00	
8475 University Pkwy	,		Date:	12/29/2009	
Pensacola FL 32514			Fiscal Year End:	9/30/2008	
			Audit Status:	Unaudited [3]	
Provider Type:		Curren Rate	t New Rate	Effective Date	
Nursing Home	Single Level	194.1	<u>195.81</u>	1/1/2010	
	Level H: AIDS	334.5	3 337.73	1/1/2010	
	Level U: Fragile Under 21	447.1	5 451.61	1/1/2010	
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk Audite Desk Audit	ed costs - interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component	
Distribution:	ment / Fiscal Agent	Stephen Russell			
Permanent File	mont / 1 isoui / igolit	Medicaid Cost Reimbursement Analysis			
	mation Only	0+	hus Ru	saell	
No Chang	ge in Rate	my	my /w	,	
Home Office:	1 - No Home Office				



Lake View Care Center a	at Delray			Provider Number:	0 229610-00
5430 Linton Blvd				Date:	12/29/2009
DelRay Beach FL 33484				Fiscal Year End:	3/31/2009
				Audit Status:	Unaudited [3]
Provider Type:	Single Level		Current Rate	New Rate	Effective Date
Nursing Home	Single Level		203.39	205.68	1/1/2010
1	Level H: AIDS		343.74	347.60	1/1/2010
1	Level U: Fragile Under 21		456.36	461.48	1/1/2010
Basis: Budget X Unaudited cos Field audit - in Desk audited co	costs nterim portion costs nterim Portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation thange Thange Thange	n Interim Component
Distribution:	Prospective portion		OllTRV	[2] as of 09/01/2000	
Contract Manageme	ent / Fiscal Agent	Stephen Russell			
Permanent File		Medicaid Cost Reimbursement Analysis			
For information Only		_	Etens	hus Ru	sell
No Change	in Rate			. , , , , , ,	
Home Office:	1 - No Home Office				



Menorah House, LLC			Provider Number:	0 229628-00	
9945 Central Park Blvo	d		Date:	12/29/2009	
Boca Raton FL 33428			Fiscal Year End:	3/31/2009	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	Rate	Effective Date	
Nursing Home	Single Level	211.68	202.89	1/1/2010	
	Level H: AIDS	352.03	344.81	1/1/2010	
	Level U: Fragile Under 21	464.65	458.69	1/1/2010	
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with sure Rating Change and Customary Limitation Rate limitation change Schange Semester Change RV [2] as of 10/01/1990	h Interim Component	
Distribution:	nant / Fiscal A cont		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For information Only		Et.s.	hus Ru	sell	
No Chang	ge in Rate	my		-	
Home Office:	1 - No Home Office				



Alexander Nininger State Veteran's Nursing Home		Provider Number:	0 229849-00
401 West Cypress Drive		Date:	12/29/2009
Pembroke Pines Fl 33025		Fiscal Year End:	6/30/2008
		Audit Status:	Unaudited [3]
Provider Type:			
•	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	226.61		1/1/2010
Level H: AIDS	366.96	370.13	1/1/2010
Level U: Fragile Under 21	479.58	484.01	1/1/2010
Devel et Magne endel 21	477.50		1/1/2010
Rate Type :			
Interim	X Prospective		
Total Interim		otal Prospective	
Interim Component		rospective Adjusted	
Settlement based on costs	T	otal Prospective with	n Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
	8		
Budget	Licensure	Rating Change	
X Unaudited costs		Customary Limitation	on
Field audited costs		e limitation change	511
Field audit - interim portion	FRVS Cha	=	
Desk audited costs	TRV5 Ch	inge	
Desk audit - Interim Portion	X Rate Seme	ster Change	
Desk Audit - Prospective portion		2] as of 09/06/2001	
Distribution:		Stephen Russell	
Contract Management / Fiscal Agent			
Permanent File		Cost Reimbursement	•
For information Only	Btyl	· D.	mell
No Change in Rate	my	4 / 1	,
Home Office: Florida Dept. of Veterans Affairs			
Walter Gilchrist			
11351 Ulmerton Road, Room 332-	[
Largo Fl 33778-1630			



HIALEAH SHORES N	URSING AND REHAB CENTE			Provider Number:	0 250988-00
8785 NW 32 AVE				Date:	12/29/2009
Miami FL 33147				Fiscal Year End:	8/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	- -	Current Rate 228.30	New Rate 230.62	Effective Date 1/1/2010
	Level H: AIDS		368.65	372.54	1/1/2010
	Level U: Fragile Under 21		481.27	486.42	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - i Desk audited Desk audit - I	costs interim portion	Changes	Licensur Usual ar Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution: Contract Managem Permanent File For information No Change	ation Only			Stephen Russell d Cost Reimbursement	•
Home Office:	DOS Health Care, Inc Jorge Hernando 300 71st Street, Suite 400 Miami FL 33141				



Parthenon Healthcare of	f Blountstown			Provider Number:	0 251097-00	
17884 N.E. Crozier Stre	eet			Date:	12/29/2009	
Blountstown FL 32424				Fiscal Year End:	7/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 177.58	New Rate 179.07	Effective Date 1/1/2010	
	9 • • • • •	•				
	Level H: AIDS		317.93	320.99	1/1/2010	
	Level U: Fragile Under 21		430.55	434.87	1/1/2010	
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Change X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component	
Distribution:	ent / Fiscal Agent			Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
For inform No Change	•		stye r	hus Ru	mell	
Home Office:	Parthenon Group 909 Gardengate Circle Pensacola Fl 32504					



Parthenon Healthcare of	Crestview			Provider Number:	0 251101-00
1849 First Avenue, Eas	t			Date:	12/29/2009
Crestview FL 32539				Fiscal Year End:	7/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 178.56	New Rate 181.31	Effective Date 1/1/2010
_					
	Level H: AIDS		318.91	323.23	1/1/2010
	Level U: Fragile Under 21		431.53	437.11	1/1/2010
Basis: Budget X Unaudited confield audit - infield audit - i	costs interim portion	Change	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
Distribution: Contract Management	ent / Fiscal Agent			Stephen Russell	
Permanent File For informa No Change	ation Only			l Cost Reimbursement	-
Home Office:	Parthenon Group 909 Gardengate Circle Pensacola Fl 32504				



Brandywyne Health Care Center		Provider Number:	0 251399-00
1801 North Lake Mariam Drive		Date:	12/29/2009
Winter Haven FL 33884		Fiscal Year End:	7/31/2009
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 191.45	New Rate 199.74	Effective Date 1/1/2010
Might Devel			1/1/2010
Level H: AIDS	331.80	341.66	1/1/2010
Level U: Fragile Under 21	444.42	455.54	1/1/2010
Rate Type : Interim	X Prospecti		
Total Interim	X	Total Prospective Prospective Adjusted	for Now Costs
Interim Component Settlement based on costs Prior Provider Prospective data		Total Prospective with	
Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target R FRVS C X Rate Sei	re Rating Change and Customary Limitation Rate limitation change Change mester Change [2] as of 11/01/1999	on
<u>Distribution:</u>		Stephen Russell	
Contract Management / Fiscal Agent Permanent File	Medicai	d Cost Reimbursement	Analysis
For information Only	1.4	1 7	
No Change in Rate	My r	hus Ru	
Home Office: 1 - No Home Office			



Concordia Manor			Provider Num	nber: 0 251666-00
321 13th Avenue North			Γ	Date: 12/29/2009
St. Petersburg FL 3370	01		Fiscal Year F	End: 6/30/2008
			Audit Sta	atus: Unaudited [3]
Provider Type:	Single Level	Curre Rat	e Rate	Effective Date
Nursing Home	Single Level		86 195.36	
	Level H: AIDS	334.	21 337.28	1/1/2010
	Level U: Fragile Under 21	446.	83 451.16	1/1/2010
Basis: Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Changes: Lic Usi Tai FR		e with Interim Component emitation lange
Distribution:	(T)		Stephen Rus	ssell
Contract Managen Permanent File	nent / Fiscal Agent	Me	dicaid Cost Reimburs	ement Analysis
	nation Only	-	/ -	n
No Chang	•	My	emy 1	Pussell
Home Office:	1 - No Home Office			



Oakhurst Rehabilitatio	on and Nursing Center			Provider Number:	0 251721-00
1501 SE 24th Road				Date:	12/29/2009
Ocala FL 34471				Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		urrent Rate 88.03	New <u>Rate</u> 189.90	Effective Date 1/1/2010
runsing frome	Single Level		00.03	109.90	1/1/2010
	Level H: AIDS	3	28.38	331.82	1/1/2010
	Level U: Fragile Under 21	4	41.00	445.70	1/1/2010
Basis: Budget X Unaudited control Field audited audit	ed costs - interim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Manager	ment / Fiscal Agent		3.5.11	Stephen Russell	
	mation Only ge in Rate			d Cost Reimbursement	-
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



radford Terrace, LLC				Provider Number:	0 251739-00
08 S. Colley Road		Date:		12/29/2009	
tarke FL 32091				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Sursing Home	Single Level	_	171.98	166.66	1/1/2010
L	evel H: AIDS	_	312.33	308.58	1/1/2010
L	evel U: Fragile Under 21	_	424.95	422.46	1/1/2010
Rate Type :					
Basis: Budget X Unaudited cost: Field audit - in Desk audited co	osts terim portion osts	Changes	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation the limitation change	n Interim Component
Desk audit - Int Desk Audit - Pr	rospective portion	<u>X</u>		ester Change [2] as of 06/30/1992	
Distribution:				Stephen Russell	
Contract Managemer	nt / Fiscal Agent		Medicaid	Cost Reimbursement	Analysis
Permanent File For informati	ion Only				-
No Change i		الكيب	typh	in Ru	sall!
Home Office:	SMJ Enterprises, LLC Anthony Rimmer 1265 W. Granada Blvd, Suite Ormond Beach FL 32174	4			



Avante at Melbourne, Inc				Provider Number:	0 252018-00	
420 South Oak Street				Date:	12/29/2009	
Melbourne FL 32901				Fiscal Year End:	5/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home S	Single Level		230.51	219.58	1/1/2010	
L	evel H: AIDS		370.86	361.50	1/1/2010	
L	evel U: Fragile Under 21		483.48	475.38	1/1/2010	
Basis: Budget X Unaudited costs Field audit - ins Desk audited co Desk Audit - Pr	osts terim portion osts	Change	Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with Read Rating Change If Customary Limitation change	h Interim Component	
Distribution: Contract Managemen	nt / Fiscal Agent			Stephen Russell		
Permanent File	-			Cost Reimbursement	•	
For informati No Change i	•		rtyeli	us Ru	sell	
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	e 540-N				



AVANTE AT ORMOND BEACH	Provider Number:	0 252034-00
70 North Kings Road	Date:	
Ormond Beach FL 32807	Fiscal Year End:	<u>12/29/2009</u> 5/31/2009
	Audit Status:	Unaudited [3]
Provider Type:	rudit Status.	
Tovider Type.	Current New	Effective
	Rate Rate	Date
Nursing Home Single Level	205.50 208.72	1/1/2010
Level H: AIDS	345.85 350.64	1/1/2010
		
Level U: Fragile Under 21	458.47 464.52	1/1/2010
Rate Type :		
Interim	X Prospective	
Total Interim	X Total Prospective	
Interim Component	Prospective Adjusted	for New Costs
Settlement based on costs	Total Prospective wit	th Interim Component
Prior Provider Prospective data		1
	YL	
Basis:	Changes:	
D. 1.	Licensure Rating Change	
Budget X Unaudited costs		
Unaudited costs Field audited costs	Usual and Customary Limitati Target Rate limitation change	OII
	FRVS Change	
Field audit - interim portion		
Desk audited costs	V Data Commenter Classes	
Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Semester Change On FRV [2] as of 04/01/1992	
Distribution:	Stephen Russell	
Contract Management / Fiscal Agent		
Permanent File	Medicaid Cost Reimbursemen	•
For information Only	Stephus Ru	raell
No Change in Rate	my mus / ca	
		
Home Office: Avante Group, Inc.		
Janan Mitchell		
4000 Hollywood Blvd, Suite 540-N	1	
Hollywood FL 33021-6744		



Avante at Mt. Dora				Provider Number:	0 252042-00
3050 Brown Avenue		_		Date:	12/29/2009
Mount Dora FL 3275	57	_		Fiscal Year End:	5/31/2009
				Audit Status:	Unaudited [3]
Provider Type:				Tradic Status.	
		Cur		New	Effective
		Ra		Rate	Date
Nursing Home	Single Level		.99		1/1/2010
	Level H: AIDS	356	.34	356.36	1/1/2010
	Level U: Fragile Under 21	468	.96	470.24	1/1/2010
Rate Type :					
Interim	l	X Pro	spective		
	Total Interim		X T	otal Prospective	
	Interim Component	_	P	rospective Adjusted	for New Costs
	Settlement based on costs	_	T	otal Prospective with	h Interim Component
	Prior Provider Prospective data	_		_	_
Basis:		Changes:			
Dasis.		Changes.			
Budget		Li	censure	Rating Change	
X Unaudited	costs			Customary Limitation	on
Field audi				te limitation change	
	it - interim portion		RVS Ch	=	
Desk audi	-		- ,	8-	
	t - Interim Portion	R	ite Seme	ester Change	
	it - Prospective portion			2] as of 04/01/1992	
Distribution :	1			Stephen Russell	
Contract Manag	ement / Fiscal Agent		odiosid	Cost Reimbursemen	t Analysis
Permanent File					•
	rmation Only	Ste	u Si	us Ru	sell
No Cha	nge in Rate	200		- / / -	
Home Office:	Avante Group, Inc.				
	Janan Mitchell	to 540 N			
	4000 Hollywood Blvd, Su				
	Hollywood FL 33021-674	;			



San Jose Health and R	Rehabilitation Center		Provider Number:	0 252051-00	
9355 San Jose Boulev			Date:	12/29/2009	
Jacksonville FL 32257	7		Fiscal Year End:	6/30/2009	
			Audit Status:	Unaudited [3]	
Provider Type:	Single Lavel	Current Rate	Rate	Effective Date	
Nursing Home	Single Level	191.95	<u> 192.51</u> _	1/1/2010	
	Level H: AIDS	332.30	334.43	1/1/2010	
	Level U: Fragile Under 21	444.92	2 448.31	1/1/2010	
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted	h Interim Component	
Distribution:			Stephen Russell		
•	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File				•	
	mation Only ge in Rate	Step	hus Ru	soll	
	0 XXXX				
Home Office:	1 - No Home Office				



Bradenton Health Care		Provider Number:	0 252069-00
6305 Cortez Road West		Date:	12/29/2009
Bradenton FL 34210		Fiscal Year End:	8/31/2008
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.51	New Rate 207.92	Effective Date 1/1/2010
Level H: AIDS	345.86	349.84	1/1/2010
Level U: Fragile Under 21	458.48	463.72	1/1/2010
Rate Type:			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs	Usual ar	Total Prospective Prospective Adjusted Total Prospective with re Rating Change and Customary Limitation	n Interim Component
Field audited costs Field audit - interim portion	Target R FRVS C	tate limitation change Change	
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		mester Change [2] as of 12/09/1999	
<u>Distribution:</u>		Stephen Russell	
Contract Management / Fiscal Agent	Medicai	d Cost Reimbursement	Analysis
Permanent File For information Only			·
No Change in Rate	Steps	hus Ru	sell
Home Office: 1 - No Home Office			



Brandon Health and Rehab. Center		Provider Number:	0 252077-00
1465 Oakfield Drive		Date:	12/29/2009
Brandon FL 33511		Fiscal Year End:	8/31/2008
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 191.35	New Rate 193.60	Effective Date 1/1/2010
Level H: AIDS	331.70	335.52	1/1/2010
Level U: Fragile Under 21	444.32	449.40	1/1/2010
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Changes:	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	Usual an Target R FRVS C X Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 05/07/1997	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Stephen Russell d Cost Reimbursement	-
Home Office: 1 - No Home Office			



Capital Healthcare Ce	enter		Provider Number:	0 252093-00		
3333 Capital Medical			Date:	12/29/2009		
Tallahassee FL 32308	3		Fiscal Year End:	8/31/2008		
			Audit Status:	Unaudited [3]		
Provider Type:		Currer Rate	Rate	Effective Date		
Nursing Home	Single Level	190.3	<u>1 191.61</u>	1/1/2010		
	Level H: AIDS	330.6	6 333.53	1/1/2010		
	Level U: Fragile Under 21	443.2	8 447.41	1/1/2010		
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	ion		
Distribution:	mant / Figure 1 A mant		Stephen Russell			
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
	mation Only	4	hus Re	mell		
No Chan	ige in Rate	my	my /a			
Home Office:	1 - No Home Office					



Coral Trace Health Car	e			Provider Number:	0 252107-00
216 Santa Barbara Blvo	1			Date:	12/29/2009
Cape Coral FL 33991				Fiscal Year End:	8/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 207.13	Effective Date 1/1/2010
runsing frome	Single Level	_	204.73		1/1/2010
	Level H: AIDS	<u>-</u>	345.10	349.05	1/1/2010
	Level U: Fragile Under 21	-	457.72	462.93	1/1/2010
Basis: Budget X Unaudited co Field audited Field audited Desk audited	l costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
	Prospective portion		On FRV	[2] as of 12/01/2001	
Distribution:	oont / Figure 1 A gart			Stephen Russell	
Contract Managem Permanent File For inform No Chang	nation Only	<u></u>		d Cost Reimbursement	-
Home Office:	1 - No Home Office				



Countryside Healthca	re Center	_		Provider Number:	0 252115-00	
3825 Countryside Blv	vd.	_		Date:	12/29/2009	
Palm Harbour FL 346	584	-		Fiscal Year End:	8/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 200.31	New Rate 202.14	Effective Date 1/1/2010	
Tursing Home	Single Level		200.51	202.14	1/1/2010	
	Level H: AIDS		340.66	344.06	1/1/2010	
	Level U: Fragile Under 21		453.28	457.94	1/1/2010	
Rate Type :						
Interim		X	Prospectiv	ve		
	Total Interim	-	X	Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs		-	Total Prospective with		
	Prior Provider Prospective data					
	Thor Provider Prospective data					
Basis:		Change	es:			
Budget				re Rating Change		
X Unaudited				d Customary Limitation	on	
Field audit	ed costs			ate limitation change		
Field audit	: - interim portion		FRVS C	hange		
Desk audit	ed costs					
	- Interim Portion	X		nester Change		
Desk Audi	t - Prospective portion		On FRV	[2] as of 10/19/1987		
<u>Distribution:</u>				Stephen Russell		
•	ement / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
Permanent File					•	
	rmation Only		Sterl	lens Ru	sell	
No Char	nge in Rate			. , , -		
Home Office:	1 - No Home Office					



University Hills Heal	th and Rehab.	_		Provider Number:	0 252123-00	
10040 Hillview Road	I	_		Date:	12/29/2009	
Pensacola FL 32514		-		Fiscal Year End:	8/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:	Single Level		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		197.97	200.99	1/1/2010	
	Level H: AIDS	<u> </u>	338.32	342.91	1/1/2010	
	Level U: Fragile Under 21		450.94	456.79	1/1/2010	
Rate Type:						
Interim		X	Prospecti	ve		
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with		
	Prior Provider Prospective data			Total Trospective with	· ····································	
	The Trevider Trespective data	-				
Basis:		Changes:				
			T:	na Datina Chanas		
Budget				re Rating Change		
X Unaudited				nd Customary Limitation	on	
Field audit				tate limitation change		
	t - interim portion		FRVS C	Change		
Desk audit						
	- Interim Portion	X		nester Change		
Desk Audi Distribution:	t - Prospective portion		On FRV	[2] as of 10/01/1985		
·	ement / Fiscal Agent			Stephen Russell		
Permanent File	ement / 1 iseat Agent	Medicaid Cost Reimbursement Analysis				
	rmation Only			1 -	//	
	nge in Rate	-30	t ge r	hus Ru	sell	
100 Chai	ige iii Kate	•				
Home Office:	1 - No Home Office					



Deltona Health Care				Provider Number:	0 252158-00	
1851 Elkcam Boulevar	rd			Date:	12/29/2009	
Deltona FL 32725				Fiscal Year End:	8/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:		Curr Ra	te	New Rate	Effective Date	
Nursing Home	Single Level	188	.21	189.79	1/1/2010	
	Level H: AIDS	328	.56	331.71	1/1/2010	
	Level U: Fragile Under 21	441	.18	445.59	1/1/2010	
Basis: Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Changes:	censure ual and rget Ra RVS Ch	Prospective Adjusted Prospective Adjusted Prospective with Prospective with Rating Change Customary Limitation change	n Interim Component	
Distribution:	want / Eisaal A saut			Stephen Russell		
Permanent File	nent / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
	nation Only	1+		us Ru	mell	
No Chang	ge in Rate	my	e i	u,) la		
Home Office:	1 - No Home Office					



Destin Healthcare and	Rehab. Center		Provider Number:	0 252166-00
195 Mattie M. Kelly B	Blvd.		Date:	12/29/2009
Destin FL 32541			Fiscal Year End:	6/30/2009
			Audit Status:	Unaudited [3]
Provider Type:			radit Status.	Chaudheu [3]
-19,1001 -J p 00		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	195.70	189.52	1/1/2010
	Level H: AIDS	336.05	331.44	1/1/2010
	Level U: Fragile Under 21	448.67	445.32	1/1/2010
Rate Type :				
Interim		X Prospective		
	Cotal Interim		otal Prospective	
	nterim Component		rospective Adjusted	for New Costs
	ettlement based on costs			h Interim Component
		1	otai i iospective with	ii interiii Component
P	rior Provider Prospective data			
Basis:		Changes:		
Budget		Licensure l	Rating Change	
X Unaudited c			Customary Limitation	on
Field audite	ed costs		e limitation change	
Field audit	- interim portion	FRVS Cha	nge	
Desk audite	d costs			
Desk audit -	- Interim Portion		ster Change	
Desk Audit	- Prospective portion	On FRV [2	2] as of 08/11/1994	
Distribution:			Stephen Russell	
=	ment / Fiscal Agent	Madienid (Cost Reimbursement	t Analysis
Permanent File				•
	nation Only	Steph	a Ru	sell
No Chang	ge in Rate	Top ii.	, , , , , ,	
Home Office:	Sea Crest Health Care Manage	ment		
nome office.	Jim Culp			
	10210 Highland Manor Dr.			
	10210 Highland Manor Dr.			



Heron Pointe Health ar	nd Rehab.		Provider Number:	0 252174-00
1445 Howell Avenue			Date:	12/29/2009
Brooksville FL 34601			Fiscal Year End:	8/31/2008
			Audit Status:	Unaudited [3]
Provider Type:	Single Level	Curre Rate	Rate	Effective Date
Nursing Home	Single Level	191.4	193.43	1/1/2010
	Level H: AIDS	331.8	335.35	1/1/2010
	Level U: Fragile Under 21	444.4	449.23	1/1/2010
Rate Type :				
Basis: Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Changes: Lice Usu Targ FRV X Rate	Prospective Prospective Adjusted Total Prospective Adjusted Total Prospective wi ensure Rating Change al and Customary Limitat get Rate limitation change VS Change Prospective Semester Change Prospective Rate Prospective with the prospecti	tith Interim Component
Distribution:	nent / Fiscal Agent		Stephen Russell	
Permanent File For inform No Chang	nation Only e in Rate		licaid Cost Reimbursemen	
Home Office:	1 - No Home Office			



Magnolia Health and R	Rehab. Center		Provider Numbe	er: 0 252182-00		
1507 South Tuttle Ave			Dat	e: 12/29/2009		
Sarasota FL 34239			Fiscal Year End	1: 8/31/2008		
			Audit Statu	s: Unaudited [3]		
Provider Type:		Curre Rate	Rate	Effective Date		
Nursing Home	Single Level	207	209.42	1/1/2010		
	Level H: AIDS	347.	72 351.34	1/1/2010		
	Level U: Fragile Under 21	460.3	465.22	1/1/2010		
Basis: Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Changes: Lice Usu Tar; FRV	Prospective Prospective Adjus Total Prospective Prospective Adjus Total Prospective ensure Rating Change al and Customary Limit get Rate limitation chan VS Change e Semester Change FRV [2] as of 09/14/19	with Interim Component tation ge		
Distribution:			Stephen Russe	11		
Contract Managen Permanent File	nent / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
	nation Only		/ ->			
No Chang	•	My	elm R	usan		
Home Office:	1 - No Home Office					



Emerald Shores Healt	h and Rehab.		Provider Number:	0 252191-00
626 North Tyndall Pa	rkway		Date:	12/29/2009
Callaway Fl 32404			Fiscal Year End:	8/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 203.05	New Rate 205.45	Effective Date 1/1/2010
runsing nome	Single Level	203.03		1/1/2010
	Level H: AIDS	343.40	347.37	1/1/2010
	Level U: Fragile Under 21	456.02	461.25	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with sure Rating Change and Customary Limitation Rate limitation change Change Gemester Change RV [2] as of 08/30/2000	h Interim Component
Distribution:	(/ E' 1 A		Stephen Russell	
Contract Manage Permanent File	ement / Fiscal Agent	Medic	aid Cost Reimbursemen	t Analysis
For infor	mation Only ge in Rate	Sty	hus Ru	ssell
Home Office:	1 - No Home Office			



Englewood Healthcar	e & Rehab. Center		Provider Number:	0 252204-00		
1111 Drury Lane			Date:	12/29/2009		
Englewood FL 34224			Fiscal Year End:	6/30/2009		
			Audit Status:	Unaudited [3]		
Provider Type: Nursing Home	Single Level	Current Rate 185.22	New Rate 188.84	Effective Date 1/1/2010		
runging nome	Single Devel	103.22		1/1/2010		
	Level H: AIDS	325.57	330.76	1/1/2010		
	Level U: Fragile Under 21	438.19	444.64	1/1/2010		
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk Audit	ed costs - interim portion	Usual a Target FRVS X Rate Se	tive Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 05/01/1993	n Interim Component		
Distribution:	mant / Figure 1 A game		Stephen Russell			
Permanent File	ement / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
	mation Only	1.1	1 7			
	age in Rate	my.	hus Ru	we,		
Home Office:	1 - No Home Office					



Evans Health Care				Provider Number:	0 252212-00
3735 Evans Avenue				Date:	12/29/2009
Ft Myers FL 33901				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		194.15	196.60	1/1/2010
I	Level H: AIDS		334.50	338.52	1/1/2010
I	Level U: Fragile Under 21		447.12	452.40	1/1/2010
Basis: Budget X Unaudited cos Field audit - in Desk audited co Desk audit - Ir	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Change Change The Change Th	n Interim Component
Contract Manageme	nt / Fiscal Agent			Stephen Russell	
Permanent File For informa No Change	tion Only	ليبر		d Cost Reimbursement	
Home Office:	1 - No Home Office				



Fletcher Health and Re	ehab. Center			Provider Number:	0 252221-00	
518 West Fletcher Ave	е			Date:	12/29/2009	
Tampa FL 33612				Fiscal Year End:	8/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:		I	arrent Rate	New Rate	Effective Date	
Nursing Home	Single Level		99.37	201.43	1/1/2010	
	Level H: AIDS	33	39.72	343.35	1/1/2010	
	Level U: Fragile Under 21	4:	52.34	457.23	1/1/2010	
						
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes:	Usual an Farget R FRVS C Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component	
Distribution:				Stephen Russell		
•	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
Permanent File For inform	nation Only					
	ge in Rate	-30	pr.	un Ru	soll	
Home Office:	1 - No Home Office					



Fort Pierce Health Care		_		Provider Number:	0 252239-00
611 South 13th Street		<u>.</u>		Date:	12/29/2009
Ft. Pierce FL 34950		-		Fiscal Year End:	8/31/2008
				Audit Status:	Unaudited [3]
Provider Type:		-	Current Rate	New Rate	Effective Date
Nursing Home Sin	igle Level	-	204.75	206.84	1/1/2010
Lev	el H: AIDS		345.10	348.76	1/1/2010
Lev	el U: Fragile Under 21		457.72	462.64	1/1/2010
Basis: Budget X Unaudited costs Field audited cost Field audit - inter Desk audit - Interi Desk Audit - Pros	Component ent based on costs rovider Prospective data s im portion s im Portion	Change	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
<u>Distribution:</u> Contract Management /	Fiscal Agent			Stephen Russell	
Permanent File	1 Isour 1 Igori			d Cost Reimbursement	•
For information	•	د	Sten	hus Ru	sell
No Change in I	Rate		ng n		
Home Office:	1 - No Home Office				



Sea Breeze Health Car	e		Provider Number:	0 252247-00
1937 Jenks Avenue			Date:	12/29/2009
Panama City FL 32405	5		Fiscal Year End:	8/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 186.59	New Rate 188.41	Effective Date 1/1/2010
runsing frome	Single Level	100.39		1/1/2010
	Level H: AIDS	326.94	330.33	1/1/2010
	Level U: Fragile Under 21	439.56	444.21	1/1/2010
Basis: Budget X Unaudited c Field audite Field audite Desk audite Desk audit	d costs - interim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Tree Rating Change and Customary Limitation Rate limitation change Change Emester Change V [2] as of 12/01/2001	n Interim Component
Distribution:	mont / Fiscal A cont		Stephen Russell	
Permanent File	nent / Fiscal Agent nation Only ge in Rate		id Cost Reimbursement	-
Home Office:	1 - No Home Office			



Harbor Beach Nursing an	nd Rehab. Center			Provider Number:	0 252255-00
1615 South Miami Road				Date:	12/29/2009
Ft. Lauderdale FL 33316	i			Fiscal Year End:	8/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 211.25	New Rate 213.31	Effective Date 1/1/2010
runsing frome	Single Level			213.31	1/1/2010
1	Level H: AIDS		351.60	355.23	1/1/2010
1	Level U: Fragile Under 21		464.22	469.11	1/1/2010
Basis: Budget X Unaudited cos Field audit - in Desk audited co	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change d Customary Limitatio ate limitation change	n Interim Component
<u>Distribution:</u> Contract Manageme	ent / Fiscal Agent		Medicaio	Stephen Russell	Analysis
Permanent File For informa No Change	-			hus Rus	-
Home Office:	1 - No Home Office				



Health Center at Brent	wood		Provider	Number:	0 252263-00
2333 North Brentwood	d Circle			Date:	12/29/2009
Lecanto FL 34461			Fiscal Y	ear End:	6/30/2009
			Aud	dit Status:	Unaudited [3]
Provider Type:	G. I.I. I	Curro Rat	e Ra	ite	Effective Date
Nursing Home	Single Level	192	195	5.53	1/1/2010
	Level H: AIDS	332.	54 337	<u>'.45</u>	1/1/2010
	Level U: Fragile Under 21	445	16 451	33	1/1/2010
Basis: Budget X Unaudited c Field audite Field audit Desk audite Desk audit	d costs - interim portion	Changes: Lice Us Tar FR X Rai		hange ry Limitatio	for New Costs h Interim Component on
Distribution:	(T) 1.4		Stepher	n Russell	
Permanent File	ment / Fiscal Agent	Me	dicaid Cost Rein	nbursemen	t Analysis
	nation Only	0.4	1	7	ssell
No Chang	ge in Rate	m	emy		
Home Office:	1 - No Home Office				



Heritage Health Care C	enter		Provider Number:	0 252271-00
1026 Albee Farm Road			Date:	12/29/2009
Venice FL 34292			Fiscal Year End:	8/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	Rate	Effective Date
Nursing Home	Single Level	209.92	212.04	1/1/2010
	Level H: AIDS	350.27	353.96	1/1/2010
	Level U: Fragile Under 21	462.89	467.84	1/1/2010
				_
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	costs interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with sure Rating Change and Customary Limitation t Rate limitation change Change Semester Change RV [2] as of 09/23/1988	h Interim Component
Distribution:			Stephen Russell	
Contract Managem Permanent File	ent / Fiscal Agent	Medicaid Cost Reimbursement Analysis		
For inform	ation Only		1 -	
No Change	•	My	hus Ru	saw,
Home Office:	1 - No Home Office			



Heritage Healthcare and Rehab. Center		Provider Number:	0 252280-00
777 Ninth Street North		Date:	12/29/2009
Naples FL 34102		Fiscal Year End:	6/30/2009
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 207.95	New Rate 213.54	Effective Date 1/1/2010
Level H: AIDS	348.30	355.46	1/1/2010
Level U: Fragile Under 21	460.92	469.34	1/1/2010
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes: Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent		Stephen Russell	
Permanent File		d Cost Reimbursement	
For information Only No Change in Rate	Steph	hus Ru	sall
Home Office: 1 - No Home Office			



Heritage Healthcare (Center		Provider Num	ber: 0 252298-00	
3101 Ginger Drive			D	Pate: 12/29/2009	
Tallahassee FL 32308	3		Fiscal Year E	nd: 8/31/2008	
			Audit Sta	tus: Unaudited [3]	
Provider Type:		Curre Rat	e Rate	Effective Date	
Nursing Home	Single Level	183.	<u>184.98</u>	1/1/2010	
	Level H: AIDS	323.	79 326.90	1/1/2010	
	Level U: Fragile Under 21	436.	41 440.78	1/1/2010	
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	Changes: Lic Usi Tar FR		usted for New Costs e with Interim Component nitation ange	
Distribution:			Stephen Rus	sell	
•	ement / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File	mation Only			·	
	nge in Rate	Sty	elm K	Pussell	
Home Office:	1 - No Home Office				



Lake Mary Health and	Rehab.Center		Provider Number:	0 252310-00	
710 North Sun Drive			Date:	12/29/2009	
Lake Mary Fl 32746			Fiscal Year End:	8/31/2008	
			Audit Status:	Unaudited [3]	
Provider Type:	a	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	191.62		1/1/2010	
	Level H: AIDS	331.97	335.18	1/1/2010	
	Level U: Fragile Under 21	444.59	449.06	1/1/2010	
Basis: Budget X Unaudited c Field audite Field audit Desk audite Desk audit	d costs - interim portion	Usual a Target FRVS X Rate So	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 11/08/2000	n Interim Component	
Distribution:	(/ F' 1 A		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	at	hus Ru	saell	
No Chang	ge in Rate	ship.	my / li	,	
Home Office:	1 - No Home Office				



Wedgewood Healthcar	re Center		Provider Number:	0 252328-00	
1010 Carpenters Way			Date:	12/29/2009	
Lakeland FL 33809			Fiscal Year End:	8/31/2008	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	199.83		1/1/2010	
	Level H: AIDS	340.18	344.10	1/1/2010	
	Level U: Fragile Under 21	452.80	457.98	1/1/2010	
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usual Target FRVS X Rate S	tive Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 03/26/1999	n Interim Component	
Distribution:	nant / Fiscal A cont		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For inform	nation Only	Lit is	hus Ru	sell	
No Chang	ge in Rate	my.			
Home Office:	1 - No Home Office				



Largo Health Care Ce	enter		Provider Number:	0 252336-00
9035 Bryan Dairy Rd			Date:	12/29/2009
Largo FL 33777			Fiscal Year End:	8/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.97		1/1/2010
	Level H: AIDS	349.32	353.32	1/1/2010
	Level U: Fragile Under 21	461.94	467.20	1/1/2010
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change The Rating Chan	n Interim Component
	ement / Fiscal Agent		Stephen Russell	
Permanent File For infor	mation Only age in Rate		id Cost Reimbursement	-
Home Office:	1 - No Home Office			



Heritage Park Rehab. a	and Healthcare		I	Provider Number:	0 252344-00
2826 Cleveland Avenu	e			Date:	12/29/2009
Ft. Myers FL 33901				Fiscal Year End:	8/31/2008
				Audit Status:	Unaudited [3]
Provider Type:		Curr Ra	te	New Rate	Effective Date
Nursing Home	Single Level		5.03	217.51	1/1/2010
	Level H: AIDS	355	.38	359.43	1/1/2010
	Level U: Fragile Under 21	468	3.00	473.31	1/1/2010
Basis: Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Changes:	censure R sual and C rget Rate RVS Char	Rating Change Customary Limitation change	h Interim Component
Distribution:	. / E' 1 A			Stephen Russell	
Permanent File	nent / Fiscal Agent	M	edicaid C	ost Reimbursement	t Analysis
	nation Only	27	in de	y Ru	sell
No Chang	ge in Rate	my	- in		-
Home Office:	1 - No Home Office				



Island Health and Rehat	o. Center		Provider Numbe	er: 0 252352-00	
125 Alma Boulevard			Dat	re: 12/29/2009	
Merritt Island FL 32953			Fiscal Year End	-	
			Audit Statu	us: Unaudited [3]	
Provider Type:		Curre Rate	e Rate	Effective Date	
Nursing Home	Single Level	<u>190.</u>	96 192.85	1/1/2010	
	Level H: AIDS	331.	334.77	1/1/2010	
	Level U: Fragile Under 21	443.	93 448.65	1/1/2010	
Basis: Budget X Unaudited co Field audited Field audit - i Desk audited Desk audit - I	costs interim portion	Changes: Lic Usu Tar FR	Total Prospective Prospective Adjus Total Prospective Adjus Total Prospective ensure Rating Change al and Customary Limit get Rate limitation chan VS Change e Semester Change FRV [2] as of 04/01/19	with Interim Component tation ge	
Distribution:	· / E' · 1.4		Stephen Russe	11	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For information of the state of	ation Only	14	ehm R	madd	
No Change	e in Rate	my	my /	ers e,	
Home Office:	1 - No Home Office				



North Florida Rehab. a	nd Specialty Care			Provider Number:	0 252361-00
5700 NW 10th Place				Date:	12/29/2009
Gainesville FL 32605				Fiscal Year End:	8/31/2008
				Audit Status:	Unaudited [3]
Provider Type:				Tradic Status.	
- J F J F J F			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	-	197.59	199.87	1/1/2010
	Level H: AIDS		337.94	341.79	1/1/2010
	Level U: Fragile Under 21		450.56	455.67	1/1/2010
Rate Type :					
Interim		X	Prospective	;	
To	otal Interim		XT	Total Prospective	
In	terim Component		P	Prospective Adjusted	for New Costs
Se	ettlement based on costs		Т	Total Prospective with	h Interim Component
Pr	rior Provider Prospective data				
Basis:		Change	s:		
200250		011111190			
Budget			Licensure	Rating Change	
X Unaudited co	osts	-		Customary Limitation	on
Field audited		-		te limitation change	
	interim portion		FRVS Ch	=	
Desk audited	_	-		80	
	Interim Portion	<u> X</u>	Rate Seme	ester Change	
	- Prospective portion			2] as of 12/01/2001	
Distribution:				Stephen Russell	
Contract Managen	nent / Fiscal Agent		Medianid	Cost Reimbursement	t Analysis
Permanent File					•
	nation Only	J.	atim la	us Ru	sell
No Chang	ge in Rate		roje u		
Home Office:	Sea Crest Health Care Manag	gement			
	Jim Culp				
	10210 Highland Manor Dr.				
	Tampa FL 33610				



Shoal Creek Rehabilitation	on Center			Provider Number:	0 252379-00
500 South Hospital Drive	2			Date:	12/29/2009
Crestview Fl 32539				Fiscal Year End:	8/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 186.65	New Rate 188.25	Effective Date 1/1/2010
I	Level H: AIDS		327.00	330.17	1/1/2010
I	Level U: Fragile Under 21		439.62	444.05	1/1/2010
Basis: Budget X Unaudited cos Field audit - ir Desk audited cos Desk Audit - Ir	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Manageme	nt / Fiscal Agant			Stephen Russell	
Permanent File For information No Change	tion Only			l Cost Reimbursement	•
Home Office:	Sea Crest Health Care Mana Jim Culp 10210 Highland Manor Dr. Tampa FL 33610	gement			



Governor's Creek Hea	alth and Rehab.		Provider Number:	0 252387-00	
803 Oak Street			Date:	12/29/2009	
Green Cove Springs F	FL 32043		Fiscal Year End:	6/30/2009	
			Audit Status:	Unaudited [3]	
Provider Type:		Currer Rate	Rate	Effective Date	
Nursing Home	Single Level	189.6	<u> </u>	1/1/2010	
	Level H: AIDS	329.9	7 337.37	1/1/2010	
	Level U: Fragile Under 21	442.5	9 451.25	1/1/2010	
Basis: Budget X Unaudited of Field audited audited audited audited audited audited besk audited besk audited besk audited besk audited besk audited besk audited audited besk	ed costs - interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component	
Distribution:			Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	mation Only	1	hus Ru		
No Chan	ige in Rate	mje	mus tu		
Home Office:	1 - No Home Office				



The Palms Rehab. and He	ealthcare Center			Provider Number:	0 252395-00
5405 Babcock Street NE				Date:	12/29/2009
Palm Bay FL 32905				Fiscal Year End:	8/31/2008
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	201.12		1/1/2010
I	evel H: AIDS		341.47	344.89	1/1/2010
I	evel U: Fragile Under 21		454.09	458.77	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audit - In Desk Audit - P	costs aterim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Management	nt / Fiscal Agant			Stephen Russell	
Permanent File	nt / 1 iscai Agent			d Cost Reimbursement	
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No Change i	in Rate			, , , , ,	
Home Office:	1 - No Home Office				



Grand Oaks Health ar	nd Rehab. Center		Provider Number:	0 252409-00
3001 Palm Coast Park	kway SE		Date:	12/29/2009
Palm Coast FL 32137			Fiscal Year End:	8/31/2008
			Audit Status:	Unaudited [3]
Provider Type:	Single Level	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	187.56	189.45	1/1/2010
	Level H: AIDS	327.91	331.37	1/1/2010
	Level U: Fragile Under 21	440.53	445.25	1/1/2010
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 05/16/1997	h Interim Component
	ement / Fiscal Agent		Stephen Russell	
Permanent File For infor	mation Only age in Rate		aid Cost Reimbursement	-
Home Office:	1 - No Home Office			



Harts Harbor Health	Care Center			Provider Number:	0 252417-00
11565 Harts Road				Date:	12/29/2009
Jacksonville FL 3221	8			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		175.49	194.15	1/1/2010
	Level H: AIDS	_	315.84	336.07	1/1/2010
	Level U: Fragile Under 21	_	428.46	449.95	1/1/2010
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	Changes: X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution:				Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	mation Only			hus Ru	2011
	ige in Rate		rje r	en tu	
Home Office:	1 - No Home Office				



Marshall Health and F	Rehab. Center		Provider Number:	0 252425-00
207 Marshall Drive			Date:	12/29/2009
Perry FL 32347			Fiscal Year End:	8/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	180.51		1/1/2010
	Level H: AIDS	320.86	323.92	1/1/2010
	Level U: Fragile Under 21	433.48	437.80	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with are Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 10/01/1985	n Interim Component
	ment / Fiscal Agent		Stephen Russell	
Permanent File For inform	mation Only ge in Rate		aid Cost Reimbursement	-
Home Office:	1 - No Home Office			



SeaView Nursing and I	Rehab. Center		Provider Number	r: 0 252433-00	
2401 NE 2nd Street			Date	e: 12/29/2009	
Pompano Beach FL 33	062		Fiscal Year End:	6/30/2009	
			Audit Status	S: Unaudited [3]	
Provider Type:	Simple Level	Curre Rate	e Rate	Effective Date	
Nursing Home	Single Level	<u>195.</u>	<u>199.91</u>	1/1/2010	
	Level H: AIDS	335.	341.83	1/1/2010	
	Level U: Fragile Under 21	448.	17 455.71	1/1/2010	
Basis: Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Changes: Lic Usu Tar FR	Prospective Total Prospective Prospective Adjuste Total Prospective we ensure Rating Change al and Customary Limita get Rate limitation change VS Change e Semester Change FRV [2] as of 10/01/198	ation	
Distribution:	(T)		Stephen Russell	l	
Contract Managen Permanent File	nent / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
	nation Only	1	1 7		
No Chang		My	elm Re	isall	
Home Office:	1 - No Home Office				



Plantation Bay Rehab	ilitation Center		Provider Number:	0 252441-00
4641 Old Canoe Cree	k Road		Date:	12/29/2009
St. Cloud FL 34769			Fiscal Year End:	6/30/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 189.25	New Rate	Effective Date
Nursing Home	Single Level	189.25		1/1/2010
	Level H: AIDS	329.60	333.00	1/1/2010
	Level U: Fragile Under 21	442.22	446.88	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target l FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:			Stephen Russell	
Contract Manage Permanent File	ment / Fiscal Agent	Medica	id Cost Reimbursement	Analysis
For infor	mation Only ge in Rate	Stypi	In Ru	ssell
Home Office:	1 - No Home Office			



Rio Pinar Health Care			Provider Number:	0 252450-00	
7950 Lake Underhill R	oad		Date:	12/29/2009	
Orlando FL 32822			Fiscal Year End:	6/30/2009	
			Audit Status:	Unaudited [3]	
Provider Type:	Simple Level	Currer Rate	Rate	Effective Date	
Nursing Home	Single Level	193.6	197.25	1/1/2010	
	Level H: AIDS	333.9	6 339.17	1/1/2010	
	Level U: Fragile Under 21	446.5	8 453.05	1/1/2010	
Basis: Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	d costs interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component	
Distribution:	· /E' 1 A		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	4	hus Ru	naell	
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Home Office:	1 - No Home Office				



Rosewood Health and Rehab. Center		Provider Number:	0 252468-00
3920 Rosewood Way		Date:	12/29/2009
Orlando FL 32808		Fiscal Year End:	8/31/2008
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 202.42	New Rate 204.41	Effective Date 1/1/2010
Level H: AIDS	342.77	346.33	1/1/2010
Level U: Fragile Under 21	455.39	460.21	1/1/2010
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	Changes: Licensur Usual an	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Desk audit - Interim Portion Desk Audit - Prospective portion		mester Change [2] as of 12/01/2001	
<u>Distribution:</u>		Stephen Russell	
Contract Management / Fiscal Agent	Medicaio	d Cost Reimbursement	Analysis
Permanent File			•
For information Only No Change in Rate	Steps	m, Ru	sell.
Home Office: 1 - No Home Office			



OAKTREE HEALTHO	CARE			Provider Number:	0 252476-00
650 Reed Canal Road				Date:	12/29/2009
South Daytona FL 320	19			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:	Simple Level	R	rent ate	New Rate	Effective Date
Nursing Home	Single Level		9.22	190.66	1/1/2010
	Level H: AIDS	31	9.57	332.58	1/1/2010
	Level U: Fragile Under 21	43	2.19	446.46	1/1/2010
Basis: Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	d costs interim portion	Changes:	sual an arget R RVS C ate Sen	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:	· (F)			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	1.		en Ru	mell
No Chang	ge in Rate	m)		m / m	,
Home Office:	1 - No Home Office				



Edinborough Healthcare Center				Provider Number:	0 252484-00
1061 Virginia Street				Date:	12/29/2009
Dunedin FL 34698				Fiscal Year End:	8/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single 1	Level	_	Current Rate 204.54	New Rate 206.26	Effective Date 1/1/2010
	20,01	_	201101		1/1/2010
Level H:	AIDS	_	344.89	348.18	1/1/2010
Level U:	Fragile Under 21	_	457.51	462.06	1/1/2010
Rate Type :					
Interim Total Interim Interim Com Settlement be Prior Provide Basis: Budget X Unaudited costs Field audited costs	ponent	Changes	Licensur Usual an	Total Prospective Prospective Adjusted Total Prospective with Rating Change d Customary Limitation ate limitation change	n Interim Component
Field audit - interim po Desk audited costs Desk audit - Interim Po Desk Audit - Prospectiv	rtion	X		hange nester Change [2] as of 01/01/1989	
Distribution:		L		Stephen Russell	
Contract Management / Fisca	l Agent		Medicaio	l Cost Reimbursement	· Analysis
Permanent File					
For information Only No Change in Rate	,		typh	ns Ru	sell
Home Office: 1 - N	To Home Office				



Spring Hill Health and Rehab. Center		Provider Number:	0 252492-00
12170 Cortez Blvd.		Date:	12/29/2009
Brooksville FL 34613		Fiscal Year End:	8/31/2008
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 197.10	New Rate 199.38	Effective Date 1/1/2010
Level H: AIDS	337.45	341.30	1/1/2010
Level U: Fragile Under 21	450.07	455.18	1/1/2010
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 ar Target F FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with re Rating Change and Customary Limitation Rate limitation change	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent		Stephen Russell	
Permanent File	Medicai	d Cost Reimbursement	Analysis
For information Only No Change in Rate	Styl	hus Ru	sall
Home Office: 1 - No Home Office			



Habana Health Care Ce	enter		Provider Number:	0 252506-00	
2916 Habana Way			Date:	12/29/2009	
Tampa FL 33614			Fiscal Year End:	6/30/2009	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	Rate	Effective Date	
Nursing Home	Single Level	193.92	<u> 192.94</u> _	1/1/2010	
	Level H: AIDS	334.27	334.86	1/1/2010	
	Level U: Fragile Under 21	446.89	448.74	1/1/2010	
Basis: Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted	h Interim Component	
Distribution:			Stephen Russell		
Contract Managen Permanent File	ient / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
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No Chang	<u> </u>	ng	mus tu		
Home Office:	1 - No Home Office				



Vista Manor				Provider Number:	0 252522-00
1550 Jess Parrish Court				Date:	12/29/2009
Titusville FL 32796				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:	Single Level	<u>I</u>	errent Rate	New Rate	Effective Date
Nursing Home	Single Level		97.19	<u> 197.49</u> _	1/1/2010
	Level H: AIDS	33	37.54	339.41	1/1/2010
	Level U: Fragile Under 21	4:	50.16	453.29	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit	costs interim portion	Changes:	Usual an Farget R FRVS C Rate Sen	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Managem	ent / Fiscal Agent			Stephen Russell	
Permanent File	The state of the s	Medicaid Cost Reimbursement Analysis			
For informa	•	<i>M</i>	je ti	hus Ru	sell
Home Office:	1 - No Home Office				



Hillcrest Nursing and	Rehabilitation Center		Provider Number:	0 252531-00
4200 Washington Stre			Date:	12/29/2009
Hollywood FL 33021			Fiscal Year End:	8/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.69		1/1/2010
	Level H: AIDS	338.04	341.28	1/1/2010
	Level U: Fragile Under 21	450.66	455.16	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk Audite	ed costs - interim portion	Usual a Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 06/27/1989	h Interim Component
Distribution: Contract Manage	ment / Fiscal Agent		Stephen Russell	
Permanent File For inform	mation Only ge in Rate		aid Cost Reimbursement	-
Home Office:	1 - No Home Office			



Azalea Court		Provider Number:	0 252549-00
5065 Wallis Road		Date:	12/29/2009
West Palm Beach FL 33415		Fiscal Year End:	6/30/2009
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 203.25	New Rate 211.14	Effective Date 1/1/2010
Level H: AIDS	343.60	353.06	1/1/2010
Level U: Fragile Under 21	456.22	466.94	1/1/2010
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	Changes: Licensure Usual an	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 07/09/1986	
<u>Distribution:</u> Contract Management / Fiscal Agent		Stephen Russell	
Permanent File	Medicaio	d Cost Reimbursement	Analysis
For information Only No Change in Rate	Steph	hus Ru	mell
Home Office: 1 - No Home Office			



Colonial Lakes Health	Care		Provider Number:	0 252557-00
15204 West Colonial			Date:	12/29/2009
Winter Garden FL 347	787		Fiscal Year End:	8/31/2008
			Audit Status:	Unaudited [3]
Provider Type:	Charle I and	Current Rate	Rate	Effective Date
Nursing Home	Single Level	195.21	196.85	1/1/2010
	Level H: AIDS	335.56	338.77	1/1/2010
	Level U: Fragile Under 21	448.18	452.65	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted	h Interim Component
Distribution:	. (5)		Stephen Russell	
Permanent File	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis		
	mation Only	14	hus Ru	2011
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Home Office:	1 - No Home Office			



	abilitation and Nursing Cent		Provider Number:	0 252662-00
1240 Pinebrook Road			Date:	12/29/2009
Venice FL 34292	_		Fiscal Year End:	7/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.80	204.87	1/1/2010
	Level H: AIDS	343.15	346.79	1/1/2010
	Level U: Fragile Under 21	455.77	460.67	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Usual an Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Eate limitation change	n Interim Component
Distribution:			Stephen Russell	
Contract Managem	ent / Fiscal Agent	Medicaid Cost Reimbursement Analysis		
Permanent File For inform	otion Only			-
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		-		
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109			



Palms of Sebring			Provider Number:	0 252671-00
725 South Pine Street			Date:	12/29/2009
Sebring FL 33870			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.95		1/1/2010
	Level H: AIDS	350.30	354.02	1/1/2010
	Level U: Fragile Under 21	462.92	467.90	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change The Rating Change The Rating Change Change The Rating Change Change Change The Rating C	n Interim Component
	ment / Fiscal Agent		Stephen Russell	
Permanent File For infor	mation Only ge in Rate		id Cost Reimbursement	-
Home Office:	1 - No Home Office			



Orchard Ridge Rehabil	itation and Nursing Center		Provider Number:	0 252689-00
4927 Voorhees Road			Date:	12/29/2009
New Port Richey FL 34	4653		Fiscal Year End:	7/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.46	209.49	1/1/2010
	Level H: AIDS	347.81	351.41	1/1/2010
	Level U: Fragile Under 21	460.43	465.29	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component
Distribution: Contract Managem Permanent File For inform No Chang	ation Only		Stephen Russell d Cost Reimbursement Russell Russell	-
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109			



Leesburg Health & Reh	ab			Provider Number:	0 252956-00
715 East Dixie Avenue				Date:	12/29/2009
Leesburg FL 32748				Fiscal Year End:	2/28/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	F	errent Rate	New Rate 211.17	Effective Date 1/1/2010
	Level H: AIDS	34	51.44	353.09	1/1/2010
	Level U: Fragile Under 21		54.06	466.97	1/1/2010
Basis: Budget X Unaudited confield audited Field audited Desk audited Desk audited	l costs interim portion	Changes:	Usual an Farget R FRVS C Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation ate limitation change Thange T	n Interim Component
Contract Managem	nent / Fiscal Agent			Stephen Russell	
Permanent File For inform No Change	ation Only			d Cost Reimbursement	•
Home Office:	Anchor Management Phil Castleberg 1344 Longhill Drive Apopka FL 32712				



Springwood Care & Re	habilitation Center		Provider Number:	0 253014-00
4602 Northgate Court			Date:	12/29/2009
Sarasota FL 34234			Fiscal Year End:	7/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 210.21	Rate	Effective Date 1/1/2010
	Level H: AIDS	350.56	361.30	1/1/2010
	Level U: Fragile Under 21	463.18	3 475.18	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	d costs interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with sure Rating Change and Customary Limitation Rate limitation change Schange Semester Change RV [2] as of 01/01/2005	h Interim Component
Distribution: Contract Managem Permanent File For inform No Change	action Only		Stephen Russell caid Cost Reimbursemen Ann Rus	•
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109			



Southern Oaks Health	Care			Provider Number:	0 253146-00	
	8855 Old Canoe Creek Road			Date:	12/29/2009	
St. Cloud FL 34769				Fiscal Year End:	7/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:]	urrent Rate	New Rate	Effective Date	
Nursing Home	Single Level	1	90.18	191.78	1/1/2010	
	Level H: AIDS	3	30.53	333.70	1/1/2010	
	Level U: Fragile Under 21	_ 4	43.15	447.58	1/1/2010	
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs - interim portion	Changes:	Usual ar Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component	
Distribution:	mant / Fiscal Agant			Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
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No Chang	ge in Rate	<i></i>	yeri.	my / Com	- ,	
Home Office:	1 - No Home Office					



The Palms At Park Pla	ace		Provider Number:	0 253421-00		
221 Park Place Blvd.			Date:	12/29/2009		
Kissimmee FL 34741			Fiscal Year End:	7/31/2009		
			Audit Status:	Unaudited [3]		
Provider Type:		Current Rate	New Rate	Effective Date		
Nursing Home	Single Level	179.00	181.79	1/1/2010		
	Level H: AIDS	319.35	323.71	1/1/2010		
	Level U: Fragile Under 21	431.97	437.59	1/1/2010		
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk Audit	d costs - interim portion	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change The Rating Chan	n Interim Component		
Distribution:	mont / Fiscal A cont		Stephen Russell			
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
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Home Office:	1 - No Home Office					



Sunset Point Rehabilitation	on and Nursing Center		Provider Number:	0 253430-00
1980 Sunset Point Road			Date:	12/29/2009
Clearwater FL 33765			Fiscal Year End:	7/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 193.58	New Rate 195.56	Effective Date 1/1/2010
L	evel H: AIDS	333.93	337.48	1/1/2010
L	evel U: Fragile Under 21	446.55	451.36	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk Audit - Property of the control of the co	osts terim portion osts	Usual ar Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution: Contract Managemen	nt / Fiscal Agent	Medicai	Stephen Russell d Cost Reimbursement	: Analysis
Permanent File For informati No Change i	•		lens Ru	•
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109			



Bay Tree Rehabilitation and Nursing Center	P	rovider Number:	0 253448-00	
2600 Highlands Boulevard, North		Date:		
Palm Harbor FL 34684	I	Fiscal Year End:	12/29/2009 7/31/2008	
	-	Audit Status:	Unaudited [3]	
Provider Type:		Tauti Status		
	Current	New	Effective	
	Rate	Rate	Date	
Nursing Home Single Level	202.43	204.51	1/1/2010	
Level H: AIDS	342.78	346.43	1/1/2010	
Level U: Fragile Under 21	455.40	460.31	1/1/2010	
Rate Type :				
Interim	V Duagnactiva			
Total Interim	X Prospective X Tot	al Prospective		
		spective Adjusted	for Now Costs	
Interim Component			h Interim Component	
Settlement based on costs	100	ai Prospective with	n internii Component	
Prior Provider Prospective data				
Basis:	Changes:			
	I : D	otina Chanas		
Budget		ating Change		
X Unaudited costs		ustomary Limitation	on	
Field audited costs		limitation change		
Field audit - interim portion	FRVS Chan	ge		
Desk audited costs				
Desk audit - Interim Portion	X Rate Semest	•		
Desk Audit - Prospective portion Distribution:	On FRV [2]	as of 01/01/2007		
Contract Management / Fiscal Agent		Stephen Russell		
Permanent File	Medicaid Co	ost Reimbursement	t Analysis	
For information Only	/	-70	.//	
No Change in Rate	Stephn	n Ku	soll	
No Change in Rate				
Home Office: Sun Healthcare Group, Inc.				
Reimbursement Department				
101 Sun Avenue NE				
Albuquerque NM 87109				



Surrey Place Health &			Provider Number:	0 253456-00	
4100 S.W. 33rd Avenue			Date:	12/29/2009	
Ocala FL 32674			Fiscal Year End:	2/28/2009	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	196.47		1/1/2010	
	Level H: AIDS	336.82	330.83	1/1/2010	
	Level U: Fragile Under 21	449.44	444.71	1/1/2010	
Basis: Budget X Unaudited c Field audite Field audit Desk audite Desk audit	d costs - interim portion	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Trotal Prospective with	n Interim Component	
Distribution:	(F) 1.4		Stephen Russell		
Permanent File	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
	nation Only		1 -		
	ge in Rate	Myer	In Ru	ww.	
Home Office:	1 - No Home Office				



West Bay Rehabilitation	and Nursing Center		Provider Number:	0 253464-00
3865 Tampa Road			Date:	12/29/2009
Oldsmar FL 34677	_		Fiscal Year End:	7/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 206.57	New Rate 207.86	Effective Date 1/1/2010
1	Level H: AIDS	346.92	349.78	1/1/2010
1	Level U: Fragile Under 21	459.54	463.66	1/1/2010
Basis: Budget X Unaudited cos Field audit - in Desk audited co	ts costs nterim portion costs	Usual an Target R FRVS C X Rate Sen	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate			Stephen Russell d Cost Reimbursement	•
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109			



WUESTHOFF PROGRES	SSIVE CARE CTR		Provider Number:	0 253472-00
110 LONGWOOD AVE			Date:	12/29/2009
Rockledge FL 32955			Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 217.72	New Rate 218.24	Effective Date 1/1/2010
L	evel H: AIDS	358.07	360.16	1/1/2010
L	evel U: Fragile Under 21	470.69	474.04	1/1/2010
Basis: Budget X Unaudited costs Field audit - in Desk audited co Desk Audit - Pr	Interim im Component ement based on costs Provider Prospective data Chaines south	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
Distribution: Contract Management Permanent File For informati No Change i	-		Stephen Russell I Cost Reimbursement Russell Russell	•
Home Office:	Wuesthoff Health System, INC. 110 Longwood Ave. Rockledge FL 32955			



Forum at Deer Creek				Provider Number:	0 253481-00	
3001 Deer Creek Blvd				Date:	12/29/2009	
Deerfield Beach FL 334	42			Fiscal Year End:	6/30/2008	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	R	rent ate 2.30	New Rate 234.53	Effective Date 1/1/2010	
runsing frome	Single Level		2.30		1/1/2010	
	Level H: AIDS	37	2.65	376.45	1/1/2010	
	Level U: Fragile Under 21	48	5.27	490.33	1/1/2010	
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - Is	costs nterim portion	Changes: L U T F	icensur sual an arget R RVS C	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component	
	ent / Fiscal Agent	Stephen Russell				
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
For informa No Change	•	Sty	z li	ens Ru	mell	
Home Office:	FiveStar Quality Care Inc 400 Centre Street Newton MA 02458					



Eden Springs Nursing a	nd Rehab Center			Provider Number:	0 253707-00
4679 Crawfordville Hig	•			Date:	12/29/2009
Crawfordville FL 32326	5			Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 218.49	New Rate 218.61	Effective Date 1/1/2010
runsing nome	Single Level	_	210.47	210.01	1/1/2010
	Level H: AIDS		358.84	360.53	1/1/2010
	Level U: Fragile Under 21	_	471.46	474.41	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change d Customary Limitatio ate limitation change	n Interim Component
<u>Distribution:</u> Contract Managem	ent / Fiscal Agent			Stephen Russell	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		J.		d Cost Reimbursement	•
Home Office:	DOS Health Care 300 71 Street Miami Beach Fl 33141				



Jackson Plaza Nursing &	Rehab			Provider Number:	0 253723-00	
1861 NW 8th Ave				Date:	12/29/2009	
Miami FL 33136				Fiscal Year End:	2/28/2009	
				Audit Status:	Unaudited [3]	
Provider Type:					-	
V 2			Current	New	Effective	
		-	Rate	Rate	Date	
Nursing Home S	Single Level	-	220.52		1/1/2010	
L	evel H: AIDS		360.87	363.79	1/1/2010	
ī	evel U: Fragile Under 21				1/1/2010	
L	evel 0. Fragne Under 21		473.49	477.67	1/1/2010	
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Interest and the content of the c	osts terim portion osts	Change	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	
Distribution:				Stephen Russell		
Contract Managemer	nt / Fiscal Agent		Medicaid Cost Reimbursement Analysis			
Permanent File For informati	ion Only				· ·	
No Change i	•	لميير	rtyer	hus Ru	sell	
	-					
Home Office:	Hebrew Home Management Steve Beaujon 1800 NE 168th Street, Suite Miami Beach FL 33162					



The Park Summit at Cor	ral Springs]	Provider Number:	0 254134-00	
8500 Royal Palm Blvd.				Date:	12/29/2009	
Coral Springs FL 33065				Fiscal Year End:	6/30/2008	
				Audit Status:	Unaudited [3]	
Provider Type:		Curre Rat	e	New Rate	Effective Date	
Nursing Home	Single Level		.71	206.78	1/1/2010	
	Level H: AIDS	345	.06	348.70	1/1/2010	
	Level U: Fragile Under 21	457	.68	462.58	1/1/2010	
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - Is	costs nterim portion	Changes:	eensure Rual and Creet Rate VS Chartee Semes	Cating Change Customary Limitation change	h Interim Component	
Distribution:	out / E' and A and			Stephen Russell		
Contract Manageme Permanent File	ent / riscai Agent	Medicaid Cost Reimbursement Analysis				
For informa	ntion Only	1.	_/	y Ru	and	
No Change	in Rate	ng	em	4 / 100	,	
Home Office:	FiveStar Quality Care Inc 400 Centre Street Newton MA 02458					



Manor Pines Convalescer	nt Center, LLC		Provider Number:	0 254177-00
1701 NE 26th Street			Date:	12/29/2009
Ft. Lauderdale FL 33305			Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 197.22	New Rate 199.01	Effective Date 1/1/2010
I	Level H: AIDS	337.57	340.93	1/1/2010
I	Level U: Fragile Under 21	450.19	454.81	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion costs	Usual a Target FRVS X Rate So	Total Prospective Total Prospective Prospective Adjusted Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 03/06/2002	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate			Stephen Russell aid Cost Reimbursement Ann Rus	•
Home Office:	1601 Management, LLC. Sally Bolen 1701 N.E. 26th Street Wilton Manors FL 33305			



Arch Plaza Nursing & Re	habilitation Center			Provider Number:	0 254291-00
12505 NE 16th Avenue				Date:	12/29/2009
North Miami FL 33161				Fiscal Year End:	7/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NI II C	Y' I . T I		Rate	Rate	Date
Nursing Home S	Single Level	•	232.95	243.92	1/1/2010
L	evel H: AIDS		373.30	385.84	1/1/2010
L	evel U: Fragile Under 21		485.92	499.72	1/1/2010
Basis: Budget X Unaudited cost: Field audit - in Desk audited co	osts terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 05/01/1996	h Interim Component
Contract Managemen	nt / Fiscal Agent			Stephen Russell	
Permanent File	Permanent File Medicaid Cost Reimbursement Analy		•		
For informati	ion Only	ر	at in 1	un Ru	sell
No Change i	n Rate		rege ii		
Home Office:	Hebrew Home Management Steve Beaujon 1800 NE 168th Street, Suite 2 Miami Beach FL 33162				



Wrights Healthcare & R	ehabilitation Center			Provider Number:	0 254762-00
11300 110th Ave. North	1			Date:	12/29/2009
Seminole FL 33778				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 204.45	New Rate 205.30	Effective Date 1/1/2010
	Single 20 voi		201116		1/1/2010
	Level H: AIDS		344.80	347.22	1/1/2010
	Level U: Fragile Under 21		457.42	461.10	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - i Desk audited Desk audit - I	costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component
Contract Managem	ent / Fiscal Agent	Stephen Russell			
Permanent File For informa No Change	ation Only			d Cost Reimbursement	•
Home Office:	KR Management 3500 Oak Manor Lane Largo FL 33774				



EdgeWood Nursing Cen	nter		Provider Number:	0 254878-00
1771 Edgewood Avenue West			Date:	12/29/2009
Jacksonville FL 32208			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 195.02	New Rate	Effective Date 1/1/2010
	Level H: AIDS	335.37	325.35	1/1/2010
	Level U: Fragile Under 21	447.99	439.23	1/1/2010
Basis: Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	costs interim portion	Usual ar Target F FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with re Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution: Contract Management File For information No Change	ation Only		Stephen Russell ad Cost Reimbursement Russell Russell Russell	•
Home Office:	Sterling Healthcare Wendell Philips 16 Norcross St., STE 50B Roswell GA 30075			



Woodlands Care Center	of Alachua County			Provider Number:	0 255572-00
7207 SW 24th Avenue				Date:	12/29/2009
Gainesville Fl 32607				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Cur Ra 17 8		New Rate 170.04	Effective Date 1/1/2010
	Level H: AIDS	318	3.52	311.96	1/1/2010
	Level U: Fragile Under 21	433	.14	425.84	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - I	costs nterim portion	Changes:	censur sual an arget R RVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution: Contract Manageme Permanent File For informa No Change	ation Only			Stephen Russell d Cost Reimbursement	•
Home Office:	SMJ Enterprises, LLC Anthony Rimmer 1265 W. Granada Blvd, Suite 4 Ormond Beach FL 32174				



Diamond Ridge Health	& Rehabilitation Center		Provider Number:	0 256269-00
2730 W. Marc Knighton	n Court		Date:	12/29/2009
Lecanto FL 34461			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 193.25	Rate	Effective Date 1/1/2010
	Level H: AIDS	333.60	336.70	1/1/2010
	Level U: Fragile Under 21	446.22	450.58	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 06/23/1989	n Interim Component
Distribution: Contract Managem Permanent File For information No Change	ation Only		Stephen Russell caid Cost Reimbursement	•
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Circl Tallahassee FL 32308	, Ste. D		



Surrey Place Convalesce	nt Center of Bradenton		Provider Number:	0 256277-00
5525 21st Avenue West	5525 21st Avenue West		Date:	12/29/2009
Bradenton FL 34209			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 226.62	New Rate 221.78	Effective Date 1/1/2010
I	Level H: AIDS	366.97	363.70	1/1/2010
I	Level U: Fragile Under 21	479.59	477.58	1/1/2010
Basis: Budget X Unaudited cos Field audit - ir Desk audited co Desk audit - Ir	costs nterim portion costs	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 02/08/1989	n Interim Component
Distribution: Contract Manageme Permanent File For information No Change	tion Only		Stephen Russell raid Cost Reimbursement Mus Russell	•
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Circle Tallahassee FL 32308	, Ste. D		



Lakeside Nursing & Reh	abilitation Center		Provider Number:	0 256757-00
1141 Armsdale Road			Date:	12/29/2009
Jacksonville FL 32218			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 182.36	New Rate 175.73	Effective Date 1/1/2010
]	Level H: AIDS	322.71	317.65	1/1/2010
1	Level U: Fragile Under 21	435.33	431.53	1/1/2010
Basis: Budget X Unaudited cos Field audit - in Desk audited of Desk audit - Ir	costs nterim portion costs	Usual ar Target R FRVS C X Rate Sei	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Cate limitation change	n Interim Component
Distribution: Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell d Cost Reimbursement	•
Home Office:	Health Care Managers, Inc Ivonne Burrell 2380 Sadler Road Suite 201 Fernandina Beach FL 32034			



Lakeside Pavilion Reha	bilitation and Nursing Cente		Provider Number:	0 256846-00
2900 Twelfth Street			Date:	12/29/2009
Naples FL 33940			Fiscal Year End:	7/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.30	206.40	1/1/2010
	Level H: AIDS	344.65	348.32	1/1/2010
	Level U: Fragile Under 21	457.27	462.20	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - I	costs interim portion	Usual ar Target F FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with Total Prospective Adjusted Total Prospective Total Prosp	n Interim Component
Contract Managem	ent / Fiscal Agent	Stephen Russell		
Permanent File	Ü		d Cost Reimbursement	-
For information	•	Stens	hus Ru	sell
No Change	e in Rate	- Jugar		
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109			



Manor Oaks Nursing & Rehab Center 2121 E. Commercial Blvd.			Provider Number:	0 256935-00
			Date:	12/29/2009
Ft. Lauderdale FL 333	308		Fiscal Year End:	8/31/2009
			Audit Status:	Unaudited [3]
Provider Type:	Single Level	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	190.63	200.48	1/1/2010
	Level H: AIDS	330.98	342.40	1/1/2010
	Level U: Fragile Under 21	443.60	456.28	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audit	ed costs - interim portion	Usual ar Target F FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with re Rating Change and Customary Limitation Rate limitation change	n Interim Component
Permanent File For inform	ment / Fiscal Agent mation Only ge in Rate		Stephen Russell d Cost Reimbursement	•
Home Office:	1601 Management, LLC. Sally Bolen 1701 N.E. 26th Street Wilton Manors FL 33305			



Palm Garden of Port St. Lucie 1751 S.E. Hillmoor Drive				Provider Number:	0 257249-00
		-	Da		: 12/29/2009
Port St. Lucie FL 349	952	_		Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type:					
			irrent	New	Effective
NI . II	C' I T I		Rate	Rate	Date
Nursing Home	Single Level)1.75	203.60	1/1/2010
	Level H: AIDS	34	12.10	345.52	1/1/2010
	Level U: Fragile Under 21	4.	54.72	459.40	1/1/2010
Rate Type :					
Interim		X P	ospectiv	ve.	
	Total Interim		_	Total Prospective	
	Interim Component	•		Prospective Adjusted	for New Costs
	Settlement based on costs	•		Total Prospective with	n Interim Component
	Prior Provider Prospective data	•		•	•
Basis:		Changes:			
Dusis.		Changest			
Budget			Licensur	e Rating Change	
X Unaudited	costs		Jsual an	d Customary Limitation	on
Field audit	ted costs			ate limitation change	
Field audi	t - interim portion		FRVS C	hange	
Desk audit	-				
Desk audit	- Interim Portion			nester Change	
Desk Audi	t - Prospective portion		On FRV	[2] as of 02/25/1988	
Distribution:				Stephen Russell	
_	ement / Fiscal Agent	-	Medicaio	d Cost Reimbursement	Analysis
Permanent File					•
	rmation Only nge in Rate	30	pl	my Ru	soll
	ngo in Kale				
Hama Off	C A 1	· '···································			
Home Office:	Cypress Administrative Se Alan Wengrofsky	rvices, LLC			
	44 South Broadway, Suite	614			



Palm Garden of West Palm Beach	I	Provider Number:	0 257257-00
00 EXECUTIVE CENTER DRIVE		Date:	12/29/2009
Vest Palm Beach FL 33401		Fiscal Year End:	6/30/2008
		Audit Status:	Unaudited [3]
Provider Type:			
V 1	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	211.90	213.86	1/1/2010
Level H: AIDS	352.25	355.78	1/1/2010
I amal II. Francisco II. dan 21			
Level U: Fragile Under 21	464.87	469.66	1/1/2010
Rate Type :			
Interim	X Prospective		
Total Interim		tal Prospective	
Interim Component		spective Adjusted	for New Costs
Settlement based on costs		1	h Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget		ating Change	
Unaudited costs		Customary Limitation	on
Field audited costs		limitation change	
Field audit - interim portion	FRVS Char	ige	
Desk audited costs			
Desk audit - Interim Portion	X Rate Semes		
Desk Audit - Prospective portion	On FRV [2]	as of 04/20/1988	
<u>Distribution:</u> Contract Management / Fiscal Agent		Stephen Russell	
Permanent File	Medicaid C	ost Reimbursemen	t Analysis
For information Only	,	-	//
No Change in Rate	Stylu	y Ku	sell
No Change in Rate			
Home Office: Cypress Administrative Services, I	IC		
Alan Wengrofsky			
44 South Broadway, Suite 614			
White Plains NY 10606			



Palm Garden of Gainesv	rille		Provider Number	r: 0 257265-00
227 SW 62nd Blvd.			Date	e: 12/29/2009
Gainesville FL 32607	_		Fiscal Year End:	
			Audit Status	s: Unaudited [3]
Provider Type: Nursing Home	Single Level	Curre Rate 208.	e Rate	Effective
	Level H: AIDS	240	45 251.05	1/1/2010
	Level H. AIDS	348.	46 351.95	1/1/2010
	Level U: Fragile Under 21	461.	465.83	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs nterim portion	Changes: Lic Usu Tar FR	Prospective Total Prospective Prospective Adjuste Total Prospective v ensure Rating Change al and Customary Limita get Rate limitation change VS Change e Semester Change FRV [2] as of 08/01/199	with Interim Component ation
Distribution: Contract Manageme	ent / Fiscal Agent		Stephen Russel	l
Permanent File	ent / Piscai Agent		dicaid Cost Reimbursem	•
For informa No Change	•	Sty	Mus Re	usell
Home Office:	Cypress Administrative Servi Alan Wengrofsky 44 South Broadway, Suite 61 White Plains NY 10606			



Palm Garden of Jacksony	ville			Provider Number:	0 257273-00
5725 Spring Park Road				Date:	12/29/2009
Jacksonville FL 32216				Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 217.82	New Rate 220.07	Effective Date 1/1/2010
Truibing Home	Single Devel		217.02		1/1/2010
I	Level H: AIDS		358.17	361.99	1/1/2010
I	Level U: Fragile Under 21	_	470.79	475.87	1/1/2010
Basis: Budget X Unaudited cos Field audit - in Desk audited co Desk audit - Ir	costs nterim portion costs	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 03/14/1990	n Interim Component
Contract Manageme	nt / Fiscal Agent			Stephen Russell	
Permanent File For informa No Change	tion Only	J.		l Cost Reimbursement	•
Home Office:	Cypress Administrative Serv Alan Wengrofsky 44 South Broadway, Suite 61 White Plains NY 10606				



Palm Garden of Ocala			Provider Nu	mber:	0 257290-00
2700 S.W. 34th Street				Date:	12/29/2009
Ocala FL 34474			Fiscal Year		6/30/2008
			Audit S	Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curr Rat 200	e Rate		Effective Date 1/1/2010
8	8				
	Level H: AIDS	340	.44 343.85	5 1	/1/2010
	Level U: Fragile Under 21	453	.06 457.73	1	1/1/2010
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Changes: Lio Us Ta FR	Prospective Total Prospect Prospective A Total Prospect Tota	djusted for tive with Ir ge cimitation change	New Costs nterim Component
Distribution:	cont / Eigeal Agant		Stephen R	ussell	
Contract Managem Permanent File For inform No Chang	nation Only		edicaid Cost Reimbu		•
Home Office:	Cypress Administrative Serv Alan Wengrofsky 44 South Broadway, Suite 6 White Plains NY 10606				



Palm Garden of Orlando				Provider Number:	0 257303-00
654 N. Econlockhatchee	Trail			Date:	12/29/2009
Orlando FL 32825				Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	R	rrent ate 7.54	New Rate 219.55	Effective Date 1/1/2010
runsing frome	Single Devel		7.54		1/1/2010
]	Level H: AIDS	_ 35	7.89	361.47	1/1/2010
]	Level U: Fragile Under 21	47	0.51	475.35	1/1/2010
Basis: Budget X Unaudited cos Field audit - in Desk audited of Desk audit - Ir	costs nterim portion costs	Changes:	icensur Isual an Parget R RVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File For informa No Change	tion Only			Cost Reimbursement	•
Home Office:	Cypress Administrative Serv Alan Wengrofsky 44 South Broadway, Suite 61 White Plains NY 10606				



alm Garden of Vero Beach	Provider Number:	0 257311-00
755 37th Street	Date:	12/29/2009
ero Beach FL 32960	Fiscal Year End:	6/30/2008
	Audit Status:	Unaudited [3]
rovider Type:	radit satus.	
Torract Type.	Current New	Effective
	Rate Rate	Date
Sursing Home Single Level	209.08 209.12	1/1/2010
Level H: AIDS	349.43 351.04	1/1/2010
Level U: Fragile Under 21	462.05 464.92	1/1/2010
Rate Type :		
Interim	X Prospective	
Total Interim	X Total Prospective	
Interim Component	Prospective Adjusted	l for New Costs
Settlement based on costs	Total Prospective with	th Interim Component
Prior Provider Prospective data		_
Basis: Cha	anges:	
Dasis.	anges.	
Dudget	Licensure Rating Change	
Budget X Unaudited costs	Usual and Customary Limitati	ion
Field audited costs	Target Rate limitation change	
Field audit - interim portion	FRVS Change	
Desk audited costs		
Desk audit - Interim Portion	X Rate Semester Change On FRV [2] as of 11/25/1987	
Desk Audit - Prospective portion Distribution:		
Contract Management / Fiscal Agent -	Stephen Russell	
Permanent File	Medicaid Cost Reimbursemen	nt Analysis
For information Only	/ ->	.//
No Change in Rate	Stephus Ru	is sell
	_	
Homo Offices Common Administration Common II	7	
Home Office: Cypress Administrative Services, LLC		
Home Office: Cypress Administrative Services, LLC Alan Wengrofsky 44 South Broadway, Suite 614		



Palm Garden of Winter H	Haven		Provider Number:	0 257320-00
1120 Cypress Gardens Bl	lvd.		Date:	12/29/2009
Winter Haven FL 33884			Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 195.99	New Rate 197.76	Effective Date 1/1/2010
I	Level H: AIDS	336.34	339.68	1/1/2010
I	Level U: Fragile Under 21	448.96	453.56	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs nterim portion costs	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change The C	n Interim Component
Distribution: Contract Manageme Permanent File For informat No Change	tion Only		Stephen Russell aid Cost Reimbursement Anna Rus	•
Home Office:	Cypress Administrative Servi Alan Wengrofsky 44 South Broadway, Suite 61 White Plains NY 10606			



Citrus Health and Rehal	bilitation Center			Provider Number:	0 257419-00
701 Medical Court East				Date:	12/29/2009
Inverness FL 34452				Fiscal Year End:	5/31/2008
				Audit Status:	Unaudited [3]
Provider Type:		Curr Ra	te	New Rate	Effective Date
Nursing Home	Single Level		.25		1/1/2010
	Level H: AIDS	352	.60	356.65	1/1/2010
	Level U: Fragile Under 21	465	.22	470.53	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Changes:	censure ual and rget Ra VS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation I Change	n Interim Component
Distribution:				Stephen Russell	
Contract Managem Permanent File	ent / Fiscal Agent	M	edicaid	Cost Reimbursement	Analysis
For inform	ation Only	-11-12-	. ,	1 —	
No Change	•	My	e ti	nes Ru	yaci i
Home Office:	Provident Foundation Marla Scannicchio 2151 Quail Run Drive Baton Rouge LA 70808				



Palm Garden of Clearwater		Provider Number:	0 257460-00
480 McMullen Booth Road		Date:	12/29/2009
Clearwater FL 33761		Fiscal Year End:	6/30/2008
		Audit Status:	Unaudited [3]
Provider Type:		rudit Status.	
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	222.54	224.89	1/1/2010
Level H: AIDS	262.90	266.91	1/1/2010
Level II. AIDS	362.89	366.81	1/1/2010
Level U: Fragile Under 21	475.51	480.69	1/1/2010
Rate Type :			
Interim	X Prospective	م د	
Total Interim		Γotal Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		1 0	h Interim Component
Prior Provider Prospective data	·	rotar rrospective with	ii interim component
<u> </u>			
Basis:	Changes:		
	τ.	D. C. CI	
Budget		Rating Change	
X Unaudited costs		Customary Limitation	on
Field audited costs		te limitation change	
Field audit - interim portion	FRVS Ch	ange	
Desk audited costs			
Desk audit - Interim Portion		ester Change	
Desk Audit - Prospective portion Distribution:	On FRV	[2] as of 09/18/1987	
Contract Management / Fiscal Agent		Stephen Russell	
Permanent File	Medicaid	Cost Reimbursement	t Analysis
For information Only		/ ->	//
No Change in Rate	Styll	in Ru	sour
Home Office: Cypress Administrative Service	· IIC		
Alan Wengrofsky	, LLC		
44 South Broadway, Suite 614			



Palm Garden of Largo				Provider Number:	0 257478-00
10500 Starkey Road				Date:	12/29/2009
Largo FL 33777				Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type:		Curr Ra	e	New Rate	Effective Date
Nursing Home	Single Level		.27		1/1/2010
	Level H: AIDS	366	62	368.97	1/1/2010
	Level U: Fragile Under 21	479	.24	482.85	1/1/2010
Basis: Budget X Unaudited c Field audite Field audite Desk audite Desk audit	d costs - interim portion	Changes:	eensure ual and rget Ra VS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation change	n Interim Component
Distribution:	Trospective portion		110, [
	nent / Fiscal Agent			Stephen Russell	
Permanent File	C			Cost Reimbursement	
	nation Only	Ste	e li	us Ru	sell
No Chang	ge in Rate			, , ,	
Home Office:	Cypress Administrative Servi Alan Wengrofsky 44 South Broadway, Suite 61 White Plains NY 10606				



Palm Garden of North M	Iiami Beach (Aventura)		Provider Number:	0 257494-00
21251 E. Dixie Highway	/		Date:	12/29/2009
Aventura FL 33180			Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 211.93	New Rate 213.85	Effective Date 1/1/2010
	Level H: AIDS	352.28	355.77	1/1/2010
	Level U: Fragile Under 21	464.90	469.65	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs nterim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 07/13/1988	n Interim Component
Distribution: Contract Manageme Permanent File For informa No Change	ation Only		Stephen Russell aid Cost Reimbursement Anna Russell	•
Home Office:	Cypress Administrative Servi Alan Wengrofsky 44 South Broadway, Suite 61 White Plains NY 10606			



Palm Garden of Pinell	as		Provider Numbe	r: 0 257508-00
200 16th Avenue, S.E.			Date	e: 12/29/2009
Largo FL 33771			Fiscal Year End	
			Audit Statu	s: Unaudited [3]
Provider Type: Nursing Home	Single Level	Curre Rat 207 .	e Rate	Effective
runsing Home	Single Level	2073	209.03	1/1/2010
	Level H: AIDS	348.	26 351.77	1/1/2010
	Level U: Fragile Under 21	460.	88 465.65	1/1/2010
I S P	Fotal Interim nterim Component settlement based on costs Prior Provider Prospective data		pective X Total Prospective Prospective Adjust Total Prospective v	ted for New Costs with Interim Component
Desk audite Desk audit	ed costs - interim portion	Usi Tai FR X Rai	ensure Rating Change all and Customary Limit get Rate limitation chang VS Change te Semester Change FRV [2] as of 06/25/19	ge
Distribution:			Ctonhon Duggol	11
	ment / Fiscal Agent		Stephen Russel	
	mation Only ge in Rate		dicaid Cost Reimbursem	•
Home Office:	Cypress Administrative Ser Alan Wengrofsky 44 South Broadway, Suite of White Plains NY 10606			



alm Garden of Sun City				Provider Number:	0 257516-00
850 Upper Creek Drive				Date:	12/29/2009
uskin FL 33573				Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
rovider Type:			Current Rate	New Rate	Effective Date
Sursing Home S	Single Level		213.73	216.00	1/1/2010
L	evel H: AIDS		354.08	357.92	1/1/2010
L	evel U: Fragile Under 21		466.70	471.80	1/1/2010
Basis: Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int	osts terim portion osts	Change	Licensure Usual and Target Ra FRVS Cr	Fotal Prospective Prospective Adjusted Fotal Prospective with Read Rating Change I Customary Limitation I Change	n Interim Component
Distribution:	A / Eigen A good			Stephen Russell	
Contract Management Permanent File	u / Piscai Agein		Medicaid	Cost Reimbursement	Analysis
For informati	on Only		6.4.m 1.	in Ru	sall
No Change is	n Rate		ngen	m / m	
Home Office:	Cypress Administrative Servi Alan Wengrofsky 44 South Broadway, Suite 61 White Plains NY 10606				



Palm Garden of Tampa			Provider Number	: 0 257524-00
3612 E. 138th Avenue			Date	: 12/29/2009
Tampa FL 33613			Fiscal Year End:	
			Audit Status	
Provider Type:			Tradit Status	
- 10 (1001 - 1) POV		Currei	nt New	Effective
		Rate	Rate	Date
Nursing Home S	Single Level	208.9	210.84	1/1/2010
L	evel H: AIDS	349.2	.6 352.76	1/1/2010
				
L	evel U: Fragile Under 21	461.8	466.64	1/1/2010
Rate Type :				
		V Dunan	4:	
Interim	1 Totalin		ective Total Prograative	
	l Interim		Total Prospective Prospective Adjuste	od for Naw Costs
	im Component			
	ement based on costs		Iotal Prospective w	vith Interim Component
Prior	Provider Prospective data			
Basis:		Changes:		
		Line	nouna Datina Changa	
Budget			nsure Rating Change	.•
X Unaudited costs			al and Customary Limita	
Field audited co			et Rate limitation chang	ge
Field audit - in	_	FRV	S Change	
Desk audited co				
Desk audit - Int			Semester Change	00
Distribution:	rospective portion	On I	FRV [2] as of 07/01/199	/ /
Contract Managemen	nt / Fiscal Agent		Stephen Russell	<u> </u>
Permanent File		Med	icaid Cost Reimburseme	ent Analysis
For informati	ion Only		1 -	
No Change i	•	Sty	hus Re	well
Home Office:	Cypress Administrative Servi	es. LLC		
Home Office.	Alan Wengrofsky	Co, EDC		
	44 South Broadway, Suite 61			
	White Plains NY 10606			



Oak Manor Healthcare	and Rehabilitation Center		Provi	der Number:	0 258342-00
3500 Oak Manor Lane				Date:	12/29/2009
Largo FL 33774			Fisca	ıl Year End:	12/31/2008
			1	Audit Status:	Unaudited [3]
Provider Type:	Single Level	Curre Rat	<u>e</u>	New Rate	Effective Date
Nursing Home	Single Level		.05	193.48	1/1/2010
	Level H: AIDS	341	00 3	335.40	1/1/2010
	Level U: Fragile Under 21	453	.62	149.28	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audit - Desk Audit - Desk Audit -	costs interim portion	Changes: Lic Us Ta: FR	Prospector Total Prospector Ratingual and Custor Rate limit VS Change	g Change mary Limitation	for New Costs h Interim Component on
<u>Distribution:</u>	cont / Fiscal A cont		Step	hen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For inform No Change	•	Sty	Mus	Ru	sell
Home Office:	KR Management 3500 Oak Manor Lane Largo FL 33774				



Indigo Manor			Provider Number:	0 258750-00
595 Williamson Blvd			Date:	12/29/2009
Daytona Beach FL 32114	1		Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 218.78	New Rate 220.90	Effective Date 1/1/2010
I	Level H: AIDS	359.13	362.82	1/1/2010
I	evel U: Fragile Under 21	471.75	476.70	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audit - In Desk Audit - P	costs — — — — — — — — — — — — — — — — — —	Licensure Usual and Target R FRVS CI	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/01/2001	n Interim Component
Distribution: Contract Management Permanent File For informate No Change in	ion Only		Stephen Russell Cost Reimbursement Russell	<u> </u>
Home Office:	Fairfax Senior Living Robert Hostler 10387 Main Street, Suite 200 Fairfax VA 22030			



Haven of Our Lady of I	Peace		Provider Number:	0 258831-00
1900 Summit Boulevard			Date:	12/29/2009
Pensacola Fl 32503			Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 206.11	New Rate 206.68	Effective Date 1/1/2010
	Level H: AIDS	346.46	348.60	1/1/2010
	Level U: Fragile Under 21	459.08	462.48	1/1/2010
Basis: Budget X Unaudited confield audited Field audited Desk audited Desk audited	l costs interim portion	Usual a Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 11/08/2001	n Interim Component
Distribution: Contract Managem Permanent File For inform No Change	ation Only		Stephen Russell aid Cost Reimbursement Ann Russell	•
Home Office:	Sacred Heart Hospital Mike Myers 5151 North 9th Avenue Pensacola FL 32513-2700			



ife Care Center of Inver	rary			Provider Number:	0 259080-00
4251 Rock Island Road				Date:	12/29/2009
auderhill FL 33319				Fiscal Year End:	8/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	Single Level		205.54	210.99	1/1/2010
I	evel H: AIDS		345.89	352.91	1/1/2010
I	evel U: Fragile Under 21		458.51	466.79	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	osts terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	h Interim Component
Distribution: Contract Management	nt / Fiscal Agent			Stephen Russell	
Permanent File	, 2 10011 1 150111			d Cost Reimbursement	•
For informat	ion Only	,	1. J. 1. 1	hus Ru	sall
No Change i	in Rate		ngeri	ms / m	
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320				



Lakeview Terrace Skilled Nursing Facility		Provider Number:	0 259225-00
110 Lodge Terrace Drive	<u> </u>	Date:	12/29/2009
Altoona FL 32702	<u> </u>	Fiscal Year End:	12/31/2008
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 207.40	New Rate 204.42	Effective Date 1/1/2010
Single Devel			1/1/2010
Level H: AIDS	347.75	346.34	1/1/2010
Level U: Fragile Under 21	460.37	460.22	1/1/2010
Rate Type :			
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 Distribution:	Changes: Licensure Usual and Target R FRVS CI	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 05/28/1987	n Interim Component
Contract Management / Fiscal Agent		Stephen Russell	
Permanent File		l Cost Reimbursement	•
For information Only No Change in Rate	Styl	m, Ru	mell
Home Office: 1 - No Home Office			



Heritage of Santa Ros	a			Provider Number:	0 259331-00
5330 Northrop Road				Date:	12/29/2009
Milton FL 32570				Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	200.05	202.35	1/1/2010
	Level H: AIDS	_	340.40	344.27	1/1/2010
	Level U: Fragile Under 21	_	453.02	458.15	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk Audite Desk Audite	ed costs - interim portion	Changes X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution:	mant / Final A mant			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	mation Only	~		1 -	
	ge in Rate		rzer.	hus Ru	
Home Office:	1 - No Home Office				



Life Care Center of New	Port Richey		Provider Number:	0 259357-00
7400 Trouble Creek Road			Date:	12/29/2009
New Port Richey FL 3465	53		Fiscal Year End:	8/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 184.28	New Rate 192.85	Effective Date 1/1/2010
L	evel H: AIDS	324.63	334.77	1/1/2010
I	evel U: Fragile Under 21	437.25	448.65	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk audit - In	osts terim portion	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
Distribution: Contract Managemer Permanent File For informat No Change i	ion Only		Stephen Russell d Cost Reimbursement	•
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



The Nursing Center at U	Iniversity Village			Provider Number:	0 259462-00
12250 North 22nd Street			Date:		12/29/2009
Tampa FL 33612				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 225.75	New Rate 220.17	Effective Date 1/1/2010
	Level H: AIDS		366.10	362.09	1/1/2010
	Level U: Fragile Under 21	-	478.72	475.97	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - Is	costs nterim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Management File For information No Change	ation Only			Stephen Russell d Cost Reimbursement	•
Home Office:	John A. Mccoy, Inc. Samuel Sanders 799 Overlook Drive Winter Haven FL 33884				



Hamlin Place			Provider Number:	0 259586-00	
2180 Hypoluxo Road			Date:	12/29/2009	
Lantana FL 33462			Fiscal Year End:	8/31/2009	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	231.66		1/1/2010	
	Level H: AIDS	372.01	379.92	1/1/2010	
	Level U: Fragile Under 21	484.63	493.80	1/1/2010	
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 07/01/1995	h Interim Component	
Distribution:	ment / Eigen 1 A cont		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	14	hus Ru	2011	
No Chang	•	my	mes the		
Home Office:	1 - No Home Office				



Avante at St. Cloud, In	nc.		Provider Number:	0 259870-00
1301 Kansas Avenue			Date:	12/29/2009
St. Cloud FL 34769			Fiscal Year End:	5/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 219.94	New Rate 220.51	Effective Date 1/1/2010
runsing nome	Single Level	217.74		1/1/2010
	Level H: AIDS	360.29	362.43	1/1/2010
	Level U: Fragile Under 21	472.91	476.31	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change EV [2] as of 04/01/1992	h Interim Component
·	ment / Fiscal Agent		Stephen Russell	
Permanent File For inform	mation Only ge in Rate		aid Cost Reimbursement	•
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Sui Hollywood FL 33021-6744	540-N		



Beneva Lakes Healthcar	re and Rehabilitation Center			Provider Number:	0 259896-00
741 S. Beneva Road				Date:	12/29/2009
Sarasota FL 34232				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level]	urrent Rate 07.89	New Rate 203.67	Effective Date 1/1/2010
ridising Home	Single Level		07.07	203.07	1/1/2010
	Level H: AIDS	3	48.24	345.59	1/1/2010
	Level U: Fragile Under 21	4	60.86	459.47	1/1/2010
Rate Type :					
Int Set	tal Interim erim Component tlement based on costs or Provider Prospective data	X P Changes:	Yrospectiv X	ve Total Prospective Prospective Adjusted Total Prospective with	
Desk audited Desk audit - l	costs interim portion		Usual an Target R FRVS C Rate Sen	re Rating Change and Customary Limitation cate limitation change Thange mester Change [2] as of 01/01/2001	on
<u>Distribution:</u> Contract Managem	ent / Fiscal Agent			Stephen Russell	
Permanent File For informa No Change	•			d Cost Reimbursement	-
Home Office:	1 - No Home Office				



Central Park Healthcar	re and Rehabilitation Center		Provider Number:	0 259900-00	
702 S. Kings Avenue			Date:	12/29/2009	
Brandon FL 33511			Fiscal Year End:	6/30/2009	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	188.73		1/1/2010	
	Level H: AIDS	329.08	323.44	1/1/2010	
	Level U: Fragile Under 21	441.70	437.32	1/1/2010	
Basis: Budget X Unaudited c Field audite Field audit Desk audite Desk audit	d costs - interim portion	Usual a Target FRVS X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 02/25/1991	n Interim Component	
Distribution:			Stephen Russell		
•	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File	nation Only			-	
	ge in Rate	Sty.	low Ru	sour	
Home Office:	1 - No Home Office				



Coral Bay Healthcare and Rehabilitation	Provider Number:	0 259918-00
939 S. Haverhill Road	Date:	12/29/2009
Vest Palm Beach FL 33415	Fiscal Year End:	6/30/2009
	Audit Status:	-
Provider Type:	rudit Status.	
-3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Current New	Effective
	Rate Rate	Date
Nursing Home Single Level	203.51 198.84	1/1/2010
Level H: AIDS	343.86 340.76	1/1/2010
		
Level U: Fragile Under 21	456.48 454.64	1/1/2010
Rate Type :		
Interim	X Prospective	
Total Interim	X Total Prospective	
Interim Component	Prospective Adjuste	d for New Costs
Settlement based on costs	Total Prospective w	ith Interim Component
Prior Provider Prospective data		
Basis:	Changes:	
	5	
Budget	Licensure Rating Change	
X Unaudited costs	Usual and Customary Limita	tion
Field audited costs	Target Rate limitation change	e
Field audit - interim portion	FRVS Change	
Desk audited costs		
Desk audit - Interim Portion	X Rate Semester Change	
Desk Audit - Prospective portion	On FRV [2] as of 05/04/199	3
Distribution:	Stephen Russell	
Contract Management / Fiscal Agent	Medicaid Cost Reimburseme	ant Analysis
Permanent File		•
For information Only	Stephus Re	issell
No Change in Rate	my not	
Home Office: Sea Crest Health Care Management	t	
Jim Culp		
10210 Highland Manor Dr.		
Tampa FL 33610		



Oakbridge Healthcare Co	enter			Provider Number:	0 259926-00	
110 Oakbridge Blvd., F	E.			Date:	12/29/2009	
akeland FL 33803				Fiscal Year End:	6/30/2009	
				Audit Status:	Unaudited [3]	
Provider Type:				Tudit Status.		
zoviaci zypov			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level		206.43	200.05	1/1/2010	
	Level H: AIDS		346.78	341.97	1/1/2010	
	Level U: Fragile Under 21		459.40	455.85	1/1/2010	
Rate Type :						
Interim		X	Prospective			
Tot	al Interim		X T	otal Prospective		
Inte	erim Component		P	rospective Adjusted	for New Costs	
Set	tlement based on costs		Т	otal Prospective with	h Interim Component	
Prio	or Provider Prospective data					
Basis:		Change	es:			
2 00220		0110119				
Budget			Licensure	Rating Change		
X Unaudited cos	sts		— Usual and	Customary Limitation	on	
Field audited		-		te limitation change		
	nterim portion		FRVS Ch	=		
Desk audited	_	-		8.		
Desk audit - In		X	Rate Seme	ester Change		
	Prospective portion			2] as of 08/02/1991		
Distribution:				Stephen Russell		
Contract Manageme	ent / Fiscal Agent		Medicaid	Cost Reimbursemen	t Analysis	
Permanent File					•	
For informa	•	3	Atendo	us Ru	sell	
No Change	in Rate		July 1			
Home Office:	Sea Crest Health Care Manag	gement				
	Jim Culp					
	10210 Highland Manor Dr.					
	Tampa FL 33610					



The Parks Healthcare a	and Rehabilitation Center			Provider Number:	0 259934-00
9311 S. Orange Blosso	om Trail			Date:	12/29/2009
Orlando FL 32837				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:	Charle I and	_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	189.26	<u> 191.19</u> _	1/1/2010
	Level H: AIDS	<u>-</u>	329.61	333.11	1/1/2010
	Level U: Fragile Under 21	_	442.23	446.99	1/1/2010
Basis: Budget X Unaudited c Field audite Field audit - Desk audited Desk audit -	d costs - interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate				Stephen Russell d Cost Reimbursement	
Home Office:	1 - No Home Office				



Riverfront Nursing ar	nd Rehab Center	_		Provider Number:	0 259942-00
105 15th Street East		_		Date:	12/29/2009
Bradenton FL 34208		_		Fiscal Year End:	8/31/2008
				Audit Status:	Unaudited [3]
Provider Type:	Charle I and		Current Rate	New Rate	Effective Date
Nursing Home	Single Level		215.76	218.27	1/1/2010
	Level H: AIDS		356.11	360.19	1/1/2010
	Level U: Fragile Under 21		468.73	474.07	1/1/2010
Rate Type :					
Interim		X	Prospectiv	re	
	Total Interim	-		Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data				
	The Free fact Free poetric data				
Basis:		Chang	ges:		
D 1 .			Liconcur	o Pating Changa	
Budget				e Rating Change	
<u>X</u> Unaudited				d Customary Limitation change	on
Field audit		-			
	: - interim portion		FRVS CI	nange	
Desk audit			B	. CI	
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 07/01/1992	
Distribution:	Trospective portion			Stephen Russell	
Contract Manage	ement / Fiscal Agent				
Permanent File				l Cost Reimbursement	•
For infor	mation Only		15.01	en Ru	mell
No Char	nge in Rate		ny n	m / m	,
<u></u>					
Home Office:	Council on Aging of Florid	a, Inc.			
	1311 SW 16th Street				
	Gainesville FL 32608				
	Sames, me 12 52000				



Sarasota Memorial Nu	ursing & Rehabilitation Facilit		Provider Number:	0 260355-00
5640 Rand Blvd			Date:	12/29/2009
Sarasota FL 34238			Fiscal Year End:	9/30/2007
			Audit Status:	Unaudited [3]
Provider Type:	Cincle I and	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.03		1/1/2010
	Level H: AIDS	344.38	347.18	1/1/2010
	Level U: Fragile Under 21	457.00	461.06	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk Audite Desk Audite	ed costs - interim portion	Usual a Target	Total Prospective Total Prospective Adjusted Total Prospective with Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change The Rating Change	n Interim Component
Distribution:	mant / Figure 1 A game		Stephen Russell	
Permanent File	ement / Fiscal Agent	Medica	id Cost Reimbursement	Analysis
	mation Only	1	hus Ru	2
No Chan	ge in Rate	ny	my / m	
Home Office:	1 - No Home Office			



Bridgeview Center, L	LC			Provider Number:	0 260371-00
350 South Ridgewood	l Avenue	-		Date:	12/29/2009
Ormond Beach FL 32	174	- -		Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		211.35	208.87	1/1/2010
	Level H: AIDS		351.70	350.79	1/1/2010
	Level U: Fragile Under 21		464.32	464.67	1/1/2010
Rate Type :					
Interim		X	Prospectiv	<i>r</i> e	
	Γotal Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
I	Prior Provider Prospective data				
Basis:		Chang	es:		
Dustin		Chang			
Budget			Licensur	e Rating Change	
X Unaudited	costs	-		d Customary Limitation	on
Field audite				ate limitation change	·•
Field audit	- interim portion		FRVS C	=	
Desk audite	_	-		C	
	- Interim Portion	X	Rate Sen	nester Change	
Desk Audit	- Prospective portion		On FRV	[2] as of 07/24/1996	
Distribution:				Stephen Russell	
•	ment / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File					•
	mation Only		Steps	hus Ru	sell
No Chan	ige in Rate				
Home Office:	OPIS Management Resour Jennifer Ziolowski	ces, LLC			
	Jennifer Ziolowski 8800 Grand Oak Circle				
	Tampa FL 33637				
	1 ampa 1 12 3303 /				



Bayview Center, LL	C			Provider Number:	0 260444-00
301 South Bay Stree	et			Date:	12/29/2009
Eustis FL 32726		_		Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
	a		Rate	Rate	Date
Nursing Home	Single Level		211.36	211.53	1/1/2010
	Level H: AIDS		351.71	353.45	1/1/2010
	Level U: Fragile Under 21		464.33	467.33	1/1/2010
Data Tyma					
Rate Type :					
Interin		<u>X</u>	Prospectiv		
	Total Interim		<u>X</u>	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Chang	ges:		
Budget				re Rating Change	
<u>X</u> Unaudited				d Customary Limitation	on
Field aud	ited costs			ate limitation change	
	it - interim portion		FRVS C	hange	
Desk audi					
	it - Interim Portion	X		mester Change	
Distribution	lit - Prospective portion		On FRV	[2] as of 09/01/1991	
	egement / Fiscal Agent			Stephen Russell	
Permanent File	•		Medicaio	d Cost Reimbursement	t Analysis
	ormation Only		14	1 7	
	ange in Rate	يسـ	nger.	hus Ru	
Home Office:	OPIS Management Resour	ces, LLC			
	Jennifer Ziolowski				
	8800 Grand Oak Circle				
	Tampa FL 33637				



Ruleme Center, LLC		Provider Number:	0 260452-00
2810 Ruleme Street		12/29/2009	
Eustis FL 32726		Fiscal Year End:	12/31/2008
		Audit Status:	Unaudited [3]
Provider Type:			
• •	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	214.47	<u>217.91</u> _	1/1/2010
Level H: AIDS	354.82	359.83	1/1/2010
Level U: Fragile Under 21	467.44	473.71	1/1/2010
Level U. Flagne Under 21	407.44	4/3./1	1/1/2010
Rate Type :			
Time Type .			
Interim	X Prospective		
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs		Total Prospective with	h Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensur	e Rating Change	
X Unaudited costs	Usual an	d Customary Limitation	on
Field audited costs		ate limitation change	
Field audit - interim portion	FRVS C	=	
Desk audited costs		80	
Desk audit - Interim Portion	X Rate Sen	nester Change	
Desk Audit - Prospective portion	Not on F	<u>e</u>	
Distribution:		Stephen Russell	
Contract Management / Fiscal Agent	26.17		
Permanent File		d Cost Reimbursemen	•
For information Only	at a s	hus Ru	raell
No Change in Rate	my	m / m	,
Home Office: OPIS Management Resources,	LLC		
Jennifer Ziolowski			
8800 Grand Oak Circle			
Tampa FL 33637			



Tierra Pines Center,	LLC			Provider Number:	0 260568-00
7380 Ulmerton Road	1	-		Date:	12/29/2009
Largo FL 33771		-		Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Chaudited [5]
Trovider Type.		Cui	rent	New	Effective
		R	ite	Rate	Date
Nursing Home	Single Level		5.64	205.86	1/1/2010
	Level H: AIDS	35	5.99	347.78	1/1/2010
	Level U: Fragile Under 21	46	9.61	461.66	1/1/2010
Desk audi Desk audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data I costs Ited costs It - interim portion Ited costs I	Changes:	censure sual and arget Ra RVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation ate limitation change hange Pester Change [2] as of 07/24/1996	n Interim Component
	ement / Fiscal Agent			Stephen Russell	
Permanent File	·			Cost Reimbursement	•
	ormation Only	1st 2	r li	in Ru	sell
No Cha	inge in Rate			. , , -	
Home Office:	OPIS Management Resour Jennifer Ziolowski 8800 Grand Oak Circle Tampa FL 33637	ees, LLC			



Highlands Lake Cen	ter, LLC			Provider Number:	0 260576-00
4240 Lakeland High	lands Road			Date:	12/29/2009
Lakeland FL 33813		_		Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N			Rate	Rate	Date
Nursing Home	Single Level		215.17		1/1/2010
	Level H: AIDS		355.52	358.97	1/1/2010
	Level U: Fragile Under 21		468.14	472.85	1/1/2010
Rate Type :					
Interim	1	X	Prospectiv	ve	
	Total Interim		<u>X</u>	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Change	es:		
5.1			Licensus	e Rating Change	
Budget X Unaudited	Lagata				- m
Field audi				d Customary Limitation change)II
	it - interim portion		FRVS C	=	
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	t - Interim Portion	<u> </u>	Rate Ser	nester Change	
	it - Prospective portion			[2] as of 09/29/1988	
Distribution :	_			Stephen Russell	
•	gement / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
Permanent File					•
	ormation Only unge in Rate		Step 1.	en Ru	sell
	ingo in Ruio				
Home Office:	OPIS Management Resour	res IIC			
Home Office.	Jennifer Ziolowski	ccs, LLC			
	8800 Grand Oak Circle				
	Tampa FL 33637				



Coquina Center, LLC		_		Provider Number:	0 260649-00
170 N. Center Street		<u>-</u>	Date:		
Ormond Beach FL 32074		-		Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
V-1			Current	New	Effective
			Rate	Rate	Date
Nursing Home Sing	gle Level		217.03	213.70	1/1/2010
Leve	el H: AIDS		357.38	355.62	1/1/2010
Leve	el U: Fragile Under 21		470.00	469.50	1/1/2010
Leve	10. Tragne Onder 21		470.00	407.30	1/1/2010
Rate Type :					
Interim		<u>X</u>	Prospectiv		
Total In				Total Prospective	C. M. G.
	Component			Prospective Adjusted	
	ent based on costs			Total Prospective with	h Interim Component
Prior Pro	ovider Prospective data				
Basis:		Change	es:		
Budget			Licensur	e Rating Change	
X Unaudited costs		-	Usual and	d Customary Limitation	on
Field audited costs	}			ate limitation change	
Field audit - interi	m portion		FRVS C	hange	
Desk audited costs	•			C	
Desk audit - Interior		<u> X</u>	Rate Sem	nester Change	
Desk Audit - Prosp				[2] as of 11/01/1987	
Distribution:				Stephen Russell	
Contract Management / 1	Fiscal Agent		3.6.11		
Permanent File				l Cost Reimbursemen	•
For information	Only		at a	1 7.	raell
No Change in R	ate		ngen	en Ru	,
Home Office:	OPIS Management Resourc	ces, LLC			
	Jennifer Ziolowski	•			
	8800 Grand Oak Circle				
	Tampa FL 33637				



Island Lake Center, LLC			Provider Number:	0 260657-00	
155 Landover Place				Date:	12/29/2009
Longwood FL 32750	0	_		Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
	a		Rate	Rate	Date
Nursing Home	Single Level		212.44	209.52	1/1/2010
	Level H: AIDS		352.79	351.44	1/1/2010
	Level U: Fragile Under 21		465.41	465.32	1/1/2010
			·		
Rate Type :					
Kate Type:					
Interin		<u>X</u>	Prospectiv		
	Total Interim		<u>X</u>	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Chang	ges:		
Budget				re Rating Change	
<u>X</u> Unaudited				d Customary Limitation	on
Field aud	ited costs			ate limitation change	
	it - interim portion		FRVS C	hange	
Desk audi					
	t - Interim Portion	X		nester Change	
	lit - Prospective portion		On FRV	[2] as of 04/10/1989	
Distribution Contract Manage	egement / Fiscal Agent			Stephen Russell	
Permanent File	•		Medicai	d Cost Reimbursement	Analysis
	ormation Only			1 7	
	ange in Rate	يسـ	ryer.	hus Ru	
Home Office:	OPIS Management Resou	rces, LLC			
	Jennifer Ziolowski 8800 Grand Oak Circle				
	Tampa FL 33637				



Indian River Center LLC			Provider Number	r: 0 260665-00
7201 Greensboro Drive			Date	e: 12/29/2009
West Melbourne FL 3290	94		Fiscal Year End	
			Audit Status	s: Unaudited [3]
Provider Type: Nursing Home	Single Level	Curre Rat 215.	e Rate	Effective Date 1/1/2010
L	evel H: AIDS	355.	79 354.51	1/1/2010
L	evel U: Fragile Under 21	468.		1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Interest of the second content o	osts terim portion osts	Changes: Lic Usu Tar FR X Rat	Prospective Prospective Adjust Total Prospective Adjust Total Prospective v ensure Rating Change all and Customary Limit get Rate limitation change VS Change e Semester Change FRV [2] as of 08/29/19	with Interim Component ation
Distribution: Contract Managemer Permanent File For informati No Change i	ion Only		Stephen Russel dicaid Cost Reimbursem	ent Analysis
Home Office:	OPIS Management Resource Jennifer Ziolowski 8800 Grand Oak Circle Tampa FL 33637	, LLC		



Riverwood Center, LLC				Provider Number:	0 260673-00
2802 Parental Home Dr		•		Date:	12/29/2009
Jacksonville FL 32216				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
••			Current	New	Effective
			Rate	Rate	Date
Nursing Home Singl	e Level	-	202.42	200.62	1/1/2010
Level l	H: AIDS		342.77	342.54	1/1/2010
Lavel	(I. Fragila Undar 21				
Lever	U: Fragile Under 21		455.39	456.42	1/1/2010
Rate Type :					
Interim		X	Prospectiv	ī A	
Total Inte	rim			Total Prospective	
Interim Co				Prospective Adjusted	for New Costs
	t based on costs			Total Prospective with	
	vider Prospective data			Total Trospective with	i internii Component
	idel i l'ospective data				
Basis:		Change	es:		
D 1			Licensum	e Rating Change	
Budget X Unaudited costs					
Unaudited costs Field audited costs				d Customary Limitation change	on
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Field audit - interim	portion		FRVS C	nange	
Desk audited costs	.			C!	
Desk audit - Interim		X		nester Change [2] as of 07/24/1996	
Desk Audit - Prospect	suve portion		OnTRV		
Contract Management / Fi	scal Agent			Stephen Russell	
Permanent File	seur i igeni		Medicaid	l Cost Reimbursement	Analysis
For information O	nlv			/ -	.//
No Change in Rat	•	لمييس	rtye ti	hus Ru	sacri
110 Change in Rat					
Home Office:	PIS Management Resource	es LLC			
	ennifer Ziolowski	CO, ELEC			
88	300 Grand Oak Circle				
Ta	ampa FL 33637				



Fairway Oaks Center	LLC			Provider Number:	0 260690-00
13806 N. 46th Street		-		Date:	12/29/2009
Tampa FL 33613		<u>-</u>		Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
	a		Rate	Rate	Date
Nursing Home	Single Level		216.67	210.73	1/1/2010
	Level H: AIDS		357.02	352.65	1/1/2010
	Level U: Fragile Under 21		469.64	466.53	1/1/2010
Rate Type :					
Interim		X	Prospectiv	ve .	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
]	Prior Provider Prospective data				
Basis:		Chang	es:		
Dusis		Charle			
Budget			Licensur	e Rating Change	
X Unaudited	costs	-		d Customary Limitation	on
Field audit		-		ate limitation change	
	- interim portion		FRVS C	_	
Desk audite	*	-		C	
	- Interim Portion	X	Rate Sen	nester Change	
l	t - Prospective portion			[2] as of 07/01/1990	
Distribution:				Stephen Russell	
Contract Manage	ement / Fiscal Agent		Madiania	d Cost Reimbursement	A malayaia
Permanent File					<u> </u>
	mation Only		Stend	hus Ru	sell
No Char	ige in Rate		soje u		
Home Office:	OPIS Management Resour	es, LLC			
	Jennifer Ziolowski				
	8800 Grand Oak Circle				
	Tampa FL 33637				



Sinai Plaza Nursing & I	Rehab		Provider Nur	mber: 0 260771-	00	
201 NE 112th Street]	Date: 12/29/200)9	
Miami FL 33161			Fiscal Year	End: 7/31/2009	9	
			Audit S	tatus: Unaudited	[3]	
Provider Type:		Curre Rate	e Rate	Effective Date		
Nursing Home	Single Level	234.	<u>236.73</u>			
	Level H: AIDS	374.	46 378.65	1/1/2010		
	Level U: Fragile Under 21	487.	08 492.53	1/1/2010		
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	costs interim portion	Changes: Lice Use Tar FR		ljusted for New Costs Eve with Interim Compone ge imitation hange	ent	
Distribution:	out / E' and A and		Stephen Ru	ssell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
For inform	ation Only	14		Russell		
No Change	e in Rate	my	mus)	Least 2,		
Home Office:	Hebrew Home Management Steve Beaujon 1800 NE 168th Street, Suite Miami Beach FL 33162					



Alhambra Health & Rehal	b Center		Provider Number:	0 261254-00
7501 38th Avenue North			Date:	12/29/2009
St. Petersburg FL 33710			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	Single Level	Current Rate 209.67	New Rate 204.15	Effective Date 1/1/2010
runsing frome	mgie Levei	207.07		1/1/2010
L	evel H: AIDS	350.02	346.07	1/1/2010
L	evel U: Fragile Under 21	462.64	459.95	1/1/2010
Basis: Budget X Unaudited costs Field audit - in Desk audited co Desk Audit - Pr	osts terim portion osts	Usual ar Target F FRVS C X Rate Se	Total Prospective Prospective Adjusted Total Prospective with re Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:	. (F) 1 A		Stephen Russell	
Contract Management Permanent File	nt / Fiscal Agent	Medicai	d Cost Reimbursement	Analysis
For informati No Change i	•	Steps	In Ru	mell
Home Office:	Greystone Healthcare Manager Kenneth Hubbard 3922 Coconut Palms Drive, Su Tampa FL 33619			



Wood Lake Nursing & Rehabilitation Center		Provider Number:	0 261599-00
6414 13th Road South		Date:	12/29/2009
West Palm Beach FL 33415		Fiscal Year End:	6/30/2009
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 219.54	New Rate 215.51	Effective Date 1/1/2010
I III AIDS			
Level H: AIDS	359.89	357.43	1/1/2010
Level U: Fragile Under 21	472.51	471.31	1/1/2010
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 an Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent		Stephen Russell	
Permanent File	Medicaio	d Cost Reimbursement	Analysis
For information Only	14.	hus Ru	raell
No Change in Rate	ngu	ms / w	,
Home Office: 1 - No Home Office			



Terra Vista Rehabilita	tion and Health Center			Provider Number:	0 261611-00	
1730 Lucerne Terrace				Date:	12/29/2009	
Orlando FL 32806				Fiscal Year End:	12/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		206.01	201.29	1/1/2010	
	Level H: AIDS	_3	346.36	343.21	1/1/2010	
	Level U: Fragile Under 21		158.98	457.09	1/1/2010	
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes:	Usual ar Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Cate limitation change	n Interim Component	
Distribution:	/ T: 1 A			Stephen Russell		
Permanent File	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
	mation Only		. .	1 -		
	ge in Rate	_3t	yer.	hus Ru	mu!	
Home Office:	1 - No Home Office					



Avalon Health Care Cer	nter			Provider Number:	0 261629-00	
1270 SW Main Blvd				Date:	12/29/2009	
Lake City FL 32025				Fiscal Year End:	12/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:	Single Level		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		188.18	<u> 179.35</u>	1/1/2010	
	Level H: AIDS		328.53	321.27	1/1/2010	
	Level U: Fragile Under 21		441.15	435.15	1/1/2010	
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Changes:	Usual ar Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Change Change The Change Th	n Interim Component	
Contract Managem	ent / Fiscal Agent			Stephen Russell		
Permanent File		Medicaid Cost Reimbursement Analysis				
For information No Change	•	-Br	t je r	mes Ru	mell	
Home Office:	1 - No Home Office					



Emerald Healthcare Ce	enter		Provider Number:	0 261637-00		
1655 SE Walton Road			Date:	12/29/2009		
Port St. Lucie FL 3495	2		Fiscal Year End:	12/31/2008		
			Audit Status:	Unaudited [3]		
Provider Type:		Current Rate	Rate	Effective Date		
Nursing Home	Single Level	199.78	<u> 189.97</u> _	1/1/2010		
	Level H: AIDS	340.13	331.89	1/1/2010		
	Level U: Fragile Under 21	452.75	445.77	1/1/2010		
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted	h Interim Component		
Distribution:	nent / Fiscal Agent		Stephen Russell			
Permanent File	1 100ai 1 1 <u>0</u> 0iit	Medicaid Cost Reimbursement Analysis				
	nation Only	27.0	hus Ru	sell		
No Chang	ge in Rate	my	my / the	-		
Home Office:	1 - No Home Office					



Hawthorne Health &				Provider Number:	0 261670-00
851 West Lumsden R	oad			Date:	12/29/2009
Brandon FL 33511				Fiscal Year End:	2/28/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 180.78	Effective Date 1/1/2010
Nursing Home	Single Level	_	100.17	180.78	1/1/2010
	Level H: AIDS	_	326.52	322.70	1/1/2010
	Level U: Fragile Under 21	-	439.14	436.58	1/1/2010
Rate Type :					
<u></u> ı	Fotal Interim Interim Component Settlement based on costs	X	Prospectiv X	Total Prospective Prospective Adjusted Total Prospective with	
	Prior Provider Prospective data	Champas			
Basis:		Changes	<u>:</u>]		
Budget			Licensur	e Rating Change	
X Unaudited	costs		Usual an	d Customary Limitation	on
Field audite	ed costs	-		ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite	_	-			
	- Interim Portion	X	Rate Sen	nester Change	
Desk Audit	- Prospective portion	-		[2] as of 03/27/1995	
Distribution:				Stephen Russell	
•	ment / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File					
	mation Only	ا المارات	text	hus Ru	sell
No Chan	ge in Rate			. , -	
Home Office:	1 - No Home Office				



Golfcrest Healthcare Cen	iter		Provider Number:	0 262064-00
600 North 17th Avenue			Date:	12/29/2009
Hollywood FL 33020			Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
Provider Type:	G. 1 T. 1	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	183.13		1/1/2010
I	Level H: AIDS	323.48	326.41	1/1/2010
I	Level U: Fragile Under 21	436.10	440.29	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion costs	Usual Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change Gemester Change RV [2] as of 04/01/2003	n Interim Component
Contract Management	nt / Fiscal Agent		Stephen Russell	
Permanent File For informat No Change	tion Only		aid Cost Reimbursement	•
Home Office:	Advocat Inc and Subsidiaries Walt McCullough 1621 Galleria Blvd Brentwood TN 37027			



Southern Pines Healthcare	Center		Provider Number:	0 262706-00
6140 Congress Street			Date:	12/29/2009
New Port Richey FL 34653	3		Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ingle Level	Currer Rate 175.5	Rate	Effective Date 1/1/2010
Le	evel H: AIDS	315.9	0 318.82	1/1/2010
Le	evel U: Fragile Under 21	428.5	2 432.70	1/1/2010
Basis: Budget X Unaudited costs Field audited co Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion sts	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
Distribution: Contract Management Permanent File For information No Change in	on Only		icaid Cost Reimbursemer	•
Home Office:	Advocat Inc and Subsidiaries Walt McCullough 1621 Galleria Blvd Brentwood TN 37027			



Cedar Hills Healthcare	Center			Provider Number:	0 262714-00
2061 HYDE PARK RO	DAD			Date:	12/29/2009
Jacksonville FL 32210				Fiscal Year End:	9/30/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	I	rrent Rate	New <u>Rate</u> 178.68	Effective Date 1/1/2010
- · · · · · · · · · · · · · · · · · · ·	g				
	Level H: AIDS	3:	17.66	320.60	1/1/2010
	Level U: Fragile Under 21	43	30.28	434.48	1/1/2010
Basis: Budget X Unaudited co Field audited Field audited Desk audited Desk Audit	d costs interim portion	Changes:	Licensur Usual an Farget R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:	nent / Fiscal Agent			Stephen Russell	
Permanent File	nent / 1 iseai Agent		Medicaio	l Cost Reimbursement	Analysis
	nation Only	1-1		hus Ru	and l
No Chang	e in Rate	M	ye n	mes / Con	
Home Office:	Advocat Inc and Subsidiaries Walt McCullough 1621 Galleria Blvd Brentwood TN 37027				



Golfview Healthcare Cent	er		Provider Number:	0 262722-00
3636 10 AVENUE NORT	`H		Date:	12/29/2009
St. Petersburg FL 33713			Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	lingle Level	Current Rate 198.86	New Rate 200.40	Effective Date 1/1/2010
L	evel H: AIDS	339.21	342.32	1/1/2010
L	evel U: Fragile Under 21	451.83	456.20	1/1/2010
Basis: Budget X Unaudited costs Field audit - int Desk audited co Desk audit - Int	osts terim portion osts	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Managemen Permanent File For informati No Change in	on Only		Stephen Russell d Cost Reimbursement	•
Home Office:	Advocat Inc and Subsidiaries Walt McCullough 1621 Galleria Blvd Brentwood TN 37027			



Atlantic Shores Nursing	and Rehab			Provider Number:	0 263389-00
4251 Stack Blvd.				Date:	12/29/2009
Melbourne FL 32901				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:	Simple Level		urrent Rate	New Rate	Effective Date
Nursing Home	Single Level		99.83	196.51	1/1/2010
	Level H: AIDS	_3	40.18	338.43	1/1/2010
	Level U: Fragile Under 21	4	52.80	452.31	1/1/2010
Rate Type :					
Interim Tot Inte Set Price Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - Is	costs nterim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File For informa No Change	ation Only			d Cost Reimbursement	•
Home Office:	Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive Atlanta GA 30328	ement, LLC			



Bonifay Nursing and Reh	ab			Provider Number:	0 263443-00
306 West Brock Avenue				Date:	12/29/2009
Bonifay FL 32425				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 167.84	New Rate 169.25	Effective Date 1/1/2010
Truibing Home			107.04		1/1/2010
I	evel H: AIDS		308.19	311.17	1/1/2010
I	evel U: Fragile Under 21		420.81	425.05	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation ate limitation change Thange T	n Interim Component
Contract Managemen	nt / Fiscal Agent			Stephen Russell	
Permanent File For informat No Change i	ion Only			d Cost Reimbursement	•
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive Atlanta GA 30328	ement, LLC			



Riviera Palms Nursing and Rehab		Provider Number:	0 263451-00
926 Haben Blvd.		Date:	12/29/2009
Palmetto FL 34221		Fiscal Year End:	12/31/2008
		Audit Status:	Unaudited [3]
Provider Type:			
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	207.45	196.27	1/1/2010
Level H: AIDS	347.80	338.19	1/1/2010
Level U: Fragile Under 21	460.42	452.07	1/1/2010
zever et riagne ender 21	400.42	432.07	1/1/2010
Rate Type :			
Interim	X Prospective		
Total Interim		Total Prospective	6 W G
Interim Component		rospective Adjusted	
Settlement based on costs	T	otal Prospective with	h Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensure	Rating Change	
X Unaudited costs	Usual and	Customary Limitation	on
Field audited costs	Target Ra	te limitation change	
Field audit - interim portion	FRVS Ch	ange	
Desk audited costs			
Desk audit - Interim Portion	X Rate Seme	ester Change	
Desk Audit - Prospective portion		2] as of 03/07/1988	
<u>Distribution:</u>		Stephen Russell	
Contract Management / Fiscal Agent			
Permanent File		Cost Reimbursemen	•
For information Only	et al	us Ru	rael
No Change in Rate	myen	u / w	
Home Office: Southern HealthCare Management	nt. LLC		
R. Mark Cronquist	, 		
5887 Glenridge Drive			
Atlanta GA 30328			



Boynton Beach Nursing	and Rehab			Provider Number:	0 263460-00
9600 Lawrence Road				Date:	12/29/2009
Boynton Beach FL 33436				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
V-1			Current	New	Effective
	a		Rate	Rate	Date
Nursing Home	Single Level	-	213.28	201.57	1/1/2010
	Level H: AIDS		353.63	343.49	1/1/2010
	I and II. Engails II. day 21				
	Level U: Fragile Under 21		466.25	457.37	1/1/2010
Rate Type :					
Rate Type:					
Interim		<u>X</u>	Prospectiv		
	al Interim			Total Prospective	
	erim Component			Prospective Adjusted	
Set	tlement based on costs			Total Prospective with	n Interim Component
Prio	or Provider Prospective data				
Basis:		Change	s:		
		- 3			
Budget			Licensur	e Rating Change	
X Unaudited cos	sts		Usual an	d Customary Limitation	on
Field audited		-		ate limitation change	
	nterim portion		FRVS C	=	
Desk audited	-		_	8-	
	nterim Portion	X	Rate Sen	nester Change	
	Prospective portion			[2] as of 07/01/1998	
Distribution:				Stephen Russell	
Contract Manageme	ent / Fiscal Agent		M. P		A1
Permanent File				l Cost Reimbursement	•
For informa	tion Only	4	11.01	hus Ru	sell
No Change	in Rate		ngen		
Home Office:	Southern HealthCare Manag	gement, LLC			
	R. Mark Cronquist				
	5887 Glenridge Drive				
	Atlanta GA 30328				



Arbor Trail Nursing and Rehab			Provider Number:	0 263478-00
11 Turner Camp Road			Date:	12/29/2009
nverness FL 34453			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
	.1	Rate	Rate	Date
Nursing Home Single Le	vei	191.54	184.45	1/1/2010
Level H: AI	DS	331.89	326.37	1/1/2010
Level U: Fra	ngile Under 21	444.51	440.25	1/1/2010
Interim Total Interim Interim Compo Settlement base Prior Provider I Basis: Budget X Unaudited costs Field audited costs Field audit - interim portice Desk audit - Interim Portice Desk Audit - Prospective posteriors:	d on costs Prospective data on	Usual ar Target F FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Rate limitation change	h Interim Component
Contract Management / Fiscal A	vgent		Stephen Russell	
Permanent File			d Cost Reimbursemen	<u> </u>
For information Only		Isteres	mes Ru	sell
No Change in Rate				
R. Mari 5887 G	rn HealthCare Manageme k Cronquist lenridge Drive GA 30328	ent, LLC		



Pinellas Point Nursing and	l Rehab		Provider Number:	0 263486-00
5601 31st Street North			Date:	12/29/2009
St. Petersburg FL 33712			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level	Current Rate 219.96	New Rate 222.33	Effective Date 1/1/2010
C			<u> </u>	
L	evel H: AIDS	360.31	364.25	1/1/2010
L	evel U: Fragile Under 21	472.93	478.13	1/1/2010
Basis: Budget X Unaudited costs Field audit - int Desk audited co Desk Audit - Pr	eerim portion osts	Usual Target FRVS X Rate S	tive Total Prospective Prospective Adjusted Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 03/08/1995	n Interim Component
<u>Distribution:</u> Contract Managemen	t / Fiscal Agent		Stephen Russell	
Permanent File For informati No Change in	on Only		aid Cost Reimbursement	•
Home Office:	Southern HealthCare Manager R. Mark Cronquist 5887 Glenridge Drive Atlanta GA 30328	nent, LLC		



Audit Status Date: 12/29/2009	Jacksonville Nursing	g and Rehab			Provider Number:	0 263494-00
Provider Type: Current Rate Rate Date Date			_		Date:	12/29/2009
Provider Type: Current Rate Rate Rate Date	Jacksonville FL 322	18	_			12/31/2008
Provider Type: Current Rate Rate Date						
Nursing Home Single Level Level H: AIDS Level U: Fragile Under 21 At 7.	Provider Type:				Tadit Status	
Level H: AIDS	.		Cu	rrent	New	Effective
Level H: AIDS Level U: Fragile Under 21 Level U						
Level U: Fragile Under 21 457.93 452.65 1/1/2010	Nursing Home	Single Level		4.96	<u>196.85</u>	1/1/2010
Interim		Level H: AIDS	34	5.31	338.77	1/1/2010
Interim		Level U: Fragile Under 21	45	7.93	452.65	1/1/2010
Interim		, and the second				
Interim						
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change 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 Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change On FRV [2] as of 10/31/1990 Stephen Russell Medicaid Cost Reimbursement Analysis Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive	Rate Type :					
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change 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 Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change On FRV [2] as of 10/31/1990 Stephen Russell Medicaid Cost Reimbursement Analysis Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive	Interim	1	X Pr	ospecti	ve	
Interim Component Settlement based on costs Prior Provider Prospective data Basis:				_		
Settlement based on costs		•	_		=	for New Costs
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 Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [2] as of 10/31/1990 Stephen Russell Medicaid Cost Reimbursement Analysis Augulian Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis For information Only No Change in Rate Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive		·	_		Total Prospective with	n 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 Stape on FRV [2] as of 10/31/1990 Stephen Russell Medicaid Cost Reimbursement Analysis Rate Semester Change On FRV [2] as of 10/31/1990 Stephen Russell Medicaid Cost Reimbursement Analysis Rate Semester Change On FRV [2] as of 10/31/1990 Stephen Russell Medicaid Cost Reimbursement Analysis Russell Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive		i	_		1	1
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 Stape on FRV [2] as of 10/31/1990 Stephen Russell Medicaid Cost Reimbursement Analysis Rate Semester Change On FRV [2] as of 10/31/1990 Stephen Russell Medicaid Cost Reimbursement Analysis Rate Semester Change On FRV [2] as of 10/31/1990 Stephen Russell Medicaid Cost Reimbursement Analysis Russell Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive	Racic		Changes			
X Unaudited costs	Dasis.		Changes.			
X Unaudited costs	Budget		I	icensu	e 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 Stephen Russell Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis Target Rate limitation change FRVS Change Mate Semester Change On FRV [2] as of 10/31/1990 Stephen Russell Medicaid Cost Reimbursement Analysis Target Rate limitation change FRVS Change Mate Semester Change On FRV [2] as of 10/31/1990 Stephen Russell Medicaid Cost Reimbursement Analysis Russell Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive		l costs			•	on
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: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive					•	
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: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive	Field audi	it - interim portion	F	RVS C	Change	
Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prosp		-				
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Stephen Russell Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis The stephen Russell Medicaid Cost Reimbursement Analysis Russell Medicaid Cost Reimbursement Analysis Russell Medicaid Cost Reimbursement Analysis Russell Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive						
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Stephen Russen Medicaid Cost Reimbursement Analysis ### Medicaid Cost Reimbursement Analysis ##################################	Desk Aud	it - Prospective portion		n FRV	[2] as of 10/31/1990	
Permanent File For information Only No Change in Rate Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive		_			Stephen Russell	
For information Only No Change in Rate Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive	_	•		Medicai	d Cost Reimbursement	Analysis
Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive						•
Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive		•	St	p 2	my Ru	sell
R. Mark Cronquist 5887 Glenridge Drive	No Cha	inge in Rate				
R. Mark Cronquist 5887 Glenridge Drive						
5887 Glenridge Drive	Home Office:		gement, LLC			
		_				



Port Orange Nursing and	d Rehab			Provider Number:	0 263508-00
5600 Victory Gardens B	lvd.			Date:	12/29/2009
Port Orange FL 32127				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	212.48	202.15	1/1/2010
	Level H: AIDS		352.83	344.07	1/1/2010
	Loyal II: Fragila Undar 21	_			
	Level U: Fragile Under 21	-	465.45	457.95	1/1/2010
Rate Type :					
		v	D		
Interim	ol Takada	X	Prospective		
	tal Interim			Total Prospective	for Now Costs
	erim Component			Prospective Adjusted	
	tlement based on costs			Total Prospective with	h Interim Component
Pri	or Provider Prospective data				
Basis:		Changes	:		
Budget				Rating Change	
X Unaudited co				l Customary Limitation	on
Field audited	costs		_	te limitation change	
Field audit - i	nterim portion		FRVS Ch	ange	
Desk audited					
	nterim Portion	X		ester Change	
	Prospective portion		On FRV [[2] as of 10/09/1992	
Distribution:				Stephen Russell	
Contract Manageme	ent / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis
Permanent File					<u> </u>
For informa	•	_F	teels	in Ru	sell
No Change	in Rate				
Home Office:	Southern HealthCare Manager	ment, LLC			
	R. Mark Cronquist				
	5887 Glenridge Drive				
	Atlanta GA 30328				



Macclenny Manor Nurs	ing and Rehab		Provider Number:	0 263516-00
755 South 5th Street			Date:	12/29/2009
MacClenny FL 32063	_		Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	189.66	186.75	1/1/2010
	Level H: AIDS	330.01	328.67	1/1/2010
	Level U: Fragile Under 21	442.63	442.55	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Usual a Target FRVS	tive Total Prospective Prospective Adjusted Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 08/27/1990	n Interim Component
Distribution: Contract Managem	ent / Fiscal Agent		Stephen Russell	
Permanent File For information No Change	ation Only		aid Cost Reimbursement	•
Home Office:	Southern HealthCare Manager R. Mark Cronquist 5887 Glenridge Drive Atlanta GA 30328	nent, LLC		



Medicana Nursing and Rehab			Provider Number:	0 263524-00
710 Lake Worth Road			Date:	12/29/2009
ake Worth FL 33460			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		207.71	209.10	1/1/2010
Level H: AIDS		348.06	351.02	1/1/2010
Level U: Fragile Unde	er 21	460.68	464.90	1/1/2010
_				
Rate Type :				
Interim	X	Prospective		
Total Interim			otal Prospective	
Interim Component			rospective Adjusted	for New Costs
Settlement based on costs	.		1	n Interim Component
Prior Provider Prospectiv			otal Prospective with	a mooning component
Basis:	Change	es:		
		T .	D .: Cl	
Budget			Rating Change	
X Unaudited costs			Customary Limitation	on
Field audited costs	<u></u>		te limitation change	
Field audit - interim portion		FRVS Ch	ange	
Desk audited costs				
Desk audit - Interim Portion	X		ester Change	
Desk Audit - Prospective portion		On FRV [2] as of 02/01/1997	
<u>Distribution:</u>			Stephen Russell	
Contract Management / Fiscal Agent		Medicaid	Cost Reimbursement	Analysis
Permanent File				•
For information Only		Eten la	us Ru	soll
No Change in Rate		Jojen	- / / -	
_				
	Care Management, LLC			
R. Mark Cronqui				
5887 Glenridge I				
Atlanta GA 3032	8			



Tiffany Hall Nursing and	Rehab			Provider Number:	0 263532-00
1800 SE Hillmoor Drive		Date: 12		12/29/2009	
Port St. Lucie FL 34952				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 203.72	New Rate 192.36	Effective Date 1/1/2010
L	evel H: AIDS		344.07	334.28	1/1/2010
L	evel U: Fragile Under 21		456.69	448.16	1/1/2010
Basis: Budget X Unaudited cost: Field audit - in Desk audited co	osts terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component
Distribution: Contract Managemer Permanent File For informati No Change i	ion Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive Atlanta GA 30328	ement, LLC			



Metrowest Nursing a	nd Rehab			Provider Number:	0 263541-00
5900 West Gate Driv	e			Date:	12/29/2009
Orlando FL 32835		•		Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:		Curr Rat		New Rate	Effective Date
Nursing Home	Single Level	206	.19	209.53	1/1/2010
	Level H: AIDS	346.	54	351.45	1/1/2010
	Level U: Fragile Under 21	459	16	465.33	1/1/2010
Rate Type :					
Interim		X Pros	pective		
	Total Interim		X T	otal Prospective	
	Interim Component		P	rospective Adjusted	for New Costs
	Settlement based on costs		T	otal Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:	•	Changes			
Dasis:		Changes:			
Budget		Lic	ensure	Rating Change	
X Unaudited	costs			Customary Limitation	on
Field audit				e limitation change	OII
			VS Cha	=	
	: - interim portion		V5 CII	inge	
Desk audit	- Interim Portion	Ra	ta Cama	estar Changa	
	t - Prospective portion			ester Change 2] as of 10/21/1994	
Distribution:				Stephen Russell	
Contract Manage	ement / Fiscal Agent		dianid (Cost Reimbursemen	t A nolveie
Permanent File					•
For info	mation Only	St	- ds	us Ru	sell
No Chai	nge in Rate	2009	- w		
Home Office:	Southern HealthCare Man	gement, LLC			
	R. Mark Cronquist				
	5887 Glenridge Drive				
	Atlanta GA 30328				



Moultrie Creek Nursing	and Rehab			Provider Number:	0 263559-00
200 Mariner Health Way	y		Date: 12/2		
St. Augustine FL 32086				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
• TT	C' l. T l		Rate	Rate	Date
Nursing Home	Single Level	_	190.00	190.04	1/1/2010
	Level H: AIDS		330.35	331.96	1/1/2010
	Level U: Fragile Under 21	-	442.97	445.84	1/1/2010
	Level O. Pragne Onder 21	-	442.77	443.64	1/1/2010
Rate Type :					
Tues Type v					
Interim		X	Prospectiv		
	tal Interim			Total Prospective	
Inte	erim Component			Prospective Adjusted	
Set	tlement based on costs			Total Prospective with	n Interim Component
Prio	or Provider Prospective data				
Basis:		Changes	•		
Dusis.		Changes			
Dudget			Licensur	e Rating Change	
Budget X Unaudited cos	nto.	-	_	d Customary Limitation	on.
Field audited			_	ate limitation change)II
		-	FRVS C	=	
	nterim portion		- FRVSC	nange	
Desk audited		X	- Dota Can	tCl	
	nterim Portion Prospective portion	A		nester Change [2] as of 05/01/1996	
Distribution:	Tospective portion		011111		
Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File	ent / I iscai Agent		Medicaid	l Cost Reimbursement	Analysis
For informa	ation Only			/ ->	//
No Change	•		tople	hus Ru	soll
No Change	ili Kate				
Home Office:	Southern HealthCare Manag	gement, LLC			
	R. Mark Cronquist 5887 Glenridge Drive				
	Atlanta GA 30328				
	Atialita UA 30328				



Nursing Home Single Level Level H: AIDS Level U: Fragile Under 21 A 51.02 A 50.58 A 70 1/1/2010 Level U: Fragile Under 21 A 51.02 A 50.58 A 70 1/1/2010 Rate Type: Interim Total Interim Total Interim Total Interim A 7 Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Prior Provider Prospective data Basis: Changes: Changes:	Orange City Nursing	g and Rehab			Provider Number:	0 263567-00
Provider Type: Current Rate Rate Rate Date		d	- -	Date: 12/29/		
Provider Type: Current Rate Rate Date	DeBary FL 32713		-		Fiscal Year End:	12/31/2008
Nursing Home Single Level Level H: AIDS Level U: Fragile Under 21 A 51.02 A 50.58 A 70 1/1/2010 Level U: Fragile Under 21 A 51.02 A 50.58 A 70 1/1/2010 Rate Type: Interim Total Interim Total Interim Total Interim A 7 Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Prior Provider Prospective data Basis: Changes: Changes:					Audit Status:	Unaudited [3]
Nursing Home Rate Rate Date 198.05 194.78 1/1/2010	Provider Type:					
Level H: AIDS 338.40 336.70 1/1/2010						
Level H: AIDS Level U: Fragile Under 21 Licensure Rating Change Licensure Rating Change Usual and Customary Limitation Target Rate limitation change Field audited costs Field audited costs Field 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: Southern HealthCare Management, LLC R. Mark Cronquist Stephen Russell Medicaid Cost Reimbursement Analysis The Contract Management Rate Level U: 450.58 Lovel U: 450.58 Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Stephen Russell Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis Russell Medicaid Cost Reimbursement Analysis	N					
Level U: Fragile Under 21 451.02 450.58 1/1/2010	Nursing Home	Single Level		8.05	<u> 194.78</u> _	1/1/2010
Interim		Level H: AIDS	33	88.40	336.70	1/1/2010
Interim		Level U: Fragile Under 21	45	51.02	450.58	1/1/2010
Interim						
Interim						
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Budget X Unaudited 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 Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Prospective with Interim Component Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change VX Rate Semester Change On FRV [2] as of 06/26/1991 Stephen Russell Medicaid Cost Reimbursement Analysis Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive	Rate Type :					
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change Field audit - interim portion Desk audite - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change On FRV [2] as of 06/26/1991 Stephen Russell Medicaid Cost Reimbursement Analysis Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive	Interim	1	X Pr	ospectiv	ve	
Settlement based on costs		Total Interim		_		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited rosts 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 Couther HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [2] as of 06/26/1991 Stephen Russell Medicaid Cost Reimbursement Analysis TRADICAL R. Mark Cronquist 5887 Glenridge Drive		Interim Component	-		Prospective Adjusted	for New Costs
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 Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [2] as of 06/26/1991 Stephen Russell Medicaid Cost Reimbursement Analysis Augustus Augustus Rate Semester Change On FRV [2] as of 06/26/1991 Stephen Russell Medicaid Cost Reimbursement Analysis Augustus Rate Semester Change On FRV [2] as of 06/26/1991 Stephen Russell Medicaid Cost Reimbursement Analysis		Settlement based on costs	-		Total Prospective with	n 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 Desk Audit - Interim Portion On FRV [2] as of 06/26/1991 Stephen Russell Medicaid Cost Reimbursement Analysis Augulus Rate Semester Change On FRV [2] as of 06/26/1991 Stephen Russell Medicaid Cost Reimbursement Analysis For information Only No Change in Rate Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive		Prior Provider Prospective data	-			
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 Desk Audit - Interim Portion On FRV [2] as of 06/26/1991 Stephen Russell Medicaid Cost Reimbursement Analysis Augulus Rate Semester Change On FRV [2] as of 06/26/1991 Stephen Russell Medicaid Cost Reimbursement Analysis For information Only No Change in Rate Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive	Basis:		Changes:			
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Wisual and Customary Limitation Target Rate limitation Target Rate limitation Target Rate limitation change	Budget		I	icensur	e Rating Change	
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Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Stephen Russell Medicaid Cost Reimbursement Analysis **The Management of the Cost Reimbursement Analysis** Medicaid Cost Reimbursement Analysis **The Management of the Cost Reimbursement Analysis** **The Medicaid Cost Reimbursement	Desk audi	t - Interim Portion				
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Stephen Russen Medicaid Cost Reimbursement Analysis ### Medicaid Cost Reimbursement Analysis #### Medicaid Cost Reimbursement Analysis ##################################	Desk Aud	it - Prospective portion		On FRV	[2] as of 06/26/1991	
Permanent File For information Only No Change in Rate Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive					Stephen Russell	
For information Only No Change in Rate Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive	_	•		Medicai	d Cost Reimbursement	Analysis
Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive						•
Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive		•	St	pe	m Ru	sell
R. Mark Cronquist 5887 Glenridge Drive	No Cna	inge in Kate				
R. Mark Cronquist 5887 Glenridge Drive						
5887 Glenridge Drive	Home Office:		gement, LLC			
Atlanta GA 30328		Atlanta GA 30328				



Bayshore Pointe Nu	rsing and Rehab			Provider Number:	0 263575-00
3117 West Gandy B	lvd.	-	Date: 12/29/		
Tampa FL 33611		_		Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
• •			rrent	New	Effective
	a		Rate	Rate	Date
Nursing Home	Single Level		03.74	<u> 191.26</u> _	1/1/2010
	Level H: AIDS	33	34.09	333.18	1/1/2010
	Level U: Fragile Under 21	44	16.71	447.06	1/1/2010
Rate Type :					
Interin	1	X Pr	ospectiv	/e	
	Total Interim		X	Total Prospective	
	Interim Component	_		Prospective Adjusted	for New Costs
	Settlement based on costs	_		Total Prospective with	n Interim Component
	Prior Provider Prospective data	-			
Basis:	<u>'</u>	Changes:			
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Budget		I	Licensur	e Rating Change	
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Desk audi	-			C	
	it - Interim Portion	X	Rate Ser	nester Change	
	lit - Prospective portion			[2] as of 01/01/1986	
Distribution	<u>.</u>			Stephen Russell	
Contract Manag	gement / Fiscal Agent		Madicai	d Cost Reimbursement	Analycic
Permanent File					•
	ormation Only	<i>Ist.</i>	- Rel	hus Ru	sell
No Cha	ange in Rate			. , , -	
Home Office:	Southern HealthCare Mana	gement, LLC			
	R. Mark Cronquist 5887 Glenridge Drive				
	Atlanta GA 30328				
	Atlanta OA 30320				



Royal Oaks Nursing and	Rehab			Provider Number:	0 263583-00
2225 Knox McRae Drive	e			Date:	12/29/2009
Titusville FL 32780				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:		-	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	203.43	<u> 188.18</u> _	1/1/2010
	Level H: AIDS		343.78	330.10	1/1/2010
	Level U: Fragile Under 21		456.40	443.98	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	costs nterim portion	Change X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution:	. /E' 1 A			Stephen Russell	
Contract Manageme Permanent File	ent / riscal Agent		Medicaio	d Cost Reimbursement	Analysis
For informa	ation Only		<i></i>	1 -	
No Change	•	كير	nyer	hus Ru	mu!
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive Atlanta GA 30328	ement, LLC			



Tuskawilla Nursing and	Rehab			Provider Number:	0 263591-00
1024 Willa Springs Drive				Date:	12/29/2009
Winter Springs FL 3270	8			Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:		-	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	194.54	194.09	1/1/2010
	Level H: AIDS		334.89	336.01	1/1/2010
	Level U: Fragile Under 21		447.51	449.89	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - is Desk audited Desk audit - Is	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:	(77)			Stephen Russell	
Contract Manageme Permanent File	ent / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
For informa	tion Only			/ -	
No Change	•	كميس	rtyer	hus Ru	sacri
Home Office:	Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive Atlanta GA 30328	ement, LLC			



Hunter's Creek Nursing	and Rehab			Provider Number:	0 263605-00
14155 Town Loop Bovd	l.			Date:	12/29/2009
Orlando FL 32837				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	R	rent ate 4.27	New Rate 213.38	Effective Date 1/1/2010
Truising Home	omgie never		-1,2 /	213.30	1/1/2010
	Level H: AIDS	35	4.62	355.30	1/1/2010
	Level U: Fragile Under 21	46	7.24	469.18	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - Is	costs nterim portion	Changes: L U T T X	icensur Isual an Iarget R RVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 05/26/1998	n Interim Component
Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File For informa No Change	ation Only			l Cost Reimbursement	•
Home Office:	Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive Atlanta GA 30328	ement, LLC			



Boulevard Manor Nursing	g and Rehab			Provider Number:	0 263613-00
2839 South Seacrest Boul	evard	Date:		12/29/2009	
Boynton Beach FL 33435				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 203.39	New Rate 198.09	Effective Date 1/1/2010
L	evel H: AIDS		343.74	340.01	1/1/2010
L	evel U: Fragile Under 21		456.36	453.89	1/1/2010
Basis: Budget X Unaudited cost: Field audit - in Desk audited co	osts terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Managemer Permanent File For informati No Change i	ion Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive Atlanta GA 30328	ement, LLC			



Palm City Nursing and R	ehab			Provider Number:	0 263621-00
2505 SW Martin Highwa	у	Date: 1		12/29/2009	
Palm City FL 34990				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 206.07	New Rate 195.69	Effective Date 1/1/2010
runsing frome	Single Level	=	200.07		1/1/2010
I	Level H: AIDS		346.42	337.61	1/1/2010
I	Level U: Fragile Under 21		459.04	451.49	1/1/2010
Basis: Budget X Unaudited cost Field audit - ir Desk audited cost Desk audit - In	costs nterim portion costs	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Change Change The Change Th	n Interim Component
Contract Manageme	nt / Fiscal Agent			Stephen Russell	
Permanent File For informate No Change	tion Only			d Cost Reimbursement	•
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive Atlanta GA 30328	ement, LLC			



Bay Pointe Nursing Pa	vilion		Prov	vider Number:	0 263834-00
4201 31st Street South				Date:	12/29/2009
St. Petersburg FL 3371	12		Fise	cal Year End:	1/31/2009
				Audit Status:	Unaudited [3]
Provider Type:		Curr Rat	<u>e</u>	New Rate	Effective Date
Nursing Home	Single Level	184		182.15	1/1/2010
	Level H: AIDS	325	18	324.07	1/1/2010
	Level U: Fragile Under 21	437	.80	437.95	1/1/2010
Basis: Budget X Unaudited c Field audite Field audite Desk audite Desk audit	d costs - interim portion	Changes: Lio Us Ta FR	Prospective Prospe	ng Change comary Limitati nitation change	h Interim Component
Distribution:	mant / Figure 1 A grant		Ste	phen Russell	
Permanent File	ment / Fiscal Agent	Me	dicaid Cost	Reimbursemen	t Analysis
	nation Only	25	1	7.	ssell
No Chang	ge in Rate	my	- my		
Home Office:	1 - No Home Office				



Boca Raton Rehabilita	ation Center		Provider Number:	0 263842-00
755 Meadows Road			Date:	12/29/2009
Boca Raton FL 33486			Fiscal Year End:	1/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Currer Rate	Rate	Effective Date
Nursing Home	Single Level	181.1	<u> </u>	1/1/2010
	Level H: AIDS	321.4	8 324.70	1/1/2010
	Level U: Fragile Under 21	434.1	0 438.58	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
Distribution:	· / Ti - 1 A		Stephen Russell	
Contract Manage: Permanent File	ment / Fiscal Agent	Med	icaid Cost Reimbursemen	nt Analysis
	mation Only		1 7	
	ge in Rate	My	hus Ru	war v
Home Office:	1 - No Home Office			



	ing Center of Broward			Provider Number:	0 263851-00
401 East Sample Road				Date:	12/29/2009
Pompano Beach FL 33	3064			Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:	Charle I amal		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	207.16		1/1/2010
	Level H: AIDS		347.51	345.89	1/1/2010
	Level U: Fragile Under 21		460.13	459.77	1/1/2010
		_			
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change	n Interim Component
Distribution:				Stanhan Duggall	
Contract Manager	ment / Fiscal Agent	Stephen Russell			
Permanent File				d Cost Reimbursement	•
	nation Only ge in Rate	13	tope	hus Ru	sell
	ge in Rait				
Home Office:	1 - No Home Office				



Rehabilitation and He	althcare Center of Cape Coral		Provider Number:	0 263869-00		
2629 Del Prado Blvd			Date:	12/29/2009		
Cape Coral FL 33904			Fiscal Year End:	1/31/2009		
			Audit Status:	Unaudited [3]		
Provider Type:	Cingle Level	Current Rate	Rate	Effective Date		
Nursing Home	Single Level	195.65	<u> 185.95</u>	1/1/2010		
	Level H: AIDS	336.00	327.87	1/1/2010		
	Level U: Fragile Under 21	448.62	441.75	1/1/2010		
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk Audite	ed costs - interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted	h Interim Component		
Distribution:	mant / Eigen 1 A gant		Stephen Russell			
Permanent File	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
	mation Only	1+	hus Ru	and		
No Chan	ge in Rate	ng	mis /w			
Home Office:	1 - No Home Office					



Carrollwood Care Cen	ter			Provider Number:	0 263877-00
15002 Hutchinson Road				Date:	12/29/2009
Tampa FL 33625				Fiscal Year End:	1/31/2009
				Audit Status:	Unaudited [3]
Provider Type:		-	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	180.41	<u> 178.97</u> _	1/1/2010
	Level H: AIDS		320.76	320.89	1/1/2010
	Level U: Fragile Under 21		433.38	434.77	1/1/2010
Basis: Budget X Unaudited c Field audite Field audit - Desk audited Desk audit -	d costs - interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Permanent File	ment / Fiscal Agent nation Only ge in Rate			Stephen Russell d Cost Reimbursement	
Home Office:	1 - No Home Office				



Casa Mora Rehabilitation	and Extended Care			Provider Number:	0 263885-00
1902 59th St West				Date:	12/29/2009
Bradenton FL 34209				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 185.37	Effective Date 1/1/2010
O	5	_			
I	Level H: AIDS	_	336.52	327.29	1/1/2010
I	Level U: Fragile Under 21		449.14	441.17	1/1/2010
Rate Type :					
Basis: Budget X Unaudited cost Field audit - in Desk audit - In Desk Audit - P	costs nterim portion costs	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Management	nt / Fiscal Agant			Stephen Russell	
Permanent File	nt / 1 Iscai Agent		Medicaio	d Cost Reimbursement	Analysis
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No Change	in Rate		ngeri	my / w	,
Home Office:	1 - No Home Office				



Evergreen Woods			Provider Number:	0 263893-00
7045 Evergreen Wood	ds Trail		Date:	12/29/2009
Springhill FL 34608			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	199.97	192.93	1/1/2010
	Level H: AIDS	340.32	334.85	1/1/2010
	Level U: Fragile Under 21	452.94	448.73	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual at Target FRVS C	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change The Prospective with The Rating Change The Rating	n Interim Component
	ement / Fiscal Agent		Stephen Russell	
Permanent File For infor	mation Only ge in Rate		id Cost Reimbursement	-
Home Office:	1 - No Home Office			



Highland Pines Rehab	oilitation Center		Provider Number:	0 263907-00
1111 South Highland			Date:	12/29/2009
Clearwater FL 33756			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 197.51	New Rate 190.69	Effective Date 1/1/2010
runsing Home	Single Level	177.31		1/1/2010
	Level H: AIDS	337.86	332.61	1/1/2010
	Level U: Fragile Under 21	450.48	446.49	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target FRVS X Rate So	tive Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 10/01/1985	h Interim Component
Distribution:			Stephen Russell	
Permanent File For information	ment / Fiscal Agent mation Only ge in Rate		aid Cost Reimbursement	-
Home Office:	1 - No Home Office			



Rehabilitation Center	of Palm Beaches			Provider Number:	0 263915-00
301 Northpoint Parkway				Date:	12/29/2009
West Palm Beach FL	33407			Fiscal Year End:	1/31/2009
				Audit Status:	Unaudited [3]
Provider Type:		-	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	204.85	200.38	1/1/2010
	Level H: AIDS		345.20	342.30	1/1/2010
	Level U: Fragile Under 21		457.82	456.18	1/1/2010
Basis: Budget X Unaudited control Field audited		Changes	Licensur Usual an	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
	d costs - Interim Portion - Prospective portion	X		nester Change [2] as of 10/01/1985	
Distribution:				Stephen Russell	
•	ment / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
Permanent File					-
	nation Only ge in Rate	مسير	ty 1.	leus Ru	soll
	5° 1				
Home Office:	1 - No Home Office				



Pompano Rehabilitatio	on and Nursing Center		Provider Number:	0 263923-00		
51 West Sample Road			Date:	12/29/2009		
Pompano Beach FL 33	064		Fiscal Year End:	1/31/2009		
			Audit Status:	Unaudited [3]		
Provider Type:		Current Rate	New Rate	Effective Date		
Nursing Home	Single Level	197.56		1/1/2010		
	Level H: AIDS	337.91	339.69	1/1/2010		
	Level U: Fragile Under 21	450.53	453.57	1/1/2010		
Basis: Budget X Unaudited c Field audite Field audit - Desk audited Desk audit -	d costs - interim portion	Usual a Target FRVS X Rate S	tive Total Prospective Prospective Adjusted Total Prospective with ure Rating Change and Customary Limitatic Rate limitation change Change emester Change V [2] as of 11/01/1990	h Interim Component		
Distribution:	(Stephen Russell			
Contract Manager Permanent File	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
	nation Only	12.2.	1 7			
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Home Office:	1 - No Home Office					



Healthcare and Rehabi	litation Center of Sanford		Provider Number:	0 263931-00		
950 Mellonville Avenue			Date:	12/29/2009		
Sanford FL 32771			Fiscal Year End:	1/31/2009		
			Audit Status:	Unaudited [3]		
Provider Type: Nursing Home	Single Level	Current Rate 175.46	New Rate 170.85	Effective Date 1/1/2010		
runsing frome	Single Level	173.40		1/1/2010		
	Level H: AIDS	315.81	312.77	1/1/2010		
	Level U: Fragile Under 21	428.43	426.65	1/1/2010		
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs - interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 10/01/1985	h Interim Component		
Distribution:	ment / Fiscal Agent		Stephen Russell			
Permanent File	nent / Piscai Ageill	Medicaid Cost Reimbursement Analysis				
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Home Office:	1 - No Home Office					



Rehabilitation and He	ealthcare of Tampa		Provider Number	:: 0 263940-00		
4411 Habana Ave			Date	e: 12/29/2009		
Tampa FL 33614			Fiscal Year End:	1/31/2009		
			Audit Status	: Unaudited [3]		
Provider Type:		Curre Rate	e Rate	Effective Date		
Nursing Home	Single Level	<u>190.</u>	76 181.74	1/1/2010		
	Level H: AIDS	331.	11 323.66	1/1/2010		
	Level U: Fragile Under 21	443.	73 437.54	1/1/2010		
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion	Changes: Lice Use Tar FR	Dective X Total Prospective Prospective Adjuste Total Prospective w ensure Rating Change all and Customary Limita get Rate limitation change VS Change e Semester Change FRV [2] as of 10/01/198	ation		
Distribution:			Stephen Russell	I		
Permanent File	ement / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
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No Char	nge in Rate	My	mus / la			
Home Office:	1 - No Home Office					



The Abbey Rehabilitation and Nursing Center		Provider Number:	0 263958-00
7101 9th St. North		Date:	12/29/2009
St. Petersburg FL 33702		Fiscal Year End:	12/31/2008
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	192.67	191.43	1/1/2010
Level H: AIDS	333.02	333.35	1/1/2010
Level U: Fragile Under 21	445.64	447.23	1/1/2010
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data Basis: BudgetX Unaudited costsField audited costsField audit - interim portionDesk audit - Interim PortionDesk Audit - Prospective portion	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent		Stephen Russell	
Permanent File	Medicaio	d Cost Reimbursement	Analysis
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No Change in Rate	myen	ing the	
Home Office: 1 - No Home Office			



The Oaks at Avon		_		Provider Number:	0 263966-00		
1010 US 27 N		_		Date:	12/29/2009		
Avon Park FL 33825		-		Fiscal Year End:	12/31/2008		
				Audit Status:	Unaudited [3]		
Provider Type:		_	Current Rate	New Rate	Effective Date		
Nursing Home	Single Level	-	196.12	187.52	1/1/2010		
	Level H: AIDS		336.47	329.44	1/1/2010		
	Level U: Fragile Under 21		449.09	443.32	1/1/2010		
Rate Type :							
Interim		X	Prospectiv	ve			
	Total Interim		– x	Total Prospective			
	Interim Component			Prospective Adjusted	for New Costs		
	Settlement based on costs			Total Prospective with			
	Prior Provider Prospective data			Total Prospective with	Timerim Component		
	Thorrisolation respective data						
Basis:		Change	s:				
D 1			Licancur	e Rating Change			
Budget							
X Unaudited Field audit				d Customary Limitation change	on		
	t - interim portion		FRVS C	nange			
Desk audit				. CI			
	t - Interim Portion it - Prospective portion	X		mester Change [2] as of 01/05/1993			
<u>Distribution:</u>	-			Stephen Russell			
Contract Manage	ement / Fiscal Agent		Medicaid Cost Reimbursement Analysis				
Permanent File							
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No Cha	nge in Rate						
H Off	1 N H OCC						
Home Office:	1 - No Home Office						



Titusville Rehabilitat	ion and Nursing Center	_		Provider Number:	0 263974-00	
1705 Jess Parrish Co	urt	_		Date:	12/29/2009	
Titusville FL 32796		_		Fiscal Year End:	1/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 193.18	New Rate 188.56	Effective Date 1/1/2010	
Tursing Home	Single Level		173.10	100.50	1/1/2010	
	Level H: AIDS		333.53	330.48	1/1/2010	
	Level U: Fragile Under 21		446.15	444.36	1/1/2010	
Rate Type :						
Interim		X	Prospectiv	ve.		
	Total Interim		$-\frac{1108 \text{pectr}}{\text{X}}$	Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	•			Total Prospective with		
	Settlement based on costs			Total Prospective with	i interim Component	
	Prior Provider Prospective data					
Basis:		Change	es:			
Budget			Licensur	e Rating Change		
X Unaudited	costs			nd Customary Limitation	on	
Field audi	ted costs	Target Rate limitation change				
Field audi	t - interim portion	FRVS Change				
Desk audit	_	-				
	t - Interim Portion	X	Rate Ser	nester Change		
	t - Prospective portion			[2] as of 10/01/1985		
Distribution:				Stephen Russell		
Contract Manage	ement / Fiscal Agent		Medicaid Cost Reimbursement Analysis			
Permanent File					•	
For info	rmation Only		ation 1	leus Ru	sell	
No Cha	nge in Rate		ngeri	my / m	,	
Home Office:	1 - No Home Office					
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Sarasota Health and Re	ehabilitation Center		Provider Number:	0 263982-00	
1524 East Avenue S			Date:	12/29/2009	
Sarasota FL 34239			Fiscal Year End:	12/31/2008	
			Audit Status:	Unaudited [3]	
Provider Type:	Single Level	Current Rate	Rate	Effective Date	
Nursing Home	Single Level	208.37	195.43	1/1/2010	
	Level H: AIDS	348.72	337.35	1/1/2010	
	Level U: Fragile Under 21	461.34	451.23	1/1/2010	
Basis: Budget X Unaudited c Field audite Field audit - Desk audited Desk audit -	d costs - interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted	h Interim Component	
Distribution:			Stephen Russell		
_	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File For inform	nation Only				
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Home Office:	1 - No Home Office				



Windsor Woods Rehal	pilitation and Healthcare Center		Provider Number:	0 263991-00	
13719 Dallas Drive			Date:	12/29/2009	
Hudson FL 34667			Fiscal Year End:	1/31/2009	
			Audit Status:	Unaudited [3]	
Provider Type:		Curren Rate	Rate	Effective Date	
Nursing Home	Single Level	184.0	<u> </u>	1/1/2010	
	Level H: AIDS	324.3	5 317.88	1/1/2010	
	Level U: Fragile Under 21	436.9	431.76	1/1/2010	
Basis: Budget X Unaudited c Field audite Field audite Desk audite Desk Audit	d costs - interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component	
Distribution:	mont / Fiscal Agent		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	14	hus Ru	mell	
No Chang	ge in Rate	ng	my /w		
Home Office:	1 - No Home Office				



Winkler Court				Provider Number:	0 264008-00
3250 Winkler Ave				Date:	12/29/2009
Fort Myers FL 33916	j			Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:	Charle I and	Curre Rat	e	New Rate	Effective Date
Nursing Home	Single Level		.50	189.37	1/1/2010
	Level H: AIDS	342.	85	331.29	1/1/2010
	Level U: Fragile Under 21	455	47	445.17	1/1/2010
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk Audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	Changes: Lice Us Tan FR X Rai	ensure Fual and Creet Rate VS Cha	Rating Change Customary Limitation change	h Interim Component
Distribution:				Stephen Russell	
Permanent File For info	ement / Fiscal Agent rmation Only nge in Rate			Cost Reimbursemen	-
Home Office:	1 - No Home Office				



Blountstown Health & l			Provider Number:	0 264067-00	
16690 S.W. Chipola Rd			Date:	12/29/2009	
Blountstown FL 32424			Fiscal Year End:	4/30/2004	
			Audit Status:	Unaudited [3]	
Provider Type:		Curren Rate	Rate	Effective Date	
Nursing Home	Single Level	186.9	<u> 187.07</u>	1/1/2010	
	Level H: AIDS	327.32	2 328.99	1/1/2010	
	Level U: Fragile Under 21	439.9	442.87	1/1/2010	
Basis: X Budget Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component	
Distribution:	(Stephen Russell		
Contract Managem Permanent File	ent / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
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Home Office:	1 - No Home Office				



Crystal Oaks of Pinel	llas	_		Provider Number:	0 264351-00		
6767 86th Avenue No		_		Date:	12/29/2009		
Pinellas Park FL 337	82	_		Fiscal Year End:	10/31/2007		
				Audit Status:	Unaudited [3]		
Provider Type:			Current Rate	New Rate	Effective Date		
Nursing Home	Single Level		204.78	207.40	1/1/2010		
	Level H: AIDS		345.13	349.32	1/1/2010		
	Level U: Fragile Under 21		457.75	463.20	1/1/2010		
Rate Type:							
Interim		X	Prospectiv	ve			
	Total Interim		X	Total Prospective			
	Interim Component			Prospective Adjusted	for New Costs		
	Settlement based on costs			Total Prospective with			
	Prior Provider Prospective data			1	1		
Basis:		Change	es:				
Dudast			Licensur	e Rating Change			
Budget X Unaudited	acets						
Field audit		-	Usual and Customary Limitation Target Rate limitation change				
		FRVS Change					
	t - interim portion		FRVSC	nange			
Desk audit				Oleana			
	t - Interim Portion t - Prospective portion	X		nester Change [2] as of 02/06/1998			
Distribution:		J [Stephen Russell			
•	ement / Fiscal Agent		Medicaid Cost Reimbursement Analysis				
Permanent File					-		
	rmation Only	_	Steel	hus Ru	sell		
No Char	nge in Rate			, , , , , ,			
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Home Office:	1 - No Home Office						



Lafayette Healthcare Center			Provider Number:	0 264482-00	
512 West Main Sreet			Date:	12/29/2009	
Mayo FL 32066			Fiscal Year End:	10/31/2007	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	186.97		1/1/2010	
	Level H: AIDS	327.32	340.62	1/1/2010	
	Level U: Fragile Under 21	439.94	454.50	1/1/2010	
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk Audite	ed costs - interim portion	Usual a Target FRVS X Rate Se	Total Prospective Total Prospective Prospective Adjusted Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 07/15/1997	h Interim Component	
Distribution:	mant / Final A and		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	mation Only	7	hus Ru	2011	
No Chan	ge in Rate	ng	mes / la		
Home Office:	1 - No Home Office				



lifford Chester Sims State Veteran's Nursing Home	I	Provider Number:	0 264491-00
419 Tram Road		Date:	12/29/2009
pringfield FL 32404		Fiscal Year End:	6/30/2008
		Audit Status:	Unaudited [3]
rovider Type:			
• •	Current	New	Effective
	Rate	Rate	Date
Sursing Home Single Level	206.61	206.62	1/1/2010
Level H: AIDS	346.96	348.54	1/1/2010
Level U: Fragile Under 21	459.58	462.42	1/1/2010
Rate Type :			
Interim	X Prospective		
Total Interim		tal Prospective	
Interim Component	Pro	ospective Adjusted	for New Costs
Settlement based on costs	To	tal Prospective with	h Interim Component
Prior Provider Prospective data		r.	
Basis: Cl	hanges:		
	Licangura P	ating Change	
Budget			
X Unaudited costs		Customary Limitation	on
Field audited costs		limitation change	
Field audit - interim portion	FRVS Char	ige	
Desk audited costs		~~	
Desk audit - Interim Portion	X Rate Semes		
Desk Audit - Prospective portion Distribution:	Oli FRV [2]	as of 11/05/2003	
Contract Management / Fiscal Agent		Stephen Russell	
Permanent File	Medicaid C	ost Reimbursement	Analysis
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No Change in Rate	Steph	y Ku	sacri
Home Office: Florida Dept. of Veterans Affairs			
Walter Gilchrist			
11351 Ulmerton Road, Room 332-I			



Conway Lakes Nursin	g Center			Provider Number:	0 264512-00
5201 Curry Ford Road	1			Date:	12/29/2009
Orlando FL 32812				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 212.69	New Rate 204.97	Effective Date 1/1/2010
C	C				_
	Level H: AIDS		353.04	346.89	1/1/2010
	Level U: Fragile Under 21	_	465.66	460.77	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk Audite	ed costs - interim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution:	ment / Fiscal Agent			Stephen Russell	
Permanent File For inform	mation Only ge in Rate			d Cost Reimbursement	•
Home Office:	SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northw Atlanta GA 30327	est			



Belleair East Health Care Cer	nter			Provider Number:	0 264521-00
1150 PONCE DE LEON BLY	VD			Date:	12/29/2009
Clearwater FL 34616				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:	vlo I ovol	_	Current Rate 195.60	New Rate	Effective Date
Nursing Home Sing	gle Level	_	195.00	196.30	1/1/2010
Leve	l H: AIDS	_	335.95	338.22	1/1/2010
Leve	l U: Fragile Under 21	_	448.57	452.10	1/1/2010
Settleme	Component ent based on costs ovider Prospective data m portion m Portion	Changes:	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation I Change	n Interim Component
<u>Distribution:</u> Contract Management / I	Fiscal Agent			Stephen Russell	
Permanent File For information No Change in R	Only			Cost Reimbursement	•
	SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwe Atlanta GA 30327	t			



East Bay Nursing Center	Provider Number:	0 264539-00
1470 East Bay Drive	Date:	12/29/2009
Clearwater FL 33764	Fiscal Year End:	12/31/2008
	Audit Status:	Unaudited [3]
Provider Type:	110000000000000000000000000000000000000	
• •	Current New	Effective
	Rate Rate	Date
Nursing Home Single Level	202.88 202.30	1/1/2010
Level H: AIDS	343.23 344.22	1/1/2010
Level U: Fragile Under 21	455.85 458.10	1/1/2010
Bevol et Magne ender 21	433.03	1/1/2010
Rate Type :		
Interim	X Prospective	
Total Interim	X Total Prospective	
Interim Component	Prospective Adjusted	for New Costs
	Total Prospective with	
Settlement based on costs	Total Flospective with	i internii Component
Prior Provider Prospective data		
Basis:	Changes:	
	V. 5 . 61	
Budget	Licensure Rating Change	
X Unaudited costs	Usual and Customary Limitation	on
Field audited costs	Target Rate limitation change	
Field audit - interim portion	FRVS Change	
Desk audited costs		
Desk audit - Interim Portion	X Rate Semester Change	
Desk Audit - Prospective portion	On FRV [2] as of 07/26/1990	
<u>Distribution:</u>	Stephen Russell	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement	Analysis
Permanent File		· ·
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No Change in Rate	sof in , , ,	
Home Office: SBK Capital, LLC		
Larry Shrewsbury		
1935 Garraux Road, Northwest		
Atlanta GA 30327		



MELBOURNE TERRAC	CE RESTORATIVE CARE CE			Provider Number:	0 264547-00
251 Florida Ave				Date:	12/29/2009
Melbourne FL 32901				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 209.49	New Rate 211.63	Effective Date 1/1/2010
I	Level H: AIDS		349.84	353.55	1/1/2010
I	Level U: Fragile Under 21		462.46	467.43	1/1/2010
Basis: Budget X Unaudited cost Field audit - ir Desk audit - In Desk Audit - P	nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation and Customary Limitation and Customary Limitation	n Interim Component
Distribution: Contract Manageme Permanent File For informat No Change	tion Only			d Cost Reimbursement	•
Home Office:	SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwes Atlanta GA 30327	t			



Centre Pointe Health & Rehab	P	rovider Number:	0 264563-00
255 Centerville Road		Date:	12/29/2009
Callahassee FL 32308	F	Fiscal Year End:	12/31/2008
		Audit Status:	Unaudited [3]
Provider Type:			
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	201.54	200.73	1/1/2010
Level H: AIDS	341.89	342.65	1/1/2010
Level U: Fragile Under 21	454.51	456.53	1/1/2010
Rate Type :			
Interim	X Prospective		
Total Interim		al Prospective	
Interim Component		spective Adjusted	for New Costs
Settlement based on costs		=	h Interim Component
Prior Provider Prospective data		ar rrospective with	a internal component
Basis: Ch	nanges:		
	T	.:	
Budget	Licensure Ra		
X Unaudited costs		ustomary Limitatio	on
Field audited costs		limitation change	
Field audit - interim portion	FRVS Chan	ge	
Desk audited costs	V D (G)	CI.	
Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Semest	as of 06/25/1987	
Distribution:	OHTR (2)	45 01 00/25/1707	
Contract Management / Fiscal Agent	S	Stephen Russell	
Permanent File	Medicaid Co	st Reimbursemen	t Analysis
For information Only	/		//
No Change in Rate	Stephn	n Ku	sour
No Change in Rate			
Home Office: SBK Capital, LLC			
Home Office: SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwest			



SPRING LAKE NUI	RSING CENTER			Provider Number:	0 264571-00
1540 Sixth Street, NV				Date:	12/29/2009
Winter Haven FL 338	881			Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	R	rent ate 6.91	New Rate 209.10	Effective Date 1/1/2010
	Level H: AIDS	34	7.26	351.02	1/1/2010
	Level U: Fragile Under 21	45	9.88	464.90	1/1/2010
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	ted costs t - interim portion ed costs - Interim Portion	U_T F	icensur sual an arget R RVS C	nester Change	n Interim Component
Desk Audi Distribution:	t - Prospective portion	C	n FRV	[2] as of 05/17/1991	
Contract Manage Permanent File For info	ement / Fiscal Agent rmation Only nge in Rate			Stephen Russell d Cost Reimbursement	•
Home Office:	SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northw Atlanta GA 30327	est			



ife Care Center of Este	ro			Provider Number:	0 265381-00
850 Wiliams Road				Date:	12/29/2009
stero FL 33929				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Jursing Home	Single Level		199.49	204.62	1/1/2010
	Level H: AIDS		339.84	346.54	1/1/2010
	Level U: Fragile Under 21		452.46	460.42	1/1/2010
Rate Type :					
Interim	al Interim	X	Prospective		
	ai interim erim Component			Total Prospective Prospective Adjusted	for New Costs
	tlement based on costs				h Interim Component
	or Provider Prospective data			otal Prospective with	ii interim component
	or Trovider Trospective data				
Basis:		Change	es:		
Dudget			Licensure	Rating Change	
Budget X Unaudited cos	ate			Customary Limitation	on
Field audited				te limitation change	OII
	nterim portion		FRVS Ch	=	
Desk audited					
Desk audit - In		<u> X</u>	Rate Seme	ester Change	
	Prospective portion			2] as of 10/23/2003	
Distribution:				Stephen Russell	
Contract Manageme	ent / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis
Permanent File					•
For informa	•		Steph	us Ru	sell
No Change	in Rate			. / -	
II 000	Tit G G				
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street	l			
	Cleveland TN 37320				
	Cicvetand 11v 3/320				



Valencia Hills Health a	nd Rehabilitation Center		Provider Number:	0 265560-00
1350 Sleepy Hill Road			Date:	12/29/2009
Lakeland FL 33810			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 188.02	New Rate 186.40	Effective Date 1/1/2010
g	g			
	Level H: AIDS	328.37	328.32	1/1/2010
	Level U: Fragile Under 21	440.99	442.20	1/1/2010
Basis: Budget X Unaudited confield audited Field audited Desk audited Desk audited	l costs interim portion	Usual a Target FRVS X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 11/01/1994	n Interim Component
<u>Distribution:</u>	pont / Fiscal Agent		Stephen Russell	
Contract Managem Permanent File For inform No Change	ation Only		nid Cost Reimbursement	•
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Circle Tallahassee FL 32308	Ste. D		



Summer Brook Healt	h Care Center		Prov	rider Number:	0 265721-00
5377 Moncrief Road				Date:	12/29/2009
Jacksonville FL 3220	9		Fisc	al Year End:	6/30/2006
				Audit Status:	Unaudited [3]
Provider Type:					
• •		Curr		New	Effective
	~	Ra		Rate	Date
Nursing Home	Single Level	175	<u>.70 </u>	177.73	1/1/2010
	Level H: AIDS	316	.05	319.65	1/1/2010
	Level U: Fragile Under 21	428	.67	433.53	1/1/2010
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs - Interim Portion t - Prospective portion	Changes:	Prospe Total F Total F	Prospective with the prospecti	for New Costs h Interim Component on
Contract Manage	ement / Fiscal Agent			phen Russell	
Permanent File	•			Reimbursemen	•
	rmation Only	Ister	elm	Ru	mell
No Cha	nge in Rate		/		
Home Office:	Innovative Health Care Ma Angela Williams 2333 Hansen Lane, Suite 4 Tallahassee FL 32301	nagement Services, Inc	:.		



Hialeah Convalescent C	Center			Provider Number:	0 265730-00
190 W. 28th Street				Date:	12/29/2009
Hialeah FL 33010				Fiscal Year End:	3/31/2009
				Audit Status:	Unaudited [3]
Provider Type:	Charle I and	R		New Rate	Effective Date
Nursing Home	Single Level).18	<u> 179.31</u> _	1/1/2010
	Level H: AIDS	320	0.53	321.23	1/1/2010
	Level U: Fragile Under 21	43:	3.15	435.11	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audit - Desk Audit - Desk Audit -	costs interim portion	Changes:	sual an arget R RVS C ate Ser	Total Prospective Prospective Adjusted Total Prospective with Te Rating Change ad Customary Limitation ate limitation change thange mester Change [2] as of 07/01/1991	n Interim Component
Distribution: Contract Managem	ent / Fiscal Agent			Stephen Russell	
Permanent File	ione, i nour rigont			d Cost Reimbursement	
For inform No Change	•	Sty	e t	hus Ru	ssell
Home Office:	1 - No Home Office				



Life Care Center of Oca	ala		Provider Number:	0 266108-00
2800 SW 41st Street		Date:		12/29/2009
Ocala FL 34474			Fiscal Year End:	1/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 201.96	New Rate 203.87	Effective Date 1/1/2010
Nursing Home	Single Level	201.90		1/1/2010
	Level H: AIDS	342.31	345.79	1/1/2010
	Level U: Fragile Under 21	454.93	459.67	1/1/2010
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	osts I costs interim portion	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
Distribution:	cont / Eigen A gent		Stephen Russell	
Contract Managem Permanent File For inform No Change	ation Only		l Cost Reimbursement	•
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Lake Worth Manor				Provider Number:	0 266124-00
1201 12th Avenue Sout	th			Date:	12/29/2009
Lake Worth FL 33460				Fiscal Year End:	3/31/2009
				Audit Status:	Unaudited [3]
Provider Type:	Single Level		Current Rate	New Rate	Effective Date
Nursing Home	Single Level		209.22	211.57	1/1/2010
	Level H: AIDS		349.57	353.49	1/1/2010
	Level U: Fragile Under 21		462.19	467.37	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:					
Contract Managem	nent / Fiscal Agent			Stephen Russell	
Permanent File				d Cost Reimbursement	
For inform No Chang	ation Only e in Rate		sty i	hus Ru	soll
			-		
Home Office:	1 - No Home Office				



Southpoint Terrace		Provider Number:	0 266281-00
4325 Southpoint Boulevard		Date:	12/29/2009
Jacksonville FL 32216		Fiscal Year End:	12/31/2008
		Audit Status:	Unaudited [3]
Provider Type:			
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	184.93	<u> 177.85</u>	1/1/2010
Level H: AIDS	325.28	319.77	1/1/2010
Level U: Fragile Under 21	437.90	433.65	1/1/2010
			1, 1, 2010
Rate Type :			
Interim	X Prospective		
Total Interim		Total Prospective	C. M. G.
Interim Component		Prospective Adjusted	
Settlement based on costs	`l	Total Prospective with	n Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensure	Rating Change	
X Unaudited costs	Usual and	Customary Limitation	on
Field audited costs	Target Ra	te limitation change	
Field audit - interim portion	FRVS Ch	ange	
Desk audited costs		C	
Desk audit - Interim Portion	X Rate Seme	ester Change	
Desk Audit - Prospective portion		[2] as of 02/20/2004	
<u>Distribution:</u>		Stephen Russell	
Contract Management / Fiscal Agent	3.6 1: :1		. A1
Permanent File		Cost Reimbursement	•
For information Only	at al	us Ru	raell
No Change in Rate	my	m / m	, ,
Home Office: SMJ Enterprises, LLC			
Anthony Rimmer			
1265 W. Granada Blvd, Suite 4			
Ormond Beach FL 32174			



Whispering Oaks			Provide	r Number:	0 266612-00
1514 Chelsea St				Date:	12/29/2009
Tampa FL 33610			Fiscal '	Year End:	12/31/2008
			Au	dit Status:	Unaudited [3]
Provider Type:	Shala Land	Curro Rat	e R	ew ate	Effective Date
Nursing Home	Single Level	155.	83 15	7.25	1/1/2010
	Level H: AIDS	296.	18 29	9.17	1/1/2010
	Level U: Fragile Under 21	408	80 41	3.05	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	d costs interim portion	Changes: Lice Us Tai FR X Ra		Change ary Limitation change	for New Costs h Interim Component on
Distribution:	1 1			n Russell	
Contract Managem	nent / Fiscal Agent				
Permanent File			dicaid Cost Rei		
	nation Only	Sty	elm	Ru	sell
No Chang	e in kate				
Home Office:	1 - No Home Office				



The Springs At Boca Cieg	ga Bay		Provider Number:	0 267724-00
1255 Pasadena Avenue S.	,		Date:	12/29/2009
St. Petersburg FL 33707			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 209.67	Rate	Effective Date 1/1/2010
L	evel H: AIDS	350.02	2 353.59	1/1/2010
L	evel U: Fragile Under 21	462.64		1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Interest of the second content o	osts terim portion osts	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 07/01/1987	h Interim Component
Distribution: Contract Managemer Permanent File For informati No Change i	ion Only		Stephen Russell caid Cost Reimbursement frame Russell	•
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Circl Tallahassee FL 32308	, Ste. D		



Nursing Home Single Level Level H: AIDS Level U: Fragile Under 21 Ade.29 Ade.29 Ade.53 Ade.54 Ade.53 Ade.53 Ade.53 Ade.54 Ade.55 Ade.55 Ade.55 Ade.55 Ade.55 Ade.55	The Nursing Center	At Mercy			Provider Number:	0 267902-00
Provider Type: Curcnt Rate Rate Date Date Date Date	3671 South Miami A	venue	- -		Date:	12/29/2009
Provider Type: Current Rate Rate Date	Miami FL 33133		_		•	12/31/2008
Provider Type: Current Rate Rate Date						
Nursing Home Rate Rate Date 193.32 190.73 1/1/2010	Provider Type:					
Level H: AIDS Level U: Fragile Under 21 Level U: Fragile Under 22 Level U: Fragile Under 23 Level U: Fragile Under 24 Level U: Fragile U: Fr	V 2					
Level H: AIDS Level U: Pragile Under 21 Authors Authors Authors		a				
Level U: Fragile Under 21	Nursing Home	Single Level		193.32	190.73	1/1/2010
Rate Type :		Level H: AIDS		333.67	332.65	1/1/2010
Rate Type :		Level U: Fragile Under 21		446.29	446.53	1/1/2010
Interim						
Interim						
Interim	Rate Type :					
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:			v	D		
Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Interim		<u></u>			
Settlement based on costs Prior Provider Prospective data				<u> </u>	=	for Now Costs
Budget X Unaudited costs Field audited costs Desk audited - Interim Portion Desk Audit - Prospective 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 Target Rate limitation change FRVS Change Variety Change Distribution: X Rate Semester Change On FRV [2] as of 12/04/1994 Stephen Russell Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis The Contract Management of Stephen Russell Medicaid Cost Reimbursement Analysis Home Office: SMJ Enterprises, LLC Anthony Rimmer 1265 W. Granada Blvd, Suite 4		•				
Budget X Unaudited costs Field audited costs Field audit - 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 Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [2] as of 12/04/1994 Stephen Russell Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis Stephen Russell Medicaid Cost Reimbursement Analysis Stephen Russell Medicaid Cost Reimbursement Analysis Authory Rimmer 1265 W. Granada Blvd, Suite 4					Total Prospective with	i 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 Stephen Russell Medicaid Cost Reimbursement Analysis The Medicaid Cost Reimbursement Analysis Stephen Russell Medicaid Cost Reimbursement Analysis The Medicaid Cost Reimbursement Analysis Stephen Russell Medicaid Cost Reimbursement Analysis The Medicaid Cost Reimbursement Analysis The Medicaid Cost Reimbursement Analysis Stephen Russell Medicaid Cost Reimbursement Analysis The Medicaid Cost Reimbursement Analysis		Prior Provider Prospective data				
Would and Customary Limitation Target Rate limitation change Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Would and Customary Limitation Target Rate limitation change FRVS Change	Basis:		Chang	ges:		
Would and Customary Limitation Target Rate limitation change Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Would and Customary Limitation Target Rate limitation change FRVS Change						
Field audited costs 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 SMJ Enterprises, LLC Anthony Rimmer 1265 W. Granada Blvd, Suite 4 Target Rate limitation change FRVS Change SM Rate Semester Change On FRV [2] as of 12/04/1994 Medicaid Cost Reimbursement Analysis Result Target Rate limitation change FRVS Change Mate Semester Change On FRV [2] as of 12/04/1994 Stephen Russell Medicaid Cost Reimbursement Analysis						
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 Stephen Russell Medicaid Cost Reimbursement Analysis Augustus Rate Semester Change On FRV [2] as of 12/04/1994 Stephen Russell Medicaid Cost Reimbursement Analysis Russell Augustus Russell SMJ Enterprises, LLC Anthony Rimmer 1265 W. Granada Blvd, Suite 4					•	on
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: SMJ Enterprises, LLC Anthony Rimmer 1265 W. Granada Blvd, Suite 4	Field audi	ted costs			=	
Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Stephen Russell Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis Stephen Russell Medicaid Cost Reimbursement Analysis Rate Semester Change On FRV [2] as of 12/04/1994 Stephen Russell Medicaid Cost Reimbursement Analysis Rate Semester Change On FRV [2] as of 12/04/1994	Field audi	it - interim portion	<u> </u>	FRVS C	hange	
Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Stephen Russell Medicaid Cost Reimbursement Analysis						
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Stephen Russell Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis The stephen Russell Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis The stephen Russell Medicaid Cost Reimbursement Analysis The stephen Russell Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis The stephen Russell Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis The stephen Russell Medicaid Cost Reimbursement Analysis			X			
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Stephen Russen Medicaid Cost Reimbursement Analysis **The M		* *		On FRV	[2] as of 12/04/1994	
Permanent File For information Only No Change in Rate SMJ Enterprises, LLC Anthony Rimmer 1265 W. Granada Blvd, Suite 4		_			Stephen Russell	
For information Only No Change in Rate SMJ Enterprises, LLC Anthony Rimmer 1265 W. Granada Blvd, Suite 4	_	·		Medicai	d Cost Reimbursement	Analysis
Home Office: SMJ Enterprises, LLC Anthony Rimmer 1265 W. Granada Blvd, Suite 4						•
Home Office: SMJ Enterprises, LLC Anthony Rimmer 1265 W. Granada Blvd, Suite 4		•		Step 1.	mes Ru	sell
Anthony Rimmer 1265 W. Granada Blvd, Suite 4	No Cha	inge in Kale				
Anthony Rimmer 1265 W. Granada Blvd, Suite 4	II 0.00	OME TO THE TAX OF				
1265 W. Granada Blvd, Suite 4	Home Office:					
			ite 4			
		Ormond Beach FL 32174				



Lanier Manor				Provider Number:	0 268003-00	
12740 Lanier Road				Date:	12/29/2009	
Jacksonville FL 3222	26			Fiscal Year End:	7/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:		Curr Ra	te	New Rate	Effective Date	
Nursing Home	Single Level	188	<u>.71</u>	190.35	1/1/2010	
	Level H: AIDS	329	.06	332.27	1/1/2010	
	Level U: Fragile Under 21	441	.68	446.15	1/1/2010	
Basis: Budget X Unaudited Field audi Field audi Desk audit Desk Audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	Changes: Li Us Ta FF	Pr To To Censure F ual and C rget Rate EVS Cha	Rating Change Customary Limitation change	h Interim Component	
Distribution:	-			Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
	rmation Only	4	1	u Ru	raell	
No Cha	nge in Rate	My	e in	4 / 1		
Home Office:	1 - No Home Office					



susanna Wesley Health Center			Provider Number:	0 268062-00	
300 West 16th Ave			Date:	12/29/2009	
Hialeah FL 33012			Fiscal Year End:	12/31/2008	
			Audit Status:	Unaudited [3]	
Provider Type:			Tradic Status.		
- J F · ·		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home Single I	Level	206.66	209.28	1/1/2010	
Level H: A	AIDS	347.01	351.20	1/1/2010	
Level U: F	Fragile Under 21	459.63	465.08	1/1/2010	
Rate Type :					
Interim	_	X Prospective			
Total Interim	_	X To	otal Prospective		
Interim Comp	onent	Pr	ospective Adjusted	for New Costs	
Settlement ba	sed on costs	To	otal Prospective with	n Interim Component	
Prior Provide	Prospective data				
Basis:		Changes:			
		g			
Budget		Licensure F	Rating Change		
X Unaudited costs	-	Usual and (Customary Limitation	on	
Field audited costs	-		limitation change		
Field audit - interim por	tion -	FRVS Cha	_		
Desk audited costs	-		C		
Desk audit - Interim Por	tion -	X Rate Semes	ster Change		
Desk Audit - Prospectiv	_		as of 06/30/2001		
Distribution:			Stephen Russell		
Contract Management / Fiscal	Agent	Madicaid C	Cost Reimbursement	· Analysis	
Permanent File				•	
For information Only		Steph	as Rus	sell	
No Change in Rate		- Juje in			
Harris Office	G ' II G				
Home Office: Life O	Care Services LLC				
400 L	ocust Street				



Life Care Center of Palm	ı Bay		Provider Number:	0 268186-00	
75 Villanueva Road			Date:	12/29/2009	
Palm Bay FL 32907			Fiscal Year End:	12/31/2008	
			Audit Status:	Unaudited [3]	
Provider Type:			Tradit 2 tatas.		
• •		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home	Single Level	192.26	193.87	1/1/2010	
]	Level H: AIDS	332.61	335.79	1/1/2010	
•	1 11. E 1. 11. 1 21				
ı	Level U: Fragile Under 21	445.23	449.67	1/1/2010	
Rate Type :					
Interim		X Prospective			
	al Interim —		otal Prospective		
Inte	rim Component		ospective Adjusted	for New Costs	
	lement based on costs		= -	n Interim Component	
	or Provider Prospective data			<u>r</u>	
	-	. 1			
Basis:		hanges:			
D. 1.		Licansura l	Rating Change		
Budget	-				
Unaudited cos Field audited			Customary Limitation change	OII	
	-		_		
Field audit - in		FRVS Cha	nge		
Desk audited of		V D (C			
Desk audit - Ir	Prospective portion		ster Change 2] as of 05/28/2004		
Distribution:	Tospective portion	0111112			
Contract Manageme	ent / Fiscal Agent		Stephen Russell		
Permanent File		Medicaid (Cost Reimbursement	t Analysis	
For informa	tion Only	1	7		
No Change	-	Steph	us Ku	sacr!	
	•				
Home Office:	Life Care Centers Of America				
Tiome Office.	Doug Ruth				
	3570 NW Keith Street				
	Cleveland TN 37320				



HarborChase of Naple	es		Provider Number:	0 268585-00		
7801 AIRPORT PUL	LING ROAD		Date:	12/29/2009		
Naples FL 34109			Fiscal Year End:	12/31/2008		
			Audit Status:	Unaudited [3]		
Provider Type:		Current Rate	New Rate	Effective Date		
Nursing Home	Single Level	206.57		1/1/2010		
	Level H: AIDS	346.92	350.98	1/1/2010		
	Level U: Fragile Under 21	459.54	464.86	1/1/2010		
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target FRVS X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 06/16/1998	h Interim Component		
Distribution:	(T) 1 A		Stephen Russell			
Contract Manage Permanent File	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
	mation Only	14	hus Ru	2011		
	ge in Rate	mp.	mes the			
Home Office:	1 - No Home Office					



Abbiejean Russell Ca	re Center		Provider Number:	0 268755-00
700 South 29th Street			Date	12/29/2009
Ft. Pierce FL 34947			Fiscal Year End:	12/31/2008
			Audit Status:	: Unaudited [3]
Provider Type: Nursing Home	Single Level	Curre Rate 221.	Rate	Effective Date 1/1/2010
- (~g.v =v , v.			
	Level H: AIDS	361.8	361.03	1/1/2010
	Level U: Fragile Under 21	474.4	474.91	1/1/2010
Rate Type :				
Basis: Budget X Unaudited Field audit Field audit Desk audite	ed costs - interim portion	Changes: Lice Usu Targ FRV	Total Prospective Prospective Adjuste Total Prospective w Total Prospective w ensure Rating Change al and Customary Limita get Rate limitation change VS Change	ith Interim Component
	z - Prospective portion	On	FRV [2] as of 10/01/198	5
Distribution:	ment / Figure 1 A gent		Stephen Russell	
Permanent File For infor	ement / Fiscal Agent mation Only age in Rate		licaid Cost Reimburseme	•
Home Office:	Synergy Health Care Denny Roberts 1835 Miami Gardens Dr. S North Miami Beach FL 33			



Good Samaritan Center			Pro	ovider Number:	0 268763-00	
10676 Marvin Jones Boulevard				Date:	12/29/2009	
Live Oak FL 32060			Fi	scal Year End:	6/30/2008	
				Audit Status:	Unaudited [3]	
Provider Type:	Charle I and	Curre Rat	<u>e</u>	New Rate	Effective Date	
Nursing Home	Single Level	188	<u>.24 </u>	189.90	1/1/2010	
	Level H: AIDS	328	59	331.82	1/1/2010	
	Level U: Fragile Under 21	441	21	445.70	1/1/2010	
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - I	costs interim portion	Changes: Lic Us Ta FR	Prosp Tota Tota Tensure Rat ual and Cu rget Rate li VS Chang	ting Change stomary Limitati mitation change e	h Interim Component	
Distribution:			St	tephen Russell		
Contract Managem Permanent File	ent / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
For information For Formation Format	ation Only	7.4		- D		
No Change	•	My	em	, Ku	saell	
Home Office:	1 - No Home Office					



The Springs at Lake Pointe V	Voods			Provider Number:	0 268780-00
3280 Lake Pointe Drive				Date:	12/29/2009
Sarasota FL 34238				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	gle Level	-	Current Rate 219.38	New Rate 217.74	Effective Date 1/1/2010
tursing frome Sin	gie Levei	-	219.30		1/1/2010
Leve	l H: AIDS		359.73	359.66	1/1/2010
Leve	l U: Fragile Under 21		472.35	473.54	1/1/2010
Settleme	Component ent based on costs ovider Prospective data m portion m Portion	Change	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation	n Interim Component
Distribution:				Stephen Russell	
Contract Management / Permanent File For information No Change in R	Only			Cost Reimbursement	•
	Summit Care II, Inc Guy Farmer 2851 Remington Green Circl Tallahassee FL 32308	e, Ste. D			



John Knox Village of 0				Provider Number:	0 269000-00	
901 Veterans Memoria	ıl Parkway			Date:	12/29/2009	
Orange City Fl 32763				Fiscal Year End:	12/31/2007	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		urrent Rate 91.56	New Rate	Effective Date	
Nursing Home	Single Level		91.50	<u> 194.01</u> _	1/1/2010	
	Level H: AIDS	_ 3	31.91	335.93	1/1/2010	
	Level U: Fragile Under 21		44.53	449.81	1/1/2010	
Basis: Budget X Unaudited c Field audite Field audite Desk audite Desk audit	d costs - interim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component	
	nent / Fiscal Agent			Stephen Russell		
Permanent File		Medicaid Cost Reimbursement Analysis				
	nation Only ge in Rate	M	rge ti	hus Ru	mell	
Home Office:	1 - No Home Office					



Iarmony Health Center			Provider Number:	0 269107-00
820 N. Kendall Drive			Date:	12/29/2009
Miami Fl 33176			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type:				
• •		Current	New	Effective
	_	Rate	Rate	Date
Sursing Home Single Level		184.33	179.60	1/1/2010
Level H: AIDS		324.68	321.52	1/1/2010
Level U: Fragile Under		437.30	435.40	1/1/2010
	_			
Rate Type :				
 Interim	X	Prospective		
Total Interim			otal Prospective	
Interim Component			rospective Adjusted	for New Costs
Settlement based on costs				n Interim Component
Prior Provider Prospective of	loto		otai i iospeetive wit	i internii component
<u> </u>				
Basis:	Changes:	_		
		T	Decine Change	
Budget		-	Rating Change	
X Unaudited costs			Customary Limitation	on
Field audited costs		-	e limitation change	
Field audit - interim portion		FRVS Cha	ange	
Desk audited costs		-		
Desk audit - Interim Portion	X		ster Change	
Desk Audit - Prospective portion		On FRV [2	2] as of 11/13/2000	
<u>Distribution:</u>			Stephen Russell	
Contract Management / Fiscal Agent		Medicaid (Cost Reimbursement	Analysis
Permanent File				•
For information Only	_B	teph	us Ru	sell
No Change in Rate			•	
	C			
Hama Office. CMI Entrem ' II	Α.			
Home Office: SMJ Enterprises, Ll				
Home Office: SMJ Enterprises, Ll Anthony Rimmer 1265 W. Granada B				



The Crossings			Provider Number:	0 269395-00		
4445 Pine Forest Drive	e		Date:	12/29/2009		
Lake Worth FL 33463			Fiscal Year End:	2/28/2005		
			Audit Status:	Unaudited [3]		
Provider Type:	a	Current Rate	New Rate	Effective Date		
Nursing Home	Single Level	197.55		1/1/2010		
	Level H: AIDS	337.90	339.53	1/1/2010		
	Level U: Fragile Under 21	450.52	453.41	1/1/2010		
Basis: X Budget Unaudited c Field audite Field audite Desk audite Desk audit	d costs - interim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Total Prospective with Total Prospective with Total Prospective with Total Prospective with Total Prospective with Total Prospective with	n Interim Component		
Distribution:	· (T) 1.4		Stephen Russell			
Contract Manager Permanent File	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
	nation Only	11.1	1 -			
	ge in Rate	supi	In Ru	mu'		
Home Office:	1 - No Home Office					



The Crossroads				Provider Number:	0 269409-00
206 West Orange Street				Date:	12/29/2009
Davenport FL 33837				Fiscal Year End:	2/28/2005
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 188.38	New Rate 188.39	Effective Date 1/1/2010
ituising itome	onigie Devel	_	100.50		1/1/2010
I	Level H: AIDS	<u></u>	328.73	330.31	1/1/2010
I	Level U: Fragile Under 21		441.35	444.19	1/1/2010
Inte	al Interim rim Component lement based on costs r Provider Prospective data	Changes:	Prospectiv	Total Prospective Prospective Adjusted Total Prospective with	
X Budget Unaudited cost Field audited c Field audit - ir Desk audited c Desk Audit - In	costs aterim portion costs	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 07/01/1988	on
Distribution: Contract Manageme Permanent File For informat No Change	tion Only			Stephen Russell d Cost Reimbursement	
Home Office:	1 - No Home Office				



Douglas Jacobson Sta	ate Veteran's Nursing Home			Provider Number:	0 269492-00
21281 Grayton Terrace		_		Date:	12/29/2009
Port Charlotte FL 339	954	- -		Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		218.35	219.12	1/1/2010
	Level H: AIDS		358.70	361.04	1/1/2010
	Level U: Fragile Under 21		471.32	474.92	1/1/2010
	•				
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	n Interim Component
	Prior Provider Prospective data				
Basis:		Chang	es:		
			<u>'</u>		
Budget			Licensur	e Rating Change	
X Unaudited	costs		Usual an	d Customary Limitation	on
Field audit	ted costs		Target R	ate limitation change	
Field audi	t - interim portion		FRVS C	hange	
Desk audit	_				
Desk audit	: - Interim Portion	X	Rate Sen	nester Change	
Desk Audi	t - Prospective portion		On FRV	[2] as of 06/07/2004	
Distribution:	·			Stephen Russell	
Contract Manage	ement / Fiscal Agent		Madigaio	d Cost Reimbursement	Analycic
Permanent File					•
	rmation Only	_	Steel	hus Ru	sell
No Cha	nge in Rate			. , , -	
Home Office:	Florida Dept. of Veterans	Affairs			
	Walter Gilchrist	222 1			
	11351 Ulmerton Road, Ro	om 332-1			
	Largo Fl 33778-1630				



Regents Park of Sunris	se		Provider Number:	0 269697-00
9711 West Oakland Pa			Date:	12/29/2009
Sunrise FL 33351			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.21	198.39	1/1/2010
	Level H: AIDS	356.56	340.31	1/1/2010
	Level U: Fragile Under 21	469.18	454.19	1/1/2010
Basis: Budget X Unaudited c Field audite Field audite Desk audite Desk Audit	d costs - interim portion	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:	ment / Fiscal Agent		Stephen Russell	
Permanent File	none, i noui rigoni		id Cost Reimbursement	-
For inform No Chang	nation Only ge in Rate	Stype	hus Ru	soll
Home Office:	1 - No Home Office			



Regents Park of Winte	er Park		Provider Number:	0 269719-00
558 Semoran Blvd			Date:	12/29/2009
Winter Park FL 32792	2		Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.37		1/1/2010
	Level H: AIDS	347.72	335.56	1/1/2010
	Level U: Fragile Under 21	460.34	449.44	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with are Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 11/23/1988	n Interim Component
Distribution:	(/E' 1 A		Stephen Russell	
Contract Manage Permanent File	ment / Fiscal Agent	Medica	aid Cost Reimbursement	Analysis
	mation Only	1.4	1 -	
	ge in Rate	supi	In Ru	uni,
Home Office:	1 - No Home Office			



Regents Park of Jack	sonville	_		Provider Number:	0 269727-00
8700 AC Skinner Parkway		_		Date:	12/29/2009
Jacksonville FL 3225	66	_		Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 202.25	New Rate 189.38	Effective Date 1/1/2010
Tursing Home	Single Level		202,23	109.30	
	Level H: AIDS		342.60	331.30	1/1/2010
	Level U: Fragile Under 21		455.22	445.18	1/1/2010
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
				Total Prospective with	i intermi Component
	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensur	re Rating Change	
X Unaudited				d Customary Limitation	on
Field audit	ted costs		Target R	ate limitation change	
Field audi	t - interim portion		FRVS C	Change	
Desk audit	ed costs				
Desk audit	: - Interim Portion	X	Rate Sen	nester Change	
Desk Audi	t - Prospective portion	-	On FRV	[2] as of 03/31/1994	
Distribution:	•			Stephen Russell	
•	ement / Fiscal Agent	-	Modicai	d Cost Reimbursement	Analysis
Permanent File					-
	rmation Only		Stings	hus Ru	sell
No Char	nge in Rate		nge ii		
<u></u>					
Home Office:	1 - No Home Office				
Home Office.	1 - NO HOINE OTHER				



Jacaranda Manor				Provider Number:	0 281743-00
4250 66th Street North				Date:	12/29/2009
St. Petersburg FL 33709	_			Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 172.78	New Rate 163.76	Effective Date 1/1/2010
I	Level H: AIDS		313.13	305.68	1/1/2010
I	Level U: Fragile Under 21		425.75	419.56	1/1/2010
Basis: Budget X Unaudited cost Field audit - ir Desk audited cost Desk audit - In	costs nterim portion costs	Chang	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
Distribution: Contract Manageme Permanent File For informat No Change	tion Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Grace Healthcare, Inc Randy Martin 7201 Shallowford Rd, STE 2 Chattanooga TN 37421	00			



Pasadena Manor				Provider Number:	0 281891-00
1430 Pasadena Avenue				Date:	12/29/2009
South Pasadena FL 337	707			Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 185.37	New Rate 187.01	Effective Date 1/1/2010
runsing frome	Single Level		103.37	107.01	1/1/2010
	Level H: AIDS		325.72	328.93	1/1/2010
	Level U: Fragile Under 21	_	438.34	442.81	1/1/2010
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution:				Stephen Russell	
Permanent File	nent / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
	nation Only		+	hus Ru	mell
No Chang	ge in Rate		ezeri.	mi / m	,
Home Office:	1 - No Home Office				



Community Care Cente	r			Provider Number:	0 281913-00
2202 West Oak Avenue				Date:	12/29/2009
Plant City FL 33563				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		174.13	<u>179.50</u>	1/1/2010
	Level H: AIDS		314.48	321.42	1/1/2010
	Level U: Fragile Under 21		427.10	435.30	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1985	n Interim Component
Contract Managem	ent / Fiscal Agent			Stephen Russell	
Permanent File For inform No Change				d Cost Reimbursement	-
Home Office:	1 - No Home Office				



est Gables Health Care	Center			Provider Number:	0 282359-00
525 SW 75th Avenue				Date:	12/29/2009
iami FL 33155				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
rovider Type:		_	Current Rate	New Rate	Effective Date
ursing Home S	Single Level	-	220.04	222.60	1/1/2010
L	evel H: AIDS		360.39	364.52	1/1/2010
L	evel U: Fragile Under 21		473.01	478.40	1/1/2010
Basis: Budget X Unaudited cost: Field audit - in Desk audited co Desk Audit - Property of the	osts terim portion osts	Change	Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with Read Rating Change Country Limitation Total Prospective with	h Interim Component
Distribution: Contract Managemen	nt / Fiscal Agent			Stephen Russell	
Permanent File	· 			Cost Reimbursement	•
For informati	ion Only	۵	St. w. 1.	in Ru	sell
No Change i	n Rate		ngen	my / Com	
Home Office:	Preferred Care, Inc. Gene Lunceford 5212 Village Creek Drive Plano TX 75093				



Ridgecrest Nursing & R	ehabilitation Center			Provider Number:	0 282464-00
1200 North Stone Street	İ	•		Date:	12/29/2009
Deland FL 32720				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	•	202.35	202.49	1/1/2010
	Level H: AIDS		342.70	344.41	1/1/2010
	Level U: Fragile Under 21		455.32	458.29	1/1/2010
	Level O. Fragne Onder 21		455.52	430.29	1/1/2010
Rate Type :					
Rate Type.					
Interim		X	Prospectiv	re	
To	tal Interim			Total Prospective	
Int	erim Component			Prospective Adjusted	for New Costs
Set	tlement based on costs			Total Prospective with	h Interim Component
Pri	or Provider Prospective data				
Basis:		Change	· G•		
Dasis:		Change	s:		
D. 1			Liconsur	e Rating Change	
Budget					
X Unaudited co				d Customary Limitation	on
Field audited		-		ate limitation change	
	interim portion	-	FRVS C	nange	
Desk audited				~	
	Interim Portion	X		nester Change	
	Prospective portion		Oll FK V	[2] as of 11/03/2004	
Distribution:	ant / Eigen 1 A gant			Stephen Russell	
Contract Managem	ent / Fiscai Agent		Medicaid	l Cost Reimbursemen	t Analysis
Permanent File	- C - 1			,	
For informa	•		Step 1	hus Ru	soll
No Change	e in Rate				
Home Office:	Greystone Healthcare Mana	gement, LLC			
	Kenneth Hubbard 3922 Coconut Palms Drive,	Suite 102			
	Tampa FL 33619	Suite 102			
	1 allipa FL 33019				



	nd Rehabilitation Center	_		Provider Number:	0 282529-00
9869 S.W. 152nd Str	eet	_		Date:	12/29/2009
Miami FL 33157		_		Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		228.68		1/1/2010
	Level H: AIDS		369.03	371.65	1/1/2010
	Level U: Fragile Under 21		481.65	485.53	1/1/2010
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		— X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Prospective with	i interim Component
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Basis:		Change	es:		
D 1			Liconeur	ro Poting Chango	
Budget				re Rating Change	
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Field audit				tate limitation change	
Field audit	t - interim portion		FRVS C	Change	
Desk audit					
	- Interim Portion	X		nester Change	
	t - Prospective portion		On FRV	[2] as of 03/01/1996	
Distribution:	ement / Fiscal Agent			Stephen Russell	
Permanent File	ement / Piscar Agent		Medicai	d Cost Reimbursement	Analysis
	rmation Only			, -	//
	nge in Rate		steps	leus Ru	sell
No Chai	ige in Kate				
Home Office:	1 - No Home Office				



Palm Terrace of St. Peters	sburg			Provider Number:	0 282537-00
521 69th Avenue, North				Date:	12/29/2009
St. Petersburg Fl 33702				Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 229.79	New Rate 231.35	Effective Date 1/1/2010
L	evel H: AIDS		370.14	373.27	1/1/2010
L	evel U: Fragile Under 21		482.76	487.15	1/1/2010
Basis: Budget X Unaudited cost: Field audit - in Desk audited co	osts terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation change	n Interim Component
Distribution: Contract Managemer Permanent File For informati No Change i	ion Only			Stephen Russell Cost Reimbursement Russell Russell	•
Home Office:	Cypress Administrative Serv Alan Wengrofsky 44 South Broadway, Suite 6 White Plains NY 10606				



The Terrace at Dayto	na Beach	_		Provider Number:	0 282553-00
1704 Huntington Village Circle		_		Date:	12/29/2009
Daytona Beach FL 32	2114	-		Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	192.97	194.63	1/1/2010
	Level H: AIDS		333.32	336.55	1/1/2010
	Level U: Fragile Under 21		445.94	450.43	1/1/2010
Rate Type:					
Interim		X	Prospectiv	ve	
	Total Interim		- X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Prospective with	i interim Component
	Thoi Provider Prospective data				
Basis:		Changes	::		
D			Licensus	ro Poting Change	
Budget			_	re Rating Change	
X Unaudited				nd Customary Limitatio	on
Field audit				tate limitation change	
	- interim portion		FRVS C	Change	
Desk audit					
	- Interim Portion	X		nester Change	
Desk Audi Distribution:	t - Prospective portion		On FRV	[2] as of 06/29/1998	
	ement / Fiscal Agent			Stephen Russell	
Permanent File	ement / Piscai Agent		Medicai	d Cost Reimbursement	Analysis
	mation Only			/	
	mation Only		tops	hus Ru	soll
No Char	nge in Rate				
Home Office:	1 - No Home Office				



alm Terrace of Clewiston	n			Provider Number:	0 282618-00
01 South Gloria Street				Date:	12/29/2009
lewiston FL 33440				Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Sursing Home S	Single Level	- -	216.59	219.81	1/1/2010
L	evel H: AIDS		356.94	361.73	1/1/2010
L	evel U: Fragile Under 21		469.56	475.61	1/1/2010
Rate Type :					
Inter Settle	osts	Change	Licensure Usual and	Fotal Prospective Prospective Adjusted Fotal Prospective with Read Rating Change I Customary Limitation I Change	n Interim Component
Desk audited co Desk audit - Int Desk Audit - Pr		X		nester Change [2] as of 09/01/1990	
Distribution:				Stephen Russell	
Contract Management Permanent File For informati No Change in	on Only			Cost Reimbursement	
Home Office:	Cypress Administrative Servi Alan Wengrofsky 44 South Broadway, Suite 61 White Plains NY 10606				



Palm Terrace of Lakeland	l			Provider Number:	0 282626-00
1919 Lakeland Hills Blvd				Date:	12/29/2009
Lakeland FL 33805				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	R	rrent ate 8.17	New Rate	Effective Date 1/1/2010
L	evel H: AIDS	34	8.52	354.95	1/1/2010
L	evel U: Fragile Under 21		1.14	468.83	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Interest of the second content o	osts terim portion osts	Changes: L U T T X	icensur Isual an Parget R PRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Managemer Permanent File For informati No Change i	ion Only			Stephen Russell I Cost Reimbursement Russell Russell	•
Home Office:	Cypress Administrative Serv Alan Wengrofsky 44 South Broadway, Suite 61 White Plains NY 10606				



Catalina Health Care C	'enter			Provider Number:	0 283134-00	
820 North Clyde Morri				Date:	12/29/2009	
Daytona Beach FL 321	17			Fiscal Year End:	6/30/2009	
				Audit Status:	Unaudited [3]	
Provider Type:		R		New Rate	Effective Date	
Nursing Home	Single Level		2.51	<u> 187.98</u> _	1/1/2010	
	Level H: AIDS	352	2.86	329.90	1/1/2010	
	Level U: Fragile Under 21	46.	5.48	443.78	1/1/2010	
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Changes: L U T F	censur sual an arget R RVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Distribution:	· /E' 1 A			Stephen Russell		
Permanent File	nent / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
	nation Only	11.2		1 -		
No Chang		-31	e u	us Ru	sacri	
Home Office:	1 - No Home Office					



Arbor Village Nursing C	Center		P	Provider Number:	0 283142-00	
490 South Old Wire Road				Date:	12/29/2009	
Wildwood FL 34785]	Fiscal Year End:	7/31/2006	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	Curro Rat 208 .	e	New Rate 208.92	Effective	
runsing frome	Single Level				1/1/2010	
	Level H: AIDS	348.	.72	350.84	1/1/2010	
·	Level U: Fragile Under 21	461	.34	464.72	1/1/2010	
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs nterim portion	Changes: Lice Us Tar FR X Rai	Protested Protes	ating Change Sustomary Limitation change	h Interim Component	
Distribution:	ont / Figgel A gent		\$	Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
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No Change	•	my	em	y Ku		
Home Office:	ARK Accounting 7491 W Oakland Park Blvd Lauderhill FL 33319					



Life Care Center of Jacks	sonville		Provider Number:	0 283193-00
4813 Lenoir Avenue			Date:	12/29/2009
Jacksonville FL 32216			Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 204.68	New Rate 206.05	Effective Date 1/1/2010
runsing frome	Single Level	204.00	200.05	1/1/2010
I	Level H: AIDS	345.03	347.97	1/1/2010
I	Level U: Fragile Under 21	457.65	461.85	1/1/2010
Basis: Budget X Unaudited cos Field audit - in Desk audited co Desk Audit - Ir	ts costs nterim portion costs	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
Distribution:	(/E' 14		Stephen Russell	
Contract Manageme Permanent File For informa	-		Cost Reimbursement	•
No Change	in Rate	ngn	my / M	·
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Life Care Center of Oran	ge Park		Provider Number:	0 284289-00
2145 Kingsley Avenue			Date:	12/29/2009
Orange Park FL 32073			Fiscal Year End:	7/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate	New Rate 169.84	Effective Date 1/1/2010
I	Level H: AIDS	303.72	311.76	1/1/2010
I	Level U: Fragile Under 21	416.34	425.64	1/1/2010
Basis: Budget X Unaudited cost Field audit - ir Desk audited cost Desk audit - In	ts costs nterim portion costs	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
Distribution: Contract Manageme Permanent File For informat No Change	tion Only		Stephen Russell Cost Reimbursement Russell	•
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



The Terrace at Flemm	ning Island			Provider Number:	0 284785-00
1125 Fleming Plantation Road		- -		Date:	12/29/2009
Orange Park FL 320	03	_		Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NI . II	C' I I I		Rate	Rate	Date
Nursing Home	Single Level		182.64	<u> 184.41</u> _	1/1/2010
	Level H: AIDS		322.99	326.33	1/1/2010
	Level U: Fragile Under 21		435.61	440.21	1/1/2010
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Chang	ges:		
			T :	o Datina Changa	
Budget				re Rating Change	
X Unaudited Field audit				nd Customary Limitation change	on
			FRVS C	=	
	t - interim portion		FRVS C	mange	
Desk audit	ed costs - Interim Portion	<u> </u>	Poto Sor	nester Change	
	t - Prospective portion	A		[2] as of 03/11/2005	
Distribution:				Stephen Russell	
ě	ement / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
Permanent File					•
	rmation Only		Step 1.	hus Ru	sell
No Chai	nge in Rate				
Home Office:	SMJ Enterprises, LLC				
Home Office.	Anthony Rimmer				
	1265 W. Granada Blvd, Su	ite 4			
	Ormond Beach FL 32174				



Brighton Gardens of T	Гатра		Provider Number:	0 284793-00
14624 North Dale Ma			Date:	12/29/2009
Tampa FL 33618			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 197.50	New Rate	Effective Date 1/1/2010
Nursing Home	Single Level	197.50		1/1/2010
	Level H: AIDS	337.85	341.21	1/1/2010
	Level U: Fragile Under 21	450.47	455.09	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite	ed costs - interim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with are Rating Change and Customary Limitation Rate limitation change Change	n Interim Component
	- Prospective portion	On FR'	V [2] as of 11/23/1999	
<u>Distribution:</u> Contract Manage	ment / Fiscal Agent	_	Stephen Russell	
Permanent File For infor	mation Only ge in Rate		id Cost Reimbursement	-
Home Office:	1 - No Home Office			



ventura Plaza Rehabilitation & Nurs	ing Center		Provider Number:	0 284823-00
800 NE 168TH Street			Date:	12/29/2009
J. Miami Beach FL 33162			Fiscal Year End:	8/31/2009
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
	_	Rate	Rate	Date
Nursing Home Single Lev	el	242.61	243.49	1/1/2010
Level H: AID	S	382.96	385.41	1/1/2010
Level U: Frag	ile Under 21	495.58	499.29	1/1/2010
Rate Type:				
Interim		X Prospective		
Total Interim		X To	otal Prospective	
Interim Compon	ent	Pr	ospective Adjusted	for New Costs
Settlement based	on costs	To	otal Prospective with	h Interim Component
Prior Provider Pr			•	•
Basis:	-	nanges:		
Dasis.		langes.		
Budget		Licensure I	Rating Change	
X Unaudited costs			Customary Limitation	on
Field audited costs			e limitation change	
Field audit - interim portion	_	FRVS Cha	=	
Desk audited costs	' -		8-	
Desk audit - Interim Portion	,	X Rate Semes	ster Change	
Desk Audit - Prospective po			as of 10/01/1985	
<u>Distribution:</u>			Stephen Russell	
Contract Management / Fiscal Ag	gent	M. F '10		4. A 1
Permanent File			Cost Reimbursemen	•
For information Only		Steph	R.	sell
No Change in Rate		my w		
Home Office: Hebrew	Home Management Services	S		
Steve Be	aujon			
	168th Street, Suite 200			
Miami B	each FL 33162			



Sypress Village				Provider Number:	0 307998-00
600 Middleton Park, Circle East				Date:	12/29/2009
acksonville FL 32224				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type:	Single Level		Current Rate	New Rate	Effective Date
Nursing Home	Single Level		210.93	213.24	1/1/2010
I	Level H: AIDS		351.28	355.16	1/1/2010
I	Level U: Fragile Under 21		463.90	469.04	1/1/2010
Basis: Budget X Unaudited cos Field audit - in Desk audit - Ir Desk Audit - F	costs nterim portion costs	Chang	Licensure Usual and Target Rate FRVS Cha	Rating Change Customary Limitation change	h Interim Component
Distribution: Contract Manageme	nt / Fiscal Agent			Stephen Russell	
Permanent File	110, 1 100th 1 150th			Cost Reimbursemen	•
For informa	•	_	Etex la	us Ru	soll
No Change	in Rate				
Home Office:	Brookdale Senior Living, Inc Russ Bellora 111 Westwood Place, Suite 2 Brentwood TN 37027				



Palms of Lauderdale Lak	ces		Provider Number:	0 308005-00		
3370 NW 47th Terrace			Date:	12/29/2009		
Lauderdale Lakes FL 333	319		Fiscal Year End:	12/31/2005		
			Audit Status:	Unaudited [3]		
Provider Type:		Currer Rate	Rate	Effective Date		
Nursing Home	Single Level	214.0	214.05	1/1/2010		
1	Level H: AIDS	354.3	7 355.97	1/1/2010		
]	Level U: Fragile Under 21	466.9	9 469.85	1/1/2010		
Basis: X Budget Unaudited cos Field audited of Field audited of Desk audited of Desk audited of	costs nterim portion costs	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	ch Interim Component on		
Distribution:			Stephen Russell			
Contract Manageme	ent / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
Permanent File For informa	tion Only			-		
No Change	•	Sty	In Ru	esall!		
Home Office:	1 - No Home Office					



	nd Rehabilitation Center		Provider Number:	0 308111-00		
587 S.E. ERMINE AVE			Date:	12/29/2009		
Lake City FL 32025	_		Fiscal Year End:	9/30/2009		
			Audit Status:	Unaudited [3]		
Provider Type:		Current Rate	New Rate	Effective Date		
Nursing Home	Single Level	188.02		1/1/2010		
	Level H: AIDS	328.37	335.68	1/1/2010		
	Level U: Fragile Under 21	440.99	449.56	1/1/2010		
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	d costs interim portion	Usual a Target FRVS X Rate Se	ive Total Prospective Prospective Adjusted Total Prospective with Total Prospective with are Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 01/25/1994	n Interim Component		
Distribution:	and / Eigen Agent		Stephen Russell			
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
	nation Only	1.4	low Ru	00///		
No Chang	•	my.	mes the	,		
Home Office:	Health Care Managers, Inc Ivonne Burrell 2380 Sadler Road Suite 201 Fernandina Beach FL 32034					



Hebrew Home of Sou	th Beach	_		Provider Number:	0 308242-00
320 Collins Ave.		•		Date:	12/29/2009
Miami Beach FL 331	39	•		Fiscal Year End:	8/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
.			Rate	Rate	Date
Nursing Home	Single Level		221.96		1/1/2010
	Level H: AIDS		362.31	366.51	1/1/2010
	Level U: Fragile Under 21		474.93	480.39	1/1/2010
Rate Type :					
Interim		X	Prospectiv	ve	
	Γotal Interim		X	Total Prospective	
]	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
I	Prior Provider Prospective data				
Basis:		Chang	ec.		
Dasis.		Chang	CS.		
Budget			Licensur	e Rating Change	
X Unaudited	costs	-		d Customary Limitation	าท
Field audit		-		ate limitation change	<i>7</i> 11
	- interim portion		FRVS C	_	
Desk audite	•	-		nunge	
	- Interim Portion	<u> X</u>	Rate Sen	nester Change	
	t - Prospective portion			[2] as of 10/01/1985	
Distribution:				Stephen Russell	
Contract Manage	ement / Fiscal Agent		3.6.11		A 1 .
Permanent File				d Cost Reimbursement	•
For infor	mation Only		at-us	hus Ru	sell
No Char	ige in Rate		ngen	my / m	
Home Office:	Hebrew Home Managemen	t Services			
	Steve Beaujon	• • • •			
	1800 NE 168th Street, Suite	200			
	Miami Beach FL 33162				



once Plaza Nursing & F	Rehab Center			Provider Number:	0 308251-00
55 SW 12th Avenue				Date:	12/29/2009
Miami FL 33135				Fiscal Year End:	1/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
J 1			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		217.94	217.30	1/1/2010
I	Level H: AIDS		358.29	359.22	1/1/2010
I	Level U: Fragile Under 21		470.91	473.10	1/1/2010
•	sever of trugile officer 21		470.71	473.10	1/1/2010
Rate Type :					
		T 7	D		
Interim	17	X	Prospective		
	al Interim			Cotal Prospective	
	rim Component			Prospective Adjusted	
	lement based on costs			otal Prospective with	n Interim Component
Prio	r Provider Prospective data				
Basis:		Change	es:		
<u>, </u>					
Budget			Licensure	Rating Change	
X Unaudited cos	ts		Usual and	Customary Limitation	on
Field audited of	costs		Target Ra	te limitation change	
Field audit - in	nterim portion		FRVS Ch	ange	
Desk audited o	_				
Desk audit - Ir		X	Rate Seme	ester Change	
Desk Audit - F	Prospective portion	-		2] as of 04/21/2000	
Distribution:				Stephen Russell	
Contract Manageme	nt / Fiscal Agent	_	Medicaid	Cost Reimbursement	Analysis
Permanent File					•
For information	•		htm li	us Ru	sell
No Change	in Rate		roje ir		
Home Office:	Hebrew Home Management S	Services			
	Steve Beaujon	00			
	1800 NE 168th Street, Suite 2	UU			
	Miami Beach FL 33162				



Sunset Lake Health &	Rehabilitation Center		Provider Number:	0 308501-00
332 Sunset Lake Blvd			Date:	12/29/2009
Venice FL 34292			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type:				
• •		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	233.73	228.66	1/1/2010
	Level H: AIDS	374.08	370.58	1/1/2010
	Level U: Fragile Under 21	486.70	484.46	1/1/2010
				_
Rate Type :				
Interim		X Prospective		
	otal Interim		otal Prospective	
	nterim Component		ospective Adjusted	for New Costs
	ettlement based on costs		= -	h Interim Component
	rior Provider Prospective data			
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Basis:		Changes:		
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Budget X Unaudited c	osts			
Field audite			Customary Limitation change	OII
		FRVS Cha	=	
	interim portion	- FRVS Clia	lige	
Desk audited		D. (. C	Cl.	
	Interim Portion - Prospective portion	X Rate Semes	as of 03/17/1992	
Distribution:	1 1			
Contract Manager	ment / Fiscal Agent		Stephen Russell	
Permanent File			Cost Reimbursemen	•
For inform	nation Only	Steph	7	2011
No Chang	ge in Rate	ngm	u tu	
		·		
Home Office:	Greystone Healthcare Manageme	ent IIC		
Home Office.	Kenneth Hubbard	in, LLC		
	3922 Coconut Palms Drive, Suite	e 102		



The Allegro at College Harbor		Provider Number:	0 309800-00
4600 54th Avenue South		Date:	12/29/2009
St. Petersburg Fl 33711		Fiscal Year End:	12/31/2008
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate	New Rate	Effective Date
Nursing Home Single Level	224.84	226.44	1/1/2010
Level H: AIDS	365.19	368.36	1/1/2010
Level U: Fragile Under 21	477.81	482.24	1/1/2010
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 Distribution:	Changes: 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
Contract Management / Fiscal Agent		Stephen Russell	
Permanent File		l Cost Reimbursement	
For information Only No Change in Rate	Styl	un Ru	ssell
Home Office: 1 - No Home Office			



Watercrest Care Cente				Provider Number:	0 310409-00
16650 West Dixie Hw	-			Date:	12/29/2009
North Miami Beach F	L 33160			Fiscal Year End:	3/31/2009
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	204.50	204.66	1/1/2010
	Level H: AIDS		344.85	346.58	1/1/2010
	Level U: Fragile Under 21		457.47	460.46	1/1/2010
Rate Type:					
Interim		X	Prospectiv	ve	
	Cotal Interim		_ X	Total Prospective	
I	nterim Component			Prospective Adjusted	for New Costs
S	ettlement based on costs			Total Prospective with	h Interim Component
	rior Provider Prospective data			1	1
	T T				
Basis:		Changes	S:		
Budget			Licensur	e Rating Change	
X Unaudited of	posts			nd Customary Limitation	on.
Field audite		-		Late limitation change	JII
			FRVS C		
	- interim portion		<u> </u>	mange	
Desk audite	d costs - Interim Portion	<u> X</u>	— Data Cam	nester Change	
	- Prospective portion			[2] as of 09/01/1999	
Distribution:				Stephen Russell	
•	ment / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File					· ·
	mation Only	<u>ي</u> سـ	tex	hus Ru	sell
No Chan	ge in Rate				
Home Office:	1 - No Home Office				
nome office.	1 110 Home Office				



TLANTIC HEALTHCARE CENTER			Provider Number:	0 310581-00	
663 15th Avenue			Date:	e: 12/29/2009	
Vero Beach FL 32960			Fiscal Year End:	8/31/2008	
			Audit Status:	Unaudited [3]	
rovider Type:			Tradit Status.	emadated [e]	
V 1		Current	New	Effective	
		Rate	Rate	Date	
Sursing Home Single Level		187.81	189.38	1/1/2010	
Level H: AIDS		328.16	331.30	1/1/2010	
Level U: Fragile	Under 21	440.78	445.18	1/1/2010	
Ç			· <u></u> -		
Rate Type :					
Interim		X Prospect	ive		
Total Interim		X	Total Prospective		
Interim Component			Prospective Adjusted	for New Costs	
Settlement based on	costs		_	h Interim Component	
Prior Provider Prosp			_	ar anternar Component	
<u> </u>	cetive data				
Basis:		Changes:			
		Ligano	una Datina Changa		
Budget			are Rating Change		
X Unaudited costs			and Customary Limitati Rate limitation change	on	
Field audited costs			=		
Field audit - interim portion		FRVS	Change		
Desk audited costs			. CI		
Desk audit - Interim Portion	200		emester Change V [2] as of 09/01/2004		
Desk Audit - Prospective portion:)II	Oll TR			
Contract Management / Fiscal Agent			Stephen Russell		
Permanent File		Medica	id Cost Reimbursemen	t Analysis	
For information Only			1 -	.//	
No Change in Rate		Step	hus Ru	sour	
110 Change in Rate					
Home Office: Lyric Health	Care				
Timothy J T					
	bia Gateway Drive	Suite J			
	D 21046				



St. Mark Village				Provider Number:	0 310841-00
2655 Nebraska Avenue				Date:	12/29/2009
Palm Harbor FL 34684				Fiscal Year End:	9/30/2006
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 201.29	New Rate 201.30	Effective Date 1/1/2010
runging nome	Single Level	-	201,27		1/1/2010
	Level H: AIDS		341.64	343.22	1/1/2010
	Level U: Fragile Under 21		454.26	457.10	1/1/2010
Basis:	otal Interim terim Component ottlement based on costs ior Provider Prospective data	Change	s:	ve Total Prospective Prospective Adjusted Total Prospective with	
Desk audited Desk audit -	d costs interim portion	X	Usual an Target R FRVS C Rate Sen	nd Customary Limitation at limitation change	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate				Stephen Russell d Cost Reimbursement	
Home Office:	1 - No Home Office				



St. Petersburg FL 33710 Fiscal Year End: 12/3 Audit Status: Unauch Provider Type: Current New Effective Rate Rate Date	311065-0	0 311065-0	Provider Number:]		and Care Center	ke Rehabilitation a	lagle
Rate Type: Interim	12/29/2009		Date:				h Street North	100
Provider Type: Current Rate Rate Date		12/31/2008	_			t. Petersburg FL 33710		t. Pe
Provider Type: Current Rate Rate Date		Unaudited [3	_					
Nursing Home Single Level Level H: AIDS Level U: Fragile Under 21 Af6.72 Af68.63 Af7/2010 Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited interim portion Desk audit - Interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only Af6.10 354.75 1/1/2010 X Prospective X Prospective X Prospective Af68.63 1/1/2010 Af68.63 1/1							er Type:	rov
Level H: AIDS 364.10 354.75 1/1/2010 Level U: Fragile Under 21 476.72 468.63 1/1/2010 Rate Type :								
Level H: AIDS Level U: Fragile Under 21 Several Contract Management / Fiscal Agent Permanent File		Date	Rate	Rate				
Level U: Fragile Under 21	10	1/1/2010	212.83	223.75	-	Single Level	g Home Si	Jurs
Interim	0	1/1/2010	354.75	364.10		evel H: AIDS	Lev	
Interim	0	1/1/2010	468.63	476.72		evel U: Fragile Under 21	Lev	
Interim Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis:		1, 1, 2010						
Interim Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis:								
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:							e Type :	R
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:				Prospective	v		Interim	
Interim Component			ntal Prospective			l Interim		_
Settlement based on costs Prior Provider Prospective data Basis:	'osts	or New Costs	=					
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 Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 07/01/1987 Stephen Russell Medicaid Cost Reimbursement Analysis						-		
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 Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 07/01/1987 Stephen Russell Medicaid Cost Reimbursement Analysis	Joinpone	mermi Compone	nai i iospective with i					
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 Licensure Rating Change Usual and Customary Limitation FRVS Change FRVS Change A Rate Semester Change On FRV [2] as of 07/01/1987 Stephen Russell Medicaid Cost Reimbursement Analysis						Provider Prospective data	PHOLE	_
X Unaudited costs				s:	Change		asis:	
X Unaudited costs				T. T				
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 Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 07/01/1987 Stephen Russell Medicaid Cost Reimbursement Analysis Rate Semester Change On FRV [2] as of 07/01/1987								
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 FRVS Change X Rate Semester Change On FRV [2] as of 07/01/1987 Stephen Russell Medicaid Cost Reimbursement Analysis Rate Semester Change On FRV [2] as of 07/01/1987 Stephen Russell Medicaid Cost Reimbursement Analysis		n						
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only The Rate Semester Change On FRV [2] as of 07/01/1987 Stephen Russell Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis Rate Semester Change On FRV [2] as of 07/01/1987 Stephen Russell Medicaid Cost Reimbursement Analysis			=					
Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only Rate Semester Change On FRV [2] as of 07/01/1987 Stephen Russell Medicaid Cost Reimbursement Analysis Rate Semester Change On FRV [2] as of 07/01/1987 Stephen Russell Medicaid Cost Reimbursement Analysis			nge	FRVS Chai		_		
Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only On FRV [2] as of 07/01/1987 Stephen Russell Medicaid Cost Reimbursement Analysis Russell Russell Russell								
Distribution: Contract Management / Fiscal Agent Permanent File For information Only Stephen Russell Medicaid Cost Reimbursement Analysis Russell					X			
Contract Management / Fiscal Agent Permanent File For information Only Stephen Russen Medicaid Cost Reimbursement Analysis Russell Russell] as of 07/01/1987	On FRV [2]		rospective portion		_
Permanent File For information Only Medicaid Cost Reimbursement Analysis Fundament File Reimbursement Analysis			Stephen Russell			· /E' 1 A		
For information Only Stendard Russell		Analysis	Cost Reimbursement A	Medicaid C		nt / Fiscal Agent	•	
No Change in Rate Stephen Russell	, ,	•				0.1		J
No Change in Rate		roll	y Rus	teelu		•		_
						n Rate	No Change in	-
Home Office: Traditions Management of Florida, LLC					Florida, LLC	Traditions Management of	me Office:]
1022 Main Street, Suite H						1022 Main Street, Suite H		
Dunedin FL 34698								



outh Pointe Plaza				Provider Number:	0 311308-00
2 Collins Avenue	lins Avenue Date:		Date:	12/29/2009	
Miami Beach FL 33139				Fiscal Year End:	7/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
		•	Rate	Rate	Date
Nursing Home	Single Level	•	204.14	206.27	1/1/2010
1	Level H: AIDS		344.49	348.19	1/1/2010
]	Level U: Fragile Under 21		457.11	462.07	1/1/2010
	C				
Rate Type:					
Interim		X	Prospective	:	
	al Interim			otal Prospective	
	erim Component			rospective Adjusted	for New Costs
	element based on costs			1 0	h Interim Component
	or Provider Prospective data			otal Prospective with	ii internii Component
	of Frontier Frospective data				
Basis:		Change	es:		
			T .		
Budget				Rating Change	
Unaudited cos				Customary Limitation	on
Field audited				te limitation change	
	nterim portion		FRVS Ch	ange	
Desk audited of					
Desk audit - Ir		X		ester Change	
	Prospective portion		On FRV [2] as of 04/01/1997	
Distribution:	(/E' 1 A			Stephen Russell	
Contract Manageme	ent / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis
Permanent File	0.1				•
For informa			steph	us Ru	soll
No Change	in Rate				
Home Office:	Hebrew Home Management S	Services			
	Steve Beaujon 1800 NE 168th Street, Suite 2	00			
	Miami Beach FL 33162				
	WHAIHI DEACH FL 33102				



Life Care Center of Punt	ta Gorda		Provider Number:	0 311685-00
450 Shreve Street			Date:	12/29/2009
Punta Gorda FL 33950			Fiscal Year End:	2/28/2009
			Audit Status:	Unaudited [3]
Provider Type:	Simple Lavel	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.40	211.49	1/1/2010
	Level H: AIDS	349.75	353.41	1/1/2010
	Level U: Fragile Under 21	462.37	467.29	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	sts costs nterim portion	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
Distribution: Contract Manageme	ent / Fiscal Agent		Stephen Russell	
Permanent File For informa No Change	ation Only		Cost Reimbursement	•
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



SandalWood Nursing Ce	enter			Provider Number:	0 312045-00
1001 South Beach Street				Date:	12/29/2009
Daytona Beach FL 32114	4			Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 193.91	New Rate 179.14	Effective Date 1/1/2010
runsing frome	Single Level	•	193.91		1/1/2010
1	Level H: AIDS		334.26	321.06	1/1/2010
]	Level U: Fragile Under 21		446.88	434.94	1/1/2010
Basis: Budget X Unaudited cos Field audit - in Desk audited of Desk audit - In	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File		Medicaid Cost Reimbursement Analysis			
For informa No Change	•	ليار	stype	mes Ru	ssell
Home Office:	Putnam Council, Inc. 16 Norcross Street Roswell GA 30075				



LakeWood Nursing Cer	nter		Provider Numb	per: 0 312142-00
100 North Lake Street			Da	ate: 12/29/2009
Crescent City FL 32112	<u>. </u>		Fiscal Year Er	nd: 12/31/2008
			Audit Stat	tus: Unaudited [3]
Provider Type:		Curre Rate	e Rate	Effective Date
Nursing Home	Single Level	188.	<u> 182.21</u>	1/1/2010
	Level H: AIDS	328.	63 324.13	1/1/2010
	Level U: Fragile Under 21	441.	25 438.01	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - I	costs interim portion	Changes: Lic Usu Tar FR	ensure Rating Change al and Customary Limget Rate limitation charves Change e Semester Change FRV [2] as of 11/15/2	nsted for New Costs with Interim Component nitation ange
Contract Managem	ent / Fiscal Agent		Stephen Russ	
Permanent File	-	Medicaid Cost Reimbursement Analysis		•
For informa No Change	•	Sty	ehm Z	Pussell
	III NAIT			
Home Office:	Sterling Healthcare Wendell Philips 16 Norcross St., STE 50B Roswell GA 30075			



Cross City Rehabilita	tion and Health Center		Provider Number:	0 312151-00	
583 N.E. Highway 35	1		Date:	12/29/2009	
Cross City FL 32628			Fiscal Year End:	9/30/2007	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	194.18	196.49	1/1/2010	
	Level H: AIDS	334.53	338.41	1/1/2010	
	Level U: Fragile Under 21	447.15	452.29	1/1/2010	
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk Audit	ed costs - interim portion	Usual a Target FRVS	Total Prospective Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change The Prospective with The Rating Change The Rating Ch	n Interim Component	
Distribution:	ment / Figural A cont		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	mation Only	1	In Ru	00111	
No Char	ige in Rate	my	mes / lan	,	
Home Office:	1 - No Home Office				



CrestWood Nursing Ce	nter		Provider Number:	0 312274-00		
501 South Palm Avenue			Date:	12/29/2009		
Palatka FL 32177			Fiscal Year End:	12/31/2008		
			Audit Status:	Unaudited [3]		
Provider Type:		Current Rate	New Rate	Effective Date		
Nursing Home	Single Level	186.77		1/1/2010		
	Level H: AIDS	327.12	319.84	1/1/2010		
	Level U: Fragile Under 21	439.74	433.72	1/1/2010		
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change Themselves Change Change The Change Th	n Interim Component		
Distribution:	(T)		Stephen Russell			
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis				
Permanent File For inform	ation Only		1 -	.//		
No Change	•	Sty	low Ru	sall		
Home Office:	Sterling Healthcare Wendell Philips 16 Norcross St., STE 50B Roswell GA 30075					



Savannah Cove of the	Palm Beaches			Provider Number:	0 312312-00
2090 North Congress Avenue		_ _		Date:	12/29/2009
West Palm Beach FL	33401	_		Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
	a		Rate	Rate	Date
Nursing Home	Single Level		235.73		1/1/2010
	Level H: AIDS		376.08	346.19	1/1/2010
	Level U: Fragile Under 21		488.70	460.07	1/1/2010
Rate Type:					
Interim		X	Prospectiv	ve	
	Гotal Interim		<u> </u>	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
I	Prior Provider Prospective data				
Basis:		Change	es:		
			T.'	Dating Classes	
Budget				e Rating Change	
XUnaudited Field audit		<u> </u>		d Customary Limitation change	on
			FRVS C	=	
	- interim portion		FRVS C	mange	
Desk audit	ed costs - Interim Portion	<u> X</u>	Pata Sar	nester Change	
	: - Prospective portion			[2] as of 01/26/1995	
Distribution:				Stephen Russell	
Contract Management / Fiscal Agent —			Medicaio	d Cost Reimbursement	Analysis
Permanent File					•
	mation Only		Stepl	hus Ru	sell
No Chai	age in Rate				
Hama Office	Carlord' in Management	4 C			
Home Office:	Senior Living Managemen John Panskoy	i Corporation			
	4661 Johnson Road, Suite	7			
	Coconut FL 33073				



Southlake Nursing and	Rehabilitation Center]	Provider Number:	0 312371-00	
10680 Old St. Augustin	ne Road			Date:	12/29/2009	
Jacksonville FL 32257				Fiscal Year End:	6/30/2008	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	Curr Rat 217	e	New Rate	Effective Date 1/1/2010	
Nursing Home	Single Level		.03	219.75	1/1/2010	
	Level H: AIDS	358	.18	361.67	1/1/2010	
	Level U: Fragile Under 21	470	.80	475.55	1/1/2010	
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	d costs interim portion	Changes: Lice Us Ta FR X Ra	eensure Fual and Creet Rate	Rating Change Customary Limitation change	n Interim Component	
Distribution:	out / E' and A and			Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
	nation Only e in Rate	Sty	elu	y Ru	sell	
		,				
Home Office:	Mandarin Health Group 199 N.E. 89th Street El Portal FL 33138					



avannah Cove of Maitland	I			Provider Number:	0 312550-00
301 W. Maitland Blvd				Date:	12/29/2009
Maitland FL 32751				Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	enaudited [e]
zoviaci zypov			Current	New	Effective
		-	Rate	Rate	Date
Nursing Home Sin	ngle Level	-	197.87	<u> 199.79</u> _	1/1/2010
Lev	vel H: AIDS		338.22	341.71	1/1/2010
Lev	vel U: Fragile Under 21		450.84	455.59	1/1/2010
Rate Type :					
Interim		X	Prospective	2	
Total l	Interim		X7	Total Prospective	
Interin	n Component		F	Prospective Adjusted	for New Costs
Settler	nent based on costs		7	Total Prospective with	n Interim Component
Prior F	Provider Prospective data				
Basis:		Change	s:		
		3	_		
Budget			Licensure	Rating Change	
X Unaudited costs			Usual and	l Customary Limitation	on
Field audited cos	ets			te limitation change	
Field audit - inte	rim portion		FRVS Ch	ange	
Desk audited cos	_		_		
Desk audit - Inter		<u> X</u>	Rate Seme	ester Change	
Desk Audit - Pro	spective portion	-		[2] as of 06/16/1995	
Distribution:				Stephen Russell	
Contract Management	/ Fiscal Agent		Medicaid	Cost Reimbursement	A nolygic
Permanent File					•
For information	•	اد	Eten la	in Ru	sell
No Change in	Rate		roje ir		
Home Office:	Senior Living Management C	Corporation			
	John Panskoy				
	4661 Johnson Road, Suite 7				
	Coconut FL 33073				



Children's Comprehensive	e Care Center		Provider Number:	0 312789-00
200 S.E. 19th Avenue			Date:	12/29/2009
Pompano Beach FL 3306	0		Fiscal Year End:	7/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 235.55	New Rate 245.81	Effective Date 1/1/2010
L	evel H: AIDS	375.90	387.73	1/1/2010
L	evel U: Fragile Under 21	488.52	501.61	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk audit - In	characteristics of the control of th	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
Distribution: Contract Managemer Permanent File For informat No Change i			Stephen Russell I Cost Reimbursement Russell	•
Home Office:	Broward Children's Center, Inc. Hanna Pasniewski 200 SE 19th Avenue Pompano Beach FL 33072			



Hollywood Hills Reha	bilitation Center, LLC		Provider Number:	0 313424-00		
1200 N 35th Avenue			Date:	12/29/2009		
Hollywood FL 33021			Fiscal Year End:	6/30/2008		
			Audit Status:	Unaudited [3]		
Provider Type:	Cinala I anal	Current Rate	Rate	Effective Date		
Nursing Home	Single Level	213.39	215.67	1/1/2010		
	Level H: AIDS	353.74	357.59	1/1/2010		
	Level U: Fragile Under 21	466.36	471.47	1/1/2010		
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk Audite	ed costs - interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 10/01/1985	h Interim Component		
Distribution:	mont / Figural A gant		Stephen Russell			
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
	nation Only	1+	hus Ru	2011		
No Chan	ge in Rate	ng	mes / w			
Home Office:	Herlee, Inc Harold Mandelbaum 1201 North 37th Street Hollywood FL 33021					



Lutheran Haven Nursi			Provider Number:	0 313718-00		
2041 W. State Rd. 426			Date:	12/29/2009		
Oviedo Fl 32765			Fiscal Year End:	8/31/2008		
			Audit Status:	Unaudited [3]		
Provider Type:	Charle I and	Curren Rate	Rate	Effective Date		
Nursing Home	Single Level	205.2	<u>207.06</u>	1/1/2010		
	Level H: AIDS	345.62	2 348.98	1/1/2010		
	Level U: Fragile Under 21	458.2	462.86	1/1/2010		
Basis: Budget X Unaudited c Field audite Field audit - Desk audited Desk audit -	d costs - interim portion	Usua Targe FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component		
Distribution:			Stephen Russell			
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
	nation Only	7.1	1 -			
No Chang	<u> </u>	My	hus Ru	isaci,		
Home Office:	1 - No Home Office					



Carrington Place Care Center	_		Provider Number:	0 315524-00
10501 Roosevelt Blvd. North	_		Date:	12/29/2009
St. Petersburg FL 33716	-		Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	_	Current Rate 204.52	New Rate 200.02	Effective Date 1/1/2010
Level H: AIDS		344.87	341.94	1/1/2010
Level U: Fragile Under 21	_	457.49	455.82	1/1/2010
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	Changes:	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Read Rating Change Classification Change	n Interim Component
Desk audit - Interim Portion Desk Audit - Prospective portion	X		ester Change [2] as of 10/01/1988	
Distribution:			Stephen Russell	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	<u></u>		Cost Reimbursement	•
Home Office: Traditions Management of 1022 Main Street, Suite H Dunedin FL 34698	Florida, LLC			



Life Care Center of Pens	sacola		Provider Number:	0 315664-00
3291 East Olive Road			Date:	12/29/2009
Pensacola FL 32514			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 215.40	New Rate	Effective Date 1/1/2010
	Level H: AIDS	355.75	355.49	1/1/2010
	Level U: Fragile Under 21	468.37	469.37	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	sts costs nterim portion	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
Distribution: Contract Management File For information No Change	ation Only		Stephen Russell Cost Reimbursement Russell Russell	•
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Westwood Health Care C	enter			Provider Number:	0 316075-00
1001 Mar Walt Drive				Date:	12/29/2009
Ft. Walton Beach FL 324:	57			Fiscal Year End:	12/31/2006
				Audit Status:	Unaudited [3]
Provider Type:				Tradit & tatast	
J 1			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home S	Single Level	_	209.66	212.37	1/1/2010
L	evel H: AIDS		350.01	354.29	1/1/2010
т	aval II. Emacila II ndan 21	•			
L	evel U: Fragile Under 21		462.63	468.17	1/1/2010
Rate Type :					
		T 7	D .:		
Interim	LT. c. d. c.	X	_ Prospective		
	l Interim			Total Prospective	for Nov. Costs
	im Component			Prospective Adjusted	
	ement based on costs			Total Prospective with	h Interim Component
Prior	Provider Prospective data				
Basis:		Changes	s:		
Budget				Rating Change	
X Unaudited costs				l Customary Limitation	on
Field audited co	osts		_	te limitation change	
Field audit - in	terim portion		FRVS Ch	ange	
Desk audited co	osts				
Desk audit - Int	terim Portion	X	Rate Sem	ester Change	
	rospective portion				
Distribution:				Stephen Russell	
Contract Managemer	nt / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis
Permanent File					•
For informati	•	يمسر	tenti	in Ru	sell
No Change i	n Rate			. , , .	
Home Office:	Brookdale Senior Living, Inc.				
	Russ Bellora 111 Westwood Place, Suite 200)			
	Brentwood TN 37027	J			
	Dientwood 11\ 3/02/				



Desoto Health & Rehab]	Provider Number:	0 316229-00
1002 North Brevard Avenue			Date:		12/29/2009
Arcadia FL 34266				Fiscal Year End:	11/30/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Cur Ra 23:		New Rate 237.86	Effective Date 1/1/2010
]	Level H: AIDS	376	5.23	379.78	1/1/2010
1	Level U: Fragile Under 21	488	3.85	493.66	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - in Desk audited of Desk audit - In	costs nterim portion costs	Changes:	censure F sual and C riget Rate RVS Char	Rating Change Customary Limitation change	h Interim Component
Distribution: Contract Manageme Permanent File For informa No Change	tion Only		edicaid C	Stephen Russell Cost Reimbursement Russell	•
Home Office:	Anchor Management Phil Castleberg 1344 Longhill Drive Apopka FL 32712				



San Marco Terrace Reha	abilitation and Care		Provider Number:	0 316601-00
189 San Marco Avenue			Date:	12/29/2009
St. Augustine FL 32084			Fiscal Year End:	4/30/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 175.09	New Rate 168.05	Effective Date 1/1/2010
	Level H: AIDS	315.44	309.97	1/1/2010
	Level U: Fragile Under 21	428.06	423.85	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs nterim portion	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change The Rating Chang	n Interim Component
Distribution: Contract Manageme Permanent File For informa No Change	ntion Only		Stephen Russell id Cost Reimbursement	•
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619			



Laurellwood Nursing Cen				Provider Number:	0 316628-00
127 - 57th Avenue North	1			Date:	12/29/2009
St. Petersburg FL 33714				Fiscal Year End:	5/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Sursing Home S	Single Level	-	213.19	194.18	1/1/2010
L	evel H: AIDS		353.54	336.10	1/1/2010
L	evel U: Fragile Under 21		466.16	449.98	1/1/2010
Inter Settle	osts terim portion	Changes	Licensur Usual ar	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Rate limitation change	n Interim Component
Desk audit - Int Desk Audit - Pr	respective portion	X		mester Change [2] as of 06/01/1996	
Distribution:				Stephen Russell	
Contract Management Permanent File For informati No Change in	ion Only			d Cost Reimbursement	·
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619				



HarbourWood Nursin	g Center, Inc.		Provider Number:	0 316636-00
2855 Gulf to Bay Bou	levard, Building #31		Date:	12/29/2009
Clearwater FL 33759			Fiscal Year End:	5/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 195.09	New Rate 189.30	Effective Date 1/1/2010
	Level H: AIDS	335.44	331.22	1/1/2010
	Level U: Fragile Under 21	448.06	445.10	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk Audite	ed costs - interim portion	Usual a Target FRVS X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 07/03/1996	n Interim Component
Permanent File	ment / Fiscal Agent mation Only		Stephen Russell aid Cost Reimbursement Ann Russell	•
No Chan Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619	my		



GraceWood Nursing Ce	nter, Inc.		Provider Number:	0 316644-00
8600 U.S. Highway 19 N	North		Date:	12/29/2009
Pinellas Park FL 33782			Fiscal Year End:	5/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 181.82	New Rate 183.92	Effective Date 1/1/2010
	Level H: AIDS	322.17	325.84	1/1/2010
	Level U: Fragile Under 21	434.79	439.72	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs nterim portion	Usual a Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 08/01/1998	n Interim Component
Distribution: Contract Manageme Permanent File For informa No Change	ation Only		Stephen Russell aid Cost Reimbursement Ann Russell	•
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619			



BayWood Nursing Center	, Inc		Provider Number:	0 316652-00
2000 17th Avenue South			Date:	12/29/2009
St. Petersburg FL 33712			Fiscal Year End:	5/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	181.82	176.82	1/1/2010
L	evel H: AIDS	322.17	318.74	1/1/2010
L	evel U: Fragile Under 21	434.79	432.62	1/1/2010
Basis: Budget X Unaudited costs Field audit - int Desk audited co Desk Audit - Pr	terim portion osts	Changes: Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change	n Interim Component
<u>Distribution:</u> Contract Managemen	rt / Fiscal Agent		Stephen Russell	
Permanent File For informati No Change in	on Only		d Cost Reimbursement	•
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619			



Harmony Healthcare	& Rehabilitation Center		Provider Number:	0 317136-00
2600 Courtland Street	i		Date:	12/29/2009
Sarasota FL 34237			Fiscal Year End:	7/31/2007
			Audit Status:	Unaudited [3]
Provider Type:	Single Level	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	236.34		1/1/2010
	Level H: AIDS	376.69	379.63	1/1/2010
	Level U: Fragile Under 21	489.31	493.51	1/1/2010
Basis: Budget X Unaudited of Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target l FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:	. / 27: 1. 4		Stephen Russell	
Contract Manage Permanent File	ment / Fiscal Agent	Medica	id Cost Reimbursement	Analysis
	mation Only	11.1	1 -	
	ge in Rate	super	hus Ru	yaci i
Home Office:	1 - No Home Office			



he Nursing Center at Freedom Village		Provider Number:	0 317195-00	
410 21st Avenue West	Date.		12/29/2009	
Gradenton FL 34209		Fiscal Year End:	11/30/2007	
		Audit Status:	Unaudited [3]	
Provider Type:				
• •	Current	New	Effective	
	Rate	Rate	Date	
Nursing Home Single Level	213.96	215.06	1/1/2010	
Level H: AIDS	354.31	356.98	1/1/2010	
Level U: Fragile Under 21	466.93	470.86	1/1/2010	
			1,1,2010	
Rate Type :				
	W D			
Interim	X Prospective			
Total Interim		Total Prospective	for Non-Costs	
Interim Component		Prospective Adjusted		
X Settlement based on costs		Total Prospective with	n Interim Component	
Prior Provider Prospective data				
Basis:	Changes:			
Budget	Licensur	re Rating Change		
X Unaudited costs	Usual ar	nd Customary Limitation	on	
Field audited costs	Target R	Rate limitation change		
Field audit - interim portion	FRVS C	Change		
Desk audited costs				
Desk audit - Interim Portion	X Rate Ser	nester Change		
Desk Audit - Prospective portion		[2] as of 06/23/1989		
Distribution:		Stephen Russell		
Contract Management / Fiscal Agent	Madioni	d Cost Reimbursemen	t Analysis	
Permanent File			•	
For information Only	Estens	hus Ru	sell	
No Change in Rate	noge i			
Home Office: Brookdale Senior Living, Inc.				
Russ Bellora				
111 Westwood Place, Suite 200				
Brentwood TN 37027				



Darcy Hall of Life Care	Provider Number:	0 317349-00	
2170 Palm Beach Lakes Blvd.	Date:	12/29/2009	
West Palm Beach FL 33409	Fiscal Year End:	12/31/2008	
	Audit Status:	Unaudited [3]	
Provider Type:	110010 2 10000	0	
• •	Current New	Effective	
	Rate Rate	Date	
Nursing Home Single Level	<u>198.57</u> <u>201.07</u>	1/1/2010	
Level H: AIDS	338.92 342.99	1/1/2010	
			
Level U: Fragile Under 21	451.54 456.87	1/1/2010	
Rate Type :			
Interim	X Prospective		
Total Interim	X Total Prospective		
Interim Component	Prospective Adjusted	for New Costs	
Settlement based on costs	Total Prospective wit	h Interim Component	
Prior Provider Prospective data		r	
	0		
Basis:	changes:		
	Licensum Deting Change		
Budget	Licensure Rating Change		
X Unaudited costs	Usual and Customary Limitati Target Rate limitation change	on	
Field audited costs			
Field audit - interim portion	FRVS Change		
Desk audited costs	N. C. C.		
Desk audit - Interim Portion	X Rate Semester Change On FRV [2] as of 07/01/1990		
Desk Audit - Prospective portion Distribution:			
Contract Management / Fiscal Agent	Stephen Russell		
Permanent File	Medicaid Cost Reimbursemen	t Analysis	
For information Only	/ -n		
No Change in Rate	Stephus Ru	sour	
	,		
Home Office: Life Care Centers Of America			
Doug Ruth			
3570 NW Keith Street			
Cleveland TN 37320			



Keystone Rehab. and Health Center		Provider Number:	0 317560-00
1120 West Donegan Avenue		Date:	12/29/2009
Kissimmee FL 34741		Fiscal Year End:	8/31/2008
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 203.47	New Rate 205.53	Effective Date 1/1/2010
Nursing Home Single Level			1/1/2010
Level H: AIDS	343.82	347.45	1/1/2010
Level U: Fragile Under 21	456.44	461.33	1/1/2010
Rate Type:			
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	Changes: Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent		Stephen Russell	
Permanent File		d Cost Reimbursement	•
For information Only No Change in Rate	Styl	hus Ru	sall
Home Office: 1 - No Home Office			



Parklands Rehabilitation	and Nursing Center			Provider Number:	0 317578-00
1000 S.W. 16th Avenue				Date:	12/29/2009
Gainesville FL 32601				Fiscal Year End:	3/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	R	rrent ate 5.92	New Rate 225.40	Effective Date 1/1/2010
I	Level H: AIDS	36	6.27	367.32	1/1/2010
I	Level U: Fragile Under 21	47	8.89	481.20	1/1/2010
Basis: Budget X Unaudited cos Field audit - ir Desk audited cos Desk Audit - Ir	costs nterim portion costs	Changes: L U T T T X	icensur Isual an Iarget R RVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Manageme Permanent File For information No Change	tion Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road #3 New City NY 10956)9			



Williston Rehabilitation	on and Nursing Center		Provider Number:	0 317586-00
300 N.W. 1st Ave.			Date:	12/29/2009
Williston FL 32696			Fiscal Year End:	3/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curre Rate 221.	Rate	Effective Date 1/1/2010
	Single Zever			1/1/2010
	Level H: AIDS	361.3	35 367.23	1/1/2010
	Level U: Fragile Under 21	473.9	481.11	1/1/2010
Rate Type :				
Basis: Budget X Unaudited of Field audited		Changes: Lice Usu Targ	Prospective Adjusted	ith Interim Component
Desk audite Desk audit	_		Semester Change FRV [2] as of 10/01/2006	5
Distribution:			Stephen Russell	
•	ement / Fiscal Agent	Med	licaid Cost Reimbursemen	nt Analysis
	mation Only ge in Rate		ehus Re	*
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road New City NY 10956	1 309		



Lake Bennett Health &	& Rehabilitation Center		Provider Number:	0 318761-00
1901 Kelton Ave.			Date:	12/29/2009
Ocoee FL 34761			Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.09	199.94	1/1/2010
	Level H: AIDS	338.44	341.86	1/1/2010
	Level U: Fragile Under 21	451.06	455.74	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk Audite	ed costs - interim portion	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Trotal Prospective with Trotal Prospective with Trotal Prospective with Trotal Prospective with	n Interim Component
Distribution: Contract Manage	ment / Fiscal Agent		Stephen Russell	
Permanent File For inform	mation Only ge in Rate		id Cost Reimbursement	-
Home Office:	1 - No Home Office			



Community Health an			Provider Number:	0 318779-00
3611 Transmitter Roa			Date:	12/29/2009
Panama City FL 32404	4		Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren Rate 193.9	Rate	Effective Date
Nursing Home	Single Level	193.9	9 195.94 -	1/1/2010
	Level H: AIDS	334.3	4 337.86	1/1/2010
	Level U: Fragile Under 21	446.9	6 451.74	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
Distribution:			Stephen Russell	
Contract Manager Permanent File	ment / Fiscal Agent	Med	icaid Cost Reimbursemen	nt Analysis
	nation Only	z	1 -	
	ge in Rate	My	hus Ru	sacri
Home Office:	1 - No Home Office			



Citrus Gardens of Fort Myers	_	Provider Number:	0 318787-00		
7173 Cypress Drive SW	<u> </u>	Date:	12/29/2009		
Fort Myers FL 33907	_	Fiscal Year End:	6/30/2008		
		Audit Status:	Unaudited [3]		
Provider Type: Nursing Home Single Level	Current Rate 212.42	New Rate 214.58	Effective Date 1/1/2010		
Level H: AIDS	352.77	356.50	1/1/2010		
Level U: Fragile Under 21	465.39	470.38	1/1/2010		
Rate Type:					
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis:		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	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/01/1987	on		
<u>Distribution:</u>		Stephen Russell			
Contract Management / Fiscal Agent	Medicaio	Medicaid Cost Reimbursement Analysis			
Permanent File			•		
For information Only No Change in Rate	Steph	hus Ru	sall		
Home Office: 1 - No Home Office					



The Court at Palm-Aire			Provider Number:	0 318795-00		
2701 North Course Driv			Date:	12/29/2009		
Pompano Beach FL 330	69		Fiscal Year End:	6/30/2008		
			Audit Status:	Unaudited [3]		
Provider Type:	Single Level	Curren Rate	Rate	Effective Date		
Nursing Home	Single Level		229.76	1/1/2010		
	Level H: AIDS	367.9	4 371.68	1/1/2010		
	Level U: Fragile Under 21	480.5	6 485.56	1/1/2010		
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	costs nterim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	ch Interim Component on		
Distribution:	(77)		Stephen Russell			
Contract Manageme Permanent File	ent / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
For informa	ation Only	14	hus Ru			
No Change	in Rate	ng	mus tu			
Home Office:	FiveStar Quality Care Inc 400 Centre Street Newton MA 02458					



	care and Rehabilitation			Provider Number:	0 319244-00
5111 Palmer Ranch Parkway				Date:	12/29/2009
Sarasota Fl 34238				Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:	Single Level	_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	231.75		1/1/2010
	Level H: AIDS	<u>-</u>	372.10	386.66	1/1/2010
	Level U: Fragile Under 21		484.72	500.54	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<u>Distribution:</u>				Stephen Russell	
•	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File					-
	mation Only ge in Rate	مسير	type	mes Ru	sell
	5 I				
Home Office:	1 - No Home Office				



Deep Creek Rehab & Nu	ursing Center			Provider Number:	0 319325-00
25325 Rampart Blvd				Date:	12/29/2009
Port Charlotte FL 33983	· 			Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
	C	•	Rate	Rate	Date
Nursing Home	Single Level		224.54		1/1/2010
	Level H: AIDS		364.89	359.78	1/1/2010
	Level U: Fragile Under 21		477.51	473.66	1/1/2010
	Level C. Fragile Older 21			473.00	1/1/2010
Rate Type :					
Interim		<u>X</u>	Prospectiv		
	tal Interim			Total Prospective	C. M. G.
	erim Component			Prospective Adjusted	
	tlement based on costs			Total Prospective with	h Interim Component
Prio	or Provider Prospective data				
Basis:		Change	es:		
Budget			Licensur	e Rating Change	
X Unaudited cos				d Customary Limitation	on
Field audited	costs			ate limitation change	
Field audit - i	interim portion		FRVS C	hange	
Desk audited	costs				
	nterim Portion	X		nester Change	
	Prospective portion		On FRV	[2] as of 05/15/1990	
Distribution:				Stephen Russell	
Contract Manageme	ent / Fiscal Agent		Medicaid	l Cost Reimbursemen	t Analysis
Permanent File					•
For informa	•		Steel	hus Ru	sell
No Change	in Rate				
Home Office:	SBK Capital, LLC				
	Larry Shrewsbury				
	1935 Garraux Road, Northw	est			
	Atlanta GA 30327				



Harbour Health Center			Provider Number:	0 319333-00
23013 Westchester Boul	levard		Date:	12/29/2009
Port Charlotte FL 33980			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
	a	Rate	Rate	Date
Nursing Home	Single Level	209.76		1/1/2010
	Level H: AIDS	350.11	354.01	1/1/2010
	Level U: Fragile Under 21	462.73	467.89	1/1/2010
Rate Type :				
Interim		X Prospective		
	tal Interim		otal Prospective	
	erim Component		ospective Adjusted	for New Costs
	tlement based on costs		= -	n Interim Component
	or Provider Prospective data		van 110speen ve waa	a morani component
	or reconstruction of the second of the secon	CI		
Basis:		Changes:		
D. 4		Licensure L	Rating Change	
Budget X Unaudited cos	ata			
Field audited			Customary Limitation change)II
		FRVS Char	_	
	nterim portion	- FRVS Clian	nge	
Desk audited		X Rate Semes	4 Cl	
	nterim Portion Prospective portion		as of 11/01/2000	
Distribution:	rr			
Contract Manageme	ent / Fiscal Agent		Stephen Russell	
Permanent File			Cost Reimbursement	•
For informa	ntion Only	Steph	7	and/
No Change	•	ngm	y tu	
		•		
Home Office:	SHP Senior Living Services, LL	~		
Home Office.	Linda Guevarez	<u>_</u>		
	2701 N. Rocky Point Drive, Ste	1160		
	Tampa FL 33607			



Dove Healthcare at Lak	e Wales			Provider Number:	0 319341-00	
730 North Scenic Highway				Date:	12/29/2009	
Lake Wales FL 33853			Fiscal Year End:		8/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 192.73	New Rate 194.25	Effective Date 1/1/2010	
	Single Devel				1/1/2010	
	Level H: AIDS		333.08	336.17	1/1/2010	
	Level U: Fragile Under 21		145.70	450.05	1/1/2010	
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change	n Interim Component	
Distribution: Contract Managem	ent / Fiscal Agent	Stephen Russell				
Permanent File	ont / Piscai Agont	Medicaid Cost Reimbursement Analysis				
For information No Change	•	J.	t ye ti	m, Ru	mell	
Home Office:	Dove Healthcare, L.L.C. 9310 Apison Pike #4 Ooltewah TN 37363-8629					



Atrium Healthcare Cente	er			Provider Number:	0 319376-00
9960 Atrium Way				Date:	12/29/2009
Jacksonville FL 32225				Fiscal Year End:	2/28/2007
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level]	errent Rate 33.19	New Rate 183.26	Effective Date 1/1/2010
ruising Home	Single Level			103.20	1/1/2010
	Level H: AIDS	32	23.54	325.18	1/1/2010
	Level U: Fragile Under 21	4	36.16	439.06	1/1/2010
Basis: X Budget Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs nterim portion	Changes:	Licensur Usual an Farget R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change	n Interim Component
Distribution: Contract Manageme	ent / Fiscal Agent	Stephen Russell Medicaid Cost Reimbursement Analysis			
Permanent File For informa No Change	•			d Cost Reimbursement	
Home Office:	1 - No Home Office				



Consulate Health Care of Jackson	nville		Provider Number:	0 319503-00
2101 Southpoint Drive East acksonville FL 32216		Date:		12/29/2009
			Fiscal Year End:	8/31/2005
			Audit Status:	Unaudited [3]
Provider Type:			radit Status.	Chadarea [5]
Trovince Types		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single	Level	212.93	215.67	1/1/2010
Level H:	AIDS	353.28	357.59	1/1/2010
Level U:	Fragile Under 21	465.90	471.47	1/1/2010
Rate Type :				
Interim		X Prospective		
Total Interior			otal Prospective	
Interim Con			ospective Adjusted	for New Costs
	ased on costs		1 0	n Interim Component
			nai i iospective witi	i internii Component
Prior Provid	er Prospective data			
Basis:	Ch	anges:		
D . 1		Licensure I	Pating Change	
Budget			Rating Change	
Unaudited costs			Customary Limitation	on
Field audited costs	. -		e limitation change	
Field audit - interim po	ortion	FRVS Cha	nge	
Desk audited costs	.	- T	a di	
Desk audit - Interim Po		X Rate Semes	ster Change as of 08/09/1996	
Desk Audit - Prospecti Distribution:	ve portion	Oli FRV [2	<u>- </u>	
Contract Management / Fisc	al Agent		Stephen Russell	
Permanent File	ar rigent	Medicaid C	Cost Reimbursement	Analysis
For information Onl	V	1	-7	.//
No Change in Rate	,	Steph	n Ku	sell
140 Change in Rate				
Home Office: Con	sulate Health Care, Inc.			
	ny Urbanovich			
	Concourse Parkway South			
	tland FL 32751			



Consulate Health Care of Ki	ssimmee		Provider Number:	0 319511-00
2511 John Young Parkway North			Date:	12/29/2009
Xissimmee FL 34741			Fiscal Year End:	8/31/2005
			Audit Status:	Unaudited [3]
Provider Type:			Tradit 2 tatas	
3 F		Current	New	Effective
		Rate	Rate	Date
Nursing Home Sin	gle Level	203.60	206.26	1/1/2010
Leve	el H: AIDS	343.95	348.18	1/1/2010
Leve	el U: Fragile Under 21	456.57	462.06	1/1/2010
Rate Type :				
Interim		X Prospective		
Total Ir	nterim	X To	otal Prospective	
Interim	Component	Pr	ospective Adjusted	for New Costs
Settlem	ent based on costs	To	otal Prospective with	n Interim Component
	ovider Prospective data		•	•
Basis:		nanges:		
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Budget			Rating Change	
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Field audited cost			=	
Field audit - interior		FRVS Cha	nge	
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Desk audit - Interi			ster Change] as of 08/20/1999	
Desk Audit - Pros	pective portion	Oli FRV [2		
Contract Management /	Fiscal Agent		Stephen Russell	
Permanent File	- 10-111 / 1 5 0111	Medicaid C	Cost Reimbursement	Analysis
For information	Only	1	-73	.11
No Change in F	•	Steph	n Ku	sour
	·····			
Home Office:	Consulate Health Care, Inc.			
Home Office.	Kathy Urbanovich			
	800 Concourse Parkway South			
	Maitland FL 32751			



Consulate Health Care	e of Melbourne			Provider Number:	0 319520-00		
3033 Sarno Road				Date:	12/29/2009		
Melbourne FL 32934				Fiscal Year End:	1/31/2005		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
NI II	C' and Tarana		Rate	Rate	Date		
Nursing Home	Single Level		204.81		1/1/2010		
	Level H: AIDS		345.16	349.71	1/1/2010		
	Level U: Fragile Under 21		457.78	463.59	1/1/2010		
Data Type							
Rate Type :							
Interim		X	Prospectiv				
	Cotal Interim		<u>X</u>	Total Prospective			
	nterim Component	Prospective Adjusted for New Costs					
S	ettlement based on costs			Total Prospective with	n Interim Component		
P	rior Provider Prospective data						
Basis:		Chang	ges:				
Budget			Licensur	e Rating Change			
X Unaudited of				d Customary Limitation	on		
Field audite	ed costs		Target Rate limitation change				
Field audit	- interim portion		FRVS C	hange			
Desk audite	ed costs						
Desk audit	- Interim Portion	X					
Desk Audit	- Prospective portion		On FRV	[2] as of 08/19/1994			
Distribution:				Stephen Russell			
_	ment / Fiscal Agent		Medicaid Cost Reimbursement Analysis				
Permanent File					•		
	mation Only	_	Steel	hus Ru	sell		
No Chan	ge in Rate			. , , ,			
Home Office:	Consulate Health Care, Inc.						
	Kathy Urbanovich	+1 ₂					
	800 Concourse Parkway Sou	ш					
	Maitland FL 32751						



Consulate Health Care of	f Orange Park			Provider Number:	0 319538-00
215 Kingsley Avenue				Date:	12/29/2009
Orange Park FL 32073				Fiscal Year End:	8/31/2005
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	213.23	215.97	1/1/2010
]	Level H: AIDS	_	353.58	357.89	1/1/2010
1	Level U: Fragile Under 21	-	466.20	471.77	1/1/2010
Inte Sett	costs nterim portion	Changes	Licensur Usual an	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation The Rating Change The Rating Chan	n Interim Component
Desk audit - Ir Desk Audit - F	nterim Portion Prospective portion	X		mester Change [2] as of 01/01/1990	
Distribution:	-			Stephen Russell	
Contract Manageme Permanent File For informa No Change	tion Only			d Cost Reimbursement	•
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751	1			



Consulate Health Care of	West Altamonte		Provider Number:	0 319546-00
1099 W. Town Parkway			Date:	12/29/2009
Altamonte Springs FL 32714			Fiscal Year End:	1/31/2005
			Audit Status:	Unaudited [3]
Provider Type:			riddi Status.	
-10 (1401 - 1) Pot		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	212.25	215.08	1/1/2010
I	Level H: AIDS	352.60	357.00	1/1/2010
T				
I	Level U: Fragile Under 21	465.22	470.88	1/1/2010
Rate Type:				
Interim		X Prospective		
Tota	al Interim	X To	otal Prospective	
Inte	rim Component	Pr	ospective Adjusted	for New Costs
Sett	lement based on costs	To	otal Prospective with	h Interim Component
Prio	r Provider Prospective data			
Basis:	C	hanges:		
Dusis		nungest		
Budget		Licensure I	Rating Change	
X Unaudited cost	ts —		Customary Limitation	o n
Field audited o			e limitation change	
Field audit - in		FRVS Cha	=	
Desk audited c	·			
Desk audited C		X Rate Semes	ster Change	
	Prospective portion		as of 02/17/1994	
Distribution:			Stephen Russell	
Contract Manageme	nt / Fiscal Agent	M-4:'16		t A malroia
Permanent File			Cost Reimbursement	•
For informat	tion Only	Steph	a Ra	sell
No Change	in Rate	my w.		
Home Office:	Consulate Health Care, Inc.			
	Kathy Urbanovich			
	800 Concourse Parkway South			
	Maitland FL 32751			



Franco Nursing and Reha	abilitation Center		Provider Number:	0 319554-00
800 NW 95th Street		Date: 1		12/29/2009
Miami FL 33150			Fiscal Year End:	7/31/2005
			Audit Status:	Unaudited [3]
Provider Type:				
••		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	192.85	195.54	1/1/2010
1	Level H: AIDS	333.20	337.46	1/1/2010
]	Level U: Fragile Under 21	445.82	451.34	1/1/2010
				1, 1, 2010
Rate Type:				
Interim		V Dragmantiva		
	al Intarim	X Prospective	otal Prograativa	
	al Interim		otal Prospective ospective Adjusted	for Nov. Costs
	erim Component			
	lement based on costs	10	otai Prospective with	h Interim Component
Pric	or Provider Prospective data			
Basis:		Changes:		
				
Budget		Licensure 1	Rating Change	
X Unaudited cos	ts	Usual and	Customary Limitation	on
Field audited	costs	Target Rate	e limitation change	
Field audit - in	nterim portion	FRVS Cha	nge	
Desk audited of	_			
Desk audit - Ir		X Rate Seme	ster Change	
Desk Audit - I	Prospective portion	On FRV [2	as of 01/04/1996	
Distribution:			Stephen Russell	
Contract Manageme	ent / Fiscal Agent	Madiacid	Cost Reimbursemen	t Analysis
Permanent File				•
For informa	tion Only	St. solo	us Ru	sell
No Change	in Rate	my in		
Home Office:	Consulate Health Care, Inc.			
	Kathy Urbanovich			
	800 Concourse Parkway South			
	Maitland FL 32751			



Consulate Health Ca	re of Bayonet Point			Provider Number:	0 319651-00
8132 Hudson Avenu	e	_			12/29/2009
Hudson FL 34667		_		Date: Fiscal Year End:	8/31/2005
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
	a		Rate	Rate	Date
Nursing Home	Single Level		201.11	203.79	1/1/2010
	Level H: AIDS		341.46	345.71	1/1/2010
	Level U: Fragile Under 21		454.08	459.59	1/1/2010
Data Type					
Rate Type :					
Interim		X	Prospectiv		
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Chang	ges:		
Budget			Licensur	e Rating Change	
X Unaudited				d Customary Limitation	on
Field audi	ited costs			ate limitation change	
Field audi	it - interim portion		FRVS C	hange	
Desk audi					
	t - Interim Portion	X		nester Change	
	it - Prospective portion		On FRV	[2] as of 02/22/1993	
Distribution:	ement / Fiscal Agent			Stephen Russell	
Permanent File	<u> </u>		Medicaid	l Cost Reimbursement	Analysis
	ormation Only			/	//
	inge in Rate	يسـ	Step 1	hus Ru	sell
No Clia	ingo in Naic				
II 065	Company III III Company				
Home Office:	Consulate Health Care, In Kathy Urbanovich	С.			
	800 Concourse Parkway S	outh			
	Maitland FL 32751				
	2.2				



Consulate Health Care of	of Brandon		Provider Number:	0 319660-00
701 Victoria Street			Date:	12/29/2009
Brandon FL 33510			Fiscal Year End:	1/31/2005
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 207.97	New Rate 210.62	Effective Date 1/1/2010
	Level H: AIDS	348.32	352.54	1/1/2010
	Level U: Fragile Under 21	460.94	466.42	1/1/2010
Basis: Budget X Unaudited coeffield audit - i Desk audited Desk Audit - I Desk Audit - I	sts costs interim portion	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:	ont / Fiscal Agant		Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis		
For informa No Change	•	Styl	m, Ru	mell
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Car	re of Lake Parker		Provider Number	:: 0 319678-00
2020 W. Lake Parker	Drive		Date	: 12/29/2009
Lakeland FL 33805			Fiscal Year End:	9/30/2005
			Audit Status	
Provider Type:				
• •		Curren	t New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	209.2	1 212.01	1/1/2010
	Level H: AIDS	349.5	5 353.93	1/1/2010
	Level U: Fragile Under 21	462.1	8 467.81	1/1/2010
Rate Type:				
Interim		X Prospe	ective	
	Total Interim	X		
	Interim Component		Prospective Adjuste	ed for New Costs
	Settlement based on costs			vith Interim Component
	Prior Provider Prospective data			The same of the sa
	The state of the s			
Basis:		Changes:		
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Budget X Unaudited	opets			ation
Field audit			l and Customary Limita et Rate limitation chang	
			S Change	
	t - interim portion	FKV	S Change	
Desk audite		X Rate	Camanatan Chaman	
	- Interim Portion t - Prospective portion		Semester Change RV [2] as of 05/14/199	90
Distribution:				
Contract Manage	ement / Fiscal Agent		Stephen Russell	
Permanent File	<u> </u>		caid Cost Reimbursem	•
For infor	rmation Only	1.	hus Re	
	nge in Rate	-30 je	my Ki	week!
		•		
Home Office:	Consulate Health Care, Inc.			
nome office.	Kathy Urbanovich			
	800 Concourse Parkway South			
	ooo concourse rankway boats			



Consulate Health Care of	Pensacola		Provider Number:	0 319686-00
235 W. Airport Blvd.		Date:		12/29/2009
Pensacola FL 32505			Fiscal Year End:	1/31/2005
			Audit Status:	Unaudited [3]
Provider Type:			Tradit Status	
-J F		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	198.72	201.22	1/1/2010
I	evel H: AIDS	339.07	343.14	1/1/2010
.	111 5 11 11 1 21			
I	Level U: Fragile Under 21	451.69	457.02	1/1/2010
Rate Type :				
Interim		X Prospective		
	al Interim		otal Prospective	
	rim Component		ospective Adjusted	for New Costs
	lement based on costs		1 0	h Interim Component
	r Provider Prospective data		otal Prospective with	ii interim component
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Unaudited cost Field audited c			Customary Limitation change	on
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Field audit - in	_	FRVS Cha	nge	
Desk audited c		V D 0	oton Change	
Desk audit - In	rospective portion		ster Change] as of 01/08/1997	
Distribution:	Tospective portion	0111112		
Contract Managemen	nt / Fiscal Agent		Stephen Russell	
Permanent File	Č		Cost Reimbursement	•
For informat	ion Only	1	7	
No Change	•	Steph	u Ku	yacvi
		•		
Home Office:	Consulate Health Care, Inc.			
1101110 0111100.	Kathy Urbanovich			
	800 Concourse Parkway South			
	Maitland FL 32751			



Consulate Health Care of	Safety Harbor		Provider Number:	0 319694-00
1410 Fourth Street North			Date:	12/29/2009
Safety Harbor FL 34695			Fiscal Year End:	8/31/2005
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 210.44	New Rate 213.13	Effective Date 1/1/2010
L	evel H: AIDS	350.79	355.05	1/1/2010
L	evel U: Fragile Under 21	463.41	468.93	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk audit - In	s osts terim portion osts	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
Distribution: Contract Management Permanent File For informate No Change in	ion Only		Stephen Russell Cost Reimbursement Russell	•
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Care of	f St. Petersburg		Provider Number:	0 319708-00
9393 Park Boulevard			Date:	12/29/2009
Seminole FL 33777			Fiscal Year End:	8/31/2005
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 209.37	New Rate 212.15	Effective Date 1/1/2010
1	Level H: AIDS	349.72	354.07	1/1/2010
1	Level U: Fragile Under 21	462.34	467.95	1/1/2010
Basis: Budget X Unaudited cos Field audit - in Desk audited co	ts costs nterim portion costs	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation change	n Interim Component
Distribution: Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell Cost Reimbursement Russell	•
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Care of T	allahassee		Provider Number:	0 319716-00	
650 Phillips Road		Date:		12/29/2009	
Callahassee FL 32308			Fiscal Year End:	9/30/2005	
			Audit Status:	Unaudited [3]	
Provider Type:					
-Jpov		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home Si	ngle Level	212.45	214.54	1/1/2010	
Lev	vel H: AIDS	352.80	356.46	1/1/2010	
La	val II. Fragila Undar 21	465.42	470.24	1/1/2010	
Lev	vel U: Fragile Under 21	465.42	470.34	1/1/2010	
Rate Type :					
		V Duranastina			
Interim		X Prospective	otal Ducamantiva		
	nterim	Total Prospective Prospective Adjusted for New Costs			
	n Component		1 5		
	nent based on costs	T	otal Prospective with	h Interim Component	
Prior F	Provider Prospective data				
Basis:		Changes:			
,					
Budget	_	Licensure	Rating Change		
X Unaudited costs			Customary Limitation	on	
Field audited cos	ts	Target Rat	e limitation change		
Field audit - inte	rim portion	FRVS Cha	ange		
Desk audited cos	ts				
Desk audit - Inter	rim Portion	X Rate Seme	ster Change		
Desk Audit - Pro	spective portion	On FRV [2	2] as of 04/01/1992		
Distribution:			Stephen Russell		
Contract Management	/ Fiscal Agent	Medicoid (Cost Reimbursemen	t Analysis	
Permanent File				•	
For informatio	•	Esten la	us Ru	sell	
No Change in	Rate	- Joje w			
			1		
Home Office:	Consulate Health Care, Inc.				
	Kathy Urbanovich				
	800 Concourse Parkway South				
	Maitland FL 32751				



Consulate Health Care of Winter H	aven		Provider Number:	0 319724-00	
701 Lake Alfred Road		Date:		12/29/2009	
Vinter Haven FL 33881			Fiscal Year End:	8/31/2005	
			Audit Status:	Unaudited [3]	
Provider Type:					
. 1		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home Single L	evel	198.82	201.42	1/1/2010	
Level H: A	IDS	339.17	343.34	1/1/2010	
Level U: Fi	ragile Under 21	451.79	457.22	1/1/2010	
				1, 1, 2010	
Rate Type :					
Interim	,	X Prospective			
Total Interim			otal Prospective		
Interim Compo	onant		ospective Adjusted	for New Costs	
			1 5		
Settlement bas		10	otai Prospective witi	n Interim Component	
Prior Provider	Prospective data				
Basis:	Cha	nges:			
		<u>.</u>			
Budget	<u></u>	Licensure F	Rating Change		
X Unaudited costs			Customary Limitation	on	
Field audited costs		Target Rate	e limitation change		
Field audit - interim port	ion	FRVS Cha	nge		
Desk audited costs					
Desk audit - Interim Port	ion	X Rate Semes	ster Change		
Desk Audit - Prospective	portion	On FRV [2] as of 10/02/1998		
Distribution:			Stephen Russell		
Contract Management / Fiscal	Agent —	Madicaid C	Cost Reimbursement	Δ nalveie	
Permanent File				•	
For information Only		3ty lu	as Rus	sell	
No Change in Rate	-	my in			
	late Health Care, Inc.				
Kathy	Urbanovich				
	oncourse Parkway South				
Maitla	nd FL 32751				



onsulate Health Care of Lakeland		Provider Number:	0 319953-00	
245 North Socrum Loop Road	Date:		12/29/2009	
akeland FL 33809		Fiscal Year End:	1/31/2005	
		Audit Status:	Unaudited [3]	
rovider Type:				
V 1	Current	New	Effective	
	Rate	Rate	Date	
ursing Home Single Level	195.99	198.53	1/1/2010	
Level H: AIDS	336.34	340.45	1/1/2010	
Level U: Fragile Under 21	448.96	454.33	1/1/2010	
Ç				
Rate Type:				
Interim	X Prospective			
Total Interim		otal Prospective		
Interim Component		rospective Adjusted	for New Costs	
Settlement based on costs	T	'otal Prospective wit	h Interim Component	
Prior Provider Prospective data		1	1	
	Cl			
Basis:	Changes:			
Pudget	Licensure	Rating Change		
Budget X Unaudited costs		Customary Limitation	on.	
Field audited costs		te limitation change	OII .	
Field audit - interim portion	FRVS Cha	=		
1	- TRVS CIR	inge		
Desk audited costs Desk audit - Interim Portion	X Rate Seme	ester Change		
Desk Audit - Prospective portion		2] as of 04/01/1998		
<u>Distribution:</u>		Stephen Russell		
Contract Management / Fiscal Agent	35.00.00			
Permanent File		Cost Reimbursement	•	
For information Only	et al.	us Ru	raell	
No Change in Rate	my	us / la	,	
Home Office: Consulate Health Care, Inc.				
Kathy Urbanovich				
800 Concourse Parkway South Maitland FL 32751				



Consulate Health Care Of New Port Richey	Provider Number	: 0 319970-00
417 County Road 54	Date	: 12/29/2009
New Port Richey FL 34653	Fiscal Year End:	-
	Audit Status	-
Provider Type:	Tudit Status	
	Current New	Effective
	Rate Rate	Date
Nursing Home Single Level	202.61 205.24	1/1/2010
Level H: AIDS	342.96 347.16	1/1/2010
Level U: Fragile Under 21	455.58 461.04	1/1/2010
Level O. Pragne Older 21	433.36 401.04	1/1/2010
Rate Type :		
	V Duranti	
Interim	Y Total Prospective	
Total Interim	X Total Prospective	d for Non Coata
Interim Component	Prospective Adjuste	
Settlement based on costs	Total Prospective w	rith Interim Component
Prior Provider Prospective data		
Basis: C	hanges:	
Budget	Licensure Rating Change	
X Unaudited costs	Usual and Customary Limita	tion
Field audited costs	Target Rate limitation chang	e
Field audit - interim portion	FRVS Change	
Desk audited costs		
Desk audit - Interim Portion	X Rate Semester Change	
Desk Audit - Prospective portion	On FRV [2] as of 04/01/199	8
Distribution:	Stephen Russell	
Contract Management / Fiscal Agent		
Permanent File	Medicaid Cost Reimburseme	•
For information Only	Stephus Re	well
No Change in Rate	my mis	
Home Office: Consulate Health Care, Inc.		
Kathy Urbanovich		
800 Concourse Parkway South		
Maitland FL 32751		



Consulate Health Care of North Fort Myers 991 Pondella Road			Provider Number:	0 320111-00
			Date:	12/29/2009
North Ft. Myers FL 3	33903		Fiscal Year End:	1/31/2005
			Audit Status:	Unaudited [3]
Provider Type:				
• •		Curren		Effective
	a	Rate	Rate	Date
Nursing Home	Single Level	196.1	<u>199.12</u> _	1/1/2010
	Level H: AIDS	336.53	3 341.04	1/1/2010
	Level U: Fragile Under 21	449.1	5 454.92	1/1/2010
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs	Usua	Total Prospective Prospective Adjusted	h Interim Component
Field audi Desk audit Desk audit	t - interim portion	FRV X Rate	S Change Semester Change RV [2] as of 04/01/1998	
Distribution:			Stephen Russell	
•	ement / Fiscal Agent	Medi	caid Cost Reimbursemen	t Analysis
Permanent File	rmation Only			•
	nge in Rate	Sty	hus Ru	sell
Home Office:	Consulate Health Care, Inc Kathy Urbanovich 800 Concourse Parkway So Maitland FL 32751	ıth		



Consulate Health Care of Po	ort Charlotte			Provider Number:	0 320129-00
18480 Toledo Blade Boulev	ard			Date:	12/29/2009
Port Charlotte FL 33948				Fiscal Year End:	5/31/2005
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N			Rate	Rate	Date
Nursing Home Sin	ngle Level	_	197.28	200.01	1/1/2010
Lev	rel H: AIDS		337.63	341.93	1/1/2010
Lev	vel U: Fragile Under 21	_	450.25	455.81	1/1/2010
	•	_			
Rate Type :					
		₹7	D .:		
Interim		<u>X</u>	Prospectiv X		
Total I				Total Prospective	for New Costs
	n Component			Prospective Adjusted	
	nent based on costs			Total Prospective with	1 Interim Component
Prior P	rovider Prospective data				
Basis:		Changes:			
			=		
Budget			Licensur	e Rating Change	
X Unaudited costs			Usual an	d Customary Limitatio	on
Field audited cos	ts		Target R	ate limitation change	
Field audit - inter	rim portion		FRVS C	hange	
Desk audited cost	•		•		
Desk audit - Inter		X	Rate Sen	nester Change	
Desk Audit - Pros	spective portion	-	On FRV	[2] as of 03/12/1998	
Distribution:				Stephen Russell	
Contract Management /	Fiscal Agent		Madiania		A = a1aia
Permanent File				Cost Reimbursement	•
For information	n Only		1-01	un Ru	raell
No Change in 1	Rate		rze u	ny / w	
Home Office:	Consulate Health Care, Inc.				
22011001	Kathy Urbanovich				
	800 Concourse Parkway South	ı			
	Maitland FL 32751				



Consulate Health Care o	f Sarasota		Provider Number:	0 320137-00
4783 Fruitville Road			Date:	12/29/2009
Sarasota FL 34232			Fiscal Year End:	8/31/2005
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 233.71	New Rate	Effective Date 1/1/2010
G				
	Level H: AIDS	374.06	375.31	1/1/2010
	Level U: Fragile Under 21	486.68	489.19	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	sts costs nterim portion	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
Distribution: Contract Manageme	ant / Fiscal Agant		Stephen Russell	
Permanent File For informa No Change	ntion Only		Cost Reimbursement	•
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Care	of Vero Beach		Provider Number:	0 320145-00
1310 37th Street			Date:	12/29/2009
Vero Beach FL 32960			Fiscal Year End:	8/31/2005
			Audit Status:	
Provider Type:				
••		Curren	t New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	202.0	9 205.04	1/1/2010
	Level H: AIDS	342.4	4 346.96	1/1/2010
	Laval II: Fragila Under 21			
	Level U: Fragile Under 21	455.0	460.84	1/1/2010
Rate Type :				
Interim		X Prospe		
	otal Interim	X		16 N G
	terim Component		Prospective Adjusted	
	ettlement based on costs		Total Prospective wi	ith Interim Component
Pr	ior Provider Prospective data			
Basis:		Changes:		
Budget		Lice	nsure Rating Change	
X Unaudited co	osts	Usua	l and Customary Limitat	ion
Field audited	l costs	Targ	et Rate limitation change	,
Field audit -	interim portion	FRV	S Change	
Desk audited	-			
	Interim Portion	X Rate	Semester Change	
	Prospective portion		RV [2] as of 04/01/1998	3
Distribution:			Stephen Russell	
Contract Managem	nent / Fiscal Agent	Madi	caid Cost Reimbursemen	nt Analysis
Permanent File				•
For inform	nation Only	l.t.w	hus Re	well
No Chang	e in Rate	My		
Home Office:	Consulate Health Care, Inc.			
	Kathy Urbanovich			
	800 Concourse Parkway South			
	Maitland FL 32751			



Consulate Health Care of	of West Palm Beach		Provider Number:	0 320153-00
626 Davis Road	_		Date:	12/29/2009
West Palm Beach FL 33	3406		Fiscal Year End:	8/31/2005
			Audit Status:	Unaudited [3]
Provider Type:			radit Status.	- Chaudhed [3]
- 10 (1001 - 1) p 00		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	208.92	211.83	1/1/2010
	Level H: AIDS	349.27	353.75	1/1/2010
	Level U: Fragile Under 21	461.89	467.63	1/1/2010
	Level 6. Fragile Glider 21	401.69	407.03	1/1/2010
Rate Type :				
Rate Type:				
Interim	<u>-</u>	X Prospective		
To	tal Interim		otal Prospective	
Int	erim Component	Pr	ospective Adjusted	for New Costs
Set	ttlement based on costs	Te	otal Prospective with	h Interim Component
Pri	or Provider Prospective data			
Basis:		Changes:		
Dasis.	<u> </u>	changes.		
D. I.		Licancura	Rating Change	
Budget				
X Unaudited co			Customary Limitation	on
Field audited	•		e limitation change	
	interim portion	FRVS Cha	nge	
Desk audited			. CI	
	Interim Portion		ster Change 2] as of 04/01/1998	
	Prospective portion	Oli FKV [2	J 48 01 04/01/1998	
Distribution:	ont / Fiscal Agant		Stephen Russell	
Contract Managem	ent / Fiscai Agent	Medicaid (Cost Reimbursemen	t Analysis
Permanent File	ation Only			•
For informa	•	Steph	us Ru	sell
No Change	e in Kate		-	
Home Office:	Consulate Health Care, Inc.			
	Kathy Urbanovich			
	800 Concourse Parkway South			
	Maitland FL 32751			



Zephyr Haven Health &	Rehab Center, Inc.			Provider Number:	0 320391-00
38250 A Avenue				Date:	12/29/2009
Zephyrhills FL 33542				Fiscal Year End:	2/28/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		197.99	196.39	1/1/2010
]	Level H: AIDS		338.34	338.31	1/1/2010
]	Level U: Fragile Under 21		450.96	452.19	1/1/2010
Basis: Budget X Unaudited cos Field audit - in Desk audited of Desk audit - In	costs nterim portion costs nterim Portion	Chang	Licensure Usual and Target Rate FRVS Cha	Rating Change Customary Limitation change	h Interim Component
Distribution:	Prospective portion		Oli FRV [2		
Contract Manageme	ent / Fiscal Agent		<u> </u>	Stephen Russell	
Permanent File For informa No Change	tion Only			Cost Reimbursement	-
Home Office:	Adventist Care Centers				
	602 Courtland Street, Suite 2 Orlando FL 32804	200			



Zephyrhills Health & Re	hab Center, Inc.			Provider Number:	0 320404-00
350 Dairy Road				Date:	12/29/2009
Zephyrhills FL 33540				Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
7 1			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		210.83	212.00	1/1/2010
]	Level H: AIDS		351.18	353.92	1/1/2010
,	Lavel II. Emacile Under 21				
ı	Level U: Fragile Under 21		463.80	467.80	1/1/2010
Rate Type :					
		=-			
Interim	17	X	Prospective		
	al Interim			otal Prospective	
	erim Component			rospective Adjusted	
	lement based on costs		1	otal Prospective with	n Interim Component
Prio	or Provider Prospective data				
Basis:		Change	es:		
-					
Budget			Licensure	Rating Change	
X Unaudited cos	ts		Usual and	Customary Limitatio	on
Field audited	costs		Target Ra	te limitation change	
Field audit - in	nterim portion		FRVS Ch	ange	
Desk audited of	_				
Desk audit - Ir		X	Rate Seme	ester Change	
Desk Audit - F	Prospective portion	-		2] as of 06/23/1998	
Distribution:				Stephen Russell	
Contract Manageme	ent / Fiscal Agent		Mediesia		A nolucio
Permanent File				Cost Reimbursement	•
For informa	tion Only		at in hi	us Ru	sell
No Change	in Rate		ngen		
Home Office:	Sunbelt Health Care Centers,	Inc.			
	Kevin Sadler				
	602 Courtland Street				
	Orlando FL 32804				



Sunbelt Health & Rehab	Center - Apopka, Inc.			Provider Number:	0 320412-00
305 E. Oak Street				Date:	12/29/2009
Apopka FL 32703				Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate	New Rate 199.59	Effective Date 1/1/2010
G					
	Level H: AIDS	_ 3	338.13	341.51	1/1/2010
	Level U: Fragile Under 21		150.75	455.39	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	costs nterim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 02/09/1993	n Interim Component
Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File For informa No Change	ution Only	- In		d Cost Reimbursement	•
Home Office:	Sunbelt Health Care Centers, Kevin Sadler 602 Courtland Street Orlando FL 32804	nc.			



East Orlando Health & R	ehab Center, Inc.			Provider Number:	0 320421-00
50 S. Chickasaw Trail				Date:	12/29/2009
Orlando FL 32825				Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		221.00	223.29	1/1/2010
]	Level H: AIDS		361.35	365.21	1/1/2010
]	Level U: Fragile Under 21		473.97	479.09	1/1/2010
					1, 1, 2010
Rate Type :					
Interim		X	Prospective		
	al Interim			Total Prospective	
				Prospective Adjusted	for New Costs
	rim Component				
	lement based on costs		1	otal Prospective with	h Interim Component
Prio	r Provider Prospective data				
Basis:		Change	es:		
					
Budget			Licensure	Rating Change	
X Unaudited cos				Customary Limitation	on
Field audited	costs		Target Ra	te limitation change	
Field audit - ii	nterim portion		FRVS Ch	ange	
Desk audited of	_		_		
Desk audit - Ir	nterim Portion	X	Rate Seme	ester Change	
Desk Audit - F	Prospective portion		On FRV [2] as of 02/08/1993	
Distribution:				Stephen Russell	
Contract Manageme	nt / Fiscal Agent		Medicaid	Cost Reimbursement	t Analysis
Permanent File					•
For informa	tion Only	_	hten la	us Ru	sell
No Change	in Rate		roje ir		
Home Office:	Sunbelt Health Care Centers,I	nc.			
	Kevin Sadler				
	602 Courtland Street				
	Orlando FL 32804				



Adventist Care Centers	- Courtland, Inc.			Provider Number:	0 320439-00
730 Courtland Street				Date:	12/29/2009
Orlando Fl 32804				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	215.22	212.53	1/1/2010
	Level H: AIDS		355.57	354.45	1/1/2010
	Level U: Fragile Under 21		468.19	468.33	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<u>Distribution:</u>				Stephen Russell	
Contract Managem	ent / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File For inform	ation Only				•
No Change		مسير	rtyer	hus Ru	sell
Home Office:	Adventist Care Centers 602 Courtland Street, Suite 20 Orlando FL 32804	0			



lorida Living Nursing Center			Provider Number:	0 320463-00
355 E. Semoran Blvd.			Date:	12/29/2009
popka FL 32703			Fiscal Year End:	7/31/2009
			Audit Status:	Unaudited [3]
rovider Type:				
• •		Current	New	Effective
		Rate	Rate	Date
Sursing Home Single Leve	સ	214.62	221.77	1/1/2010
Level H: AID:	S	354.97	363.69	1/1/2010
Level U: Frag	ile Under 21	467.59	477.57	1/1/2010
				1, 1, 2010
Rate Type :				
Interim	,	X Prospective		
Total Interim			otal Prospective	
Interim Compone	ent		ospective Adjusted	for New Costs
Settlement based				n Interim Component
Prior Provider Pro			tai i iospective wit	i interim component
	-			
Basis:	Cha	nges:		
-		Licensum I	Octing Change	
Budget			Rating Change	
X Unaudited costs			Customary Limitation	on
Field audited costs			e limitation change	
Field audit - interim portion	· <u></u>	FRVS Cha	nge	
Desk audited costs	<u> </u>			
Desk audit - Interim Portion			ster Change	
Desk Audit - Prospective po	ruon	Oli FRV [2] as of 08/24/1989	
Contract Management / Fiscal Ag	ent		Stephen Russell	
Permanent File		Medicaid C	Cost Reimbursement	Analysis
For information Only				.//
No Change in Rate	-	3ty hr	n Ku	soll
Home Office: Sunbelt H	lealth Care Centers,Inc.			
Kevin Sa				
	tland Street			



Health & Rehab. Cen	tre at Dolphins View		Provider Number:	0 320528-00
1820 Shore Drive, So	uth		Date:	12/29/2009
St. Petersburg FL 337	707		Fiscal Year End:	6/30/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 219.86	New Rate 224.79	Effective Date 1/1/2010
G		-	-	
	Level H: AIDS	360.21	366.71	1/1/2010
	Level U: Fragile Under 21	472.83	480.59	1/1/2010
Basis: Budget X Unaudited Field audit Field audit Desk audite Desk audit	ed costs - interim portion	Usual at Target FRVS C	Total Prospective Prospective Adjusted Total Prospective with Tre Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:	(F: 1.4		Stephen Russell	
Contract Manage Permanent File	ement / Fiscal Agent	Medicai	id Cost Reimbursement	Analysis
For infor	mation Only age in Rate	Stype	In Ru	sell
Home Office:	1 - No Home Office			



Lehigh Acres Health & Rel	habilitation Center		Provider Number:	0 320978-00
1550 Lee Boulevard			Date:	12/29/2009
Lehigh Acres FL 33936			Fiscal Year End:	12/31/2008
			Audit Status:	Unaudited [3]
Provider Type:				
• •		Current	New	Effective
		Rate	Rate	Date
Nursing Home Si	ngle Level	223.84	220.85	1/1/2010
Le	vel H: AIDS	364.19	362.77	1/1/2010
I a	l II. Essaila II. dan 21			
Le	vel U: Fragile Under 21	476.81	476.65	1/1/2010
Rate Type :				
		•		
Interim	To A control	X Prospe		
	Interim	X	Total Prospective	I for Now Costs
	m Component		Prospective Adjusted	
	ment based on costs		Total Prospective wi	th Interim Component
Prior I	Provider Prospective data			
Basis:		Changes:		
Budget			sure Rating Change	
X Unaudited costs			and Customary Limitat	
Field audited cos	sts		t Rate limitation change	
Field audit - inte	rim portion	FRVS	S Change	
Desk audited cos	sts			
Desk audit - Inte			Semester Change	
Desk Audit - Pro	spective portion	On Fl	RV [2] as of 05/01/1995	
Distribution:			Stephen Russell	
Contract Management	/ Fiscal Agent	Medi	caid Cost Reimbursemen	nt Analysis
Permanent File				•
For informatio	•	Stee	hus Ru	well
No Change in	Rate	20	. , , .	
Home Office:	Greystone Healthcare Mana Kenneth Hubbard	gement, LLC		
	Rennem mundara			
	3922 Coconut Palms Drive,	Suite 102		



Ft. Lauderdale Health & Rehab Center		Provider Number:	0 321303-00
2000 E. Commercial Blvd.		Date:	12/29/2009
Ft. Lauderdale FL 33308		Fiscal Year End:	12/31/2008
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 229.07	New Rate 208.99	Effective Date 1/1/2010
Single 20 (c)			1/1/2010
Level H: AIDS	369.42	350.91	1/1/2010
Level U: Fragile Under 21	482.04	464.79	1/1/2010
Rate Type:			
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	Changes: Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent		Stephen Russell	
Permanent File		d Cost Reimbursement	•
For information Only No Change in Rate	Steph	en Ru	soll
Home Office: 1 - No Home Office			



CORAL GABLES NURSIN	NG AND REHABILITATIO			Provider Number:	0 323772-00
7060 SW 8 STREET			Date:		12/29/2009
Miami FL 33144				Fiscal Year End:	10/31/2008
				Audit Status:	Unaudited [3]
Provider Type:			Current	New	Effective
			Rate	Rate	Date
Nursing Home Sin	ngle Level	<u> </u>	242.20	244.52	1/1/2010
Lev	rel H: AIDS		382.55	386.44	1/1/2010
Lev	rel U: Fragile Under 21	_	495.17	500.32	1/1/2010
D (T					
Rate Type: X Interim			Prospectiv	re	
X Total I	nterim	-	•	Total Prospective	
	n Component			Prospective Adjusted	for New Costs
Settlen	nent based on costs			Total Prospective with	Interim Component
Prior P	rovider Prospective data				
Basis:		Changes:			
X Budget			Licensur	e Rating Change	
Unaudited costs				d Customary Limitatio	on
Field audited cos			-	ate limitation change	
Field audit - inter Desk audited cost	-		FRVS C	nange	
Desk audit - Inter		<u>X</u>	Rate Sen	nester Change	
Desk Audit - Pros	spective portion	-	_	[2] as of 11/01/1988	
<u>Distribution:</u>	/ F' 1 A			Stephen Russell	
Contract Management / Permanent File	Fiscal Agent		Medicaio	l Cost Reimbursement	Analysis
For information	n Only	-		1 -	
No Change in l	•	<u> </u>	rjeri	hus Ru	sacri
Home Office:	1 - No Home Office				



Tarpon Point Nursing &	& Rehabilitation Center		Provider Number:	0 323781-00
5157 Park Club Drive			Date:	12/29/2009
Sarasota FL 34235			Fiscal Year End:	10/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	Rate	Effective Date
Nursing Home	Single Level	226.78	<u>226.86</u>	1/1/2010
	Level H: AIDS	367.13	368.78	1/1/2010
	Level U: Fragile Under 21	479.75	5 482.66	1/1/2010
Basis: X Budget Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Usua Targe FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
Distribution:			Stephen Russell	
Contract Managem	nent / Fiscal Agent	Medi	caid Cost Reimbursemen	t Analysis
Permanent File For inform	nation Only			-
No Chang	•	My	hus Ru	·sacri
Home Office:	1 - No Home Office			



St. Andrews Bay Ski	lled Nursing & Rehab Center		Provider Number:	0 323799-00
2100 Jenks Ave			Date:	12/29/2009
Panama City FL 324	05		Fiscal Year End:	10/31/2008
			Audit Status:	Unaudited [3]
Provider Type:	Single Level	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	217.93		1/1/2010
	Level H: AIDS	358.28	360.24	1/1/2010
	Level U: Fragile Under 21	470.90	474.12	1/1/2010
Basis: X Budget Unaudited Field audi Field audi Desk audit Desk Audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Bure Rating Change and Customary Limitation Rate limitation change Change Semester Change Extra [2] as of 01/01/2000	n Interim Component
Distribution:	-		Stephen Russell	
Permanent File	ement / Fiscal Agent	Medic	aid Cost Reimbursement	Analysis
	rmation Only	14	low Ru	2011
	nge in Rate	My .	mus tu	
Home Office:	1 - No Home Office			



Hampton Court Nursing			Provider Number:	0 324027-00
16100 NW 2nd Avenue			Date:	12/29/2009
North Miami Beach FL	33169		Fiscal Year End:	9/30/2009
			Audit Status:	Unaudited [3]
Provider Type:		Curren Rate	Rate	Effective Date
Nursing Home	Single Level	220.4	7 226.46	1/1/2010
	Level H: AIDS	360.8	2 368.38	1/1/2010
	Level U: Fragile Under 21	473.4	482.26	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	costs interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
Distribution:	(T) 1.4		Stephen Russell	
Contract Managem Permanent File	ient / Fiscal Agent	Med	icaid Cost Reimbursemer	nt Analysis
For inform	ation Only		1 -	
No Change	· · · · · · · · · · · · · · · · · · ·	My	hus Ru	isaci,
Home Office:	1 - No Home Office			



Advanced Rehabilitation	n & Health Center			Provider Number:	0 324094-00
401 FAIRWOOD AVENUE				Date:	12/29/2009
Clearwater FL 33759				Fiscal Year End:	2/28/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level]	urrent Rate	New Rate 221.86	Effective Date 1/1/2010
	Level H: AIDS	3'	75.85	363.78	1/1/2010
	Level U: Fragile Under 21	4	88.47	477.66	1/1/2010
Basis: Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	costs interim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Management File For information No Change	ation Only			Stephen Russell d Cost Reimbursement Russell Russell	•
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road #. New City NY 10956	09			



Bayside Rehabilitation & Health Center 811 Jackson Street North				Provider Number:	0 324108-00
			Date:	12/29/2009	
St. Petersburg FL 33	705	_		Fiscal Year End:	2/28/2009
				Audit Status:	Unaudited [3]
Provider Type:					
~ ~			Current	New	Effective
	~		Rate	Rate	Date
Nursing Home	Single Level		250.16	235.46	1/1/2010
	Level H: AIDS		390.51	377.38	1/1/2010
	Level U: Fragile Under 21		503.13	491.26	1/1/2010
Rate Type :					
Interim		X	Prospective Prospe		
	Total Interim		<u>X</u>	Total Prospective	Con No. Contr
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	i Interim Component
	Prior Provider Prospective data				
Basis:		Chang	es:		
D 1			Liconsur	e Rating Change	
Budget X Unaudited	Landa				
Field audi				d Customary Limitation ate limitation change	DΠ
			FRVS C	_	
	t - interim portion		TRV5 C	mange	
Desk audi	ted costs t - Interim Portion	<u> </u>	Poto Sor	nester Change	
	it - Prospective portion			[2] as of 10/01/2001	
Distribution :				Stephen Russell	
_	ement / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File					·
	rmation Only		Steel	mes Ru	sell
No Cha	nge in Rate	سيعمد		- / -	
Home Office:	Hallmark Accounting				
	Jacob Karmel 368 New Hempstead Road	#309			
	New City NY 10956	507			
	110W City 111 10750				



Excel Rehabilitation & Health Center 2811 Campus Hill Drive				Provider Number:	0 324116-00
			Date:	12/29/2009	
Tampa FL 33612		_		Fiscal Year End:	2/28/2009
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		228.95		1/1/2010
	Level H: AIDS		369.30	366.00	1/1/2010
	Level U: Fragile Under 21		481.92	479.88	1/1/2010
Rate Type :					
Interin	1	X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:	•	Chang	es:		
		8	<u>,</u>		
Budget			Licensur	e Rating Change	
X Unaudited	l costs		— Usual an	d Customary Limitation	on
Field aud	ited costs	-		ate limitation change	
Field aud	it - interim portion		FRVS C	hange	
Desk audi	-			C	
	t - Interim Portion	X	Rate Ser	nester Change	
	lit - Prospective portion			[2] as of 05/15/1995	
Distribution				Stephen Russell	
_	gement / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
Permanent File					•
	ormation Only	_	Steel	hus Ru	sell
No Cha	ange in Rate			. , , ,	
Home Office:	Hallmark Accounting				
	Jacob Karmel 368 New Hempstead Road	#200			
	-	πϽυϽ			
	New City NY 10956				



Madison Pointe Rehabilitat	tion & Health Center		Provider Number:	0 324124-00
6020 Indiana Avenue			Date:	12/29/2009
New Port Richey FL 34653	3		Fiscal Year End:	2/28/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level	Current Rate 224.36	New Rate 216.24	Effective Date 1/1/2010
Le	vel H: AIDS	364.71	358.16	1/1/2010
Le	vel U: Fragile Under 21	477.33	472.04	1/1/2010
Interio Settles	erim portion sts rim Portion	Usual a Target l FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change Ind Customary Limitation Rate limitation change Change The Prospective with The Rating Change The Rating	n Interim Component
Distribution: Contract Management Permanent File For informatio No Change in Home Office:	on Only	Styr	Stephen Russell id Cost Reimbursement	•



Shore Acres Rehabilitatio	n & Health Center			Provider Number:	0 324132-00
4500 Indianapolis Street,	NE			Date:	12/29/2009
St. Petersburg FL 33703				Fiscal Year End:	2/28/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 225.78	New Rate 221.91	Effective Date 1/1/2010
L	evel H: AIDS		366.13	363.83	1/1/2010
L	evel U: Fragile Under 21		478.75	477.71	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk Audit - Property of the control of the co	osts terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Managemer Permanent File For informati No Change i	ion Only			Stephen Russell d Cost Reimbursement Russell Russell	•
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road # New City NY 10956	809			



Woodbridge Rehabilitati	ion & Health Center			Provider Number:	0 324141-00
8720 Jackson Springs Ro	oad			Date:	12/29/2009
Tampa FL 33615	_			Fiscal Year End:	2/28/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 224.35	New Rate 213.41	Effective Date 1/1/2010
	Level H: AIDS		364.70	355.33	1/1/2010
	Level U: Fragile Under 21		477.32	469.21	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	costs nterim 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
Distribution: Contract Manageme Permanent File For informa No Change	ntion Only			Stephen Russell I Cost Reimbursement Russell Russell	•
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road # New City NY 10956	309			



Ocoee Health Care Center	r			Provider Number:	0 324159-00
1556 Maguire Road				Date:	12/29/2009
Ocoee FL 34761				Fiscal Year End:	10/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 222.15	New Rate 223.57	Effective Date 1/1/2010
- (, 8				1/1/2010
L	evel H: AIDS		362.50	365.49	1/1/2010
L	evel U: Fragile Under 21		475.12	479.37	1/1/2010
Rate Type :					
Inter Settle	l Interim rim Component ement based on costs r Provider Prospective data	Change	Licensur	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation	n Interim Component
Field audited c Field audit - in	terim portion			ate limitation change	
Desk audited co		X		nester Change [2] as of 08/16/1990	
Distribution:				Stephen Russell	
Contract Managemer	nt / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File					
For informati No Change i	•		steple	hus Ru	sell
No Change i	II Nate				
Home Office:	1 - No Home Office				



Palmetto Rehabilitation	and Health Center			Provider Number:	0 324167-00
6750 West 22nd Court				Date:	12/29/2009
Hialeah FL 33016	_			Fiscal Year End:	2/28/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 247.51	New Rate 244.78	Effective Date 1/1/2010
	Level H: AIDS	•	387.86	386.70	1/1/2010
	Level U: Fragile Under 21		500.48	500.58	1/1/2010
Rate Type : Interim Tot	al Interim	X	Prospective	e Fotal Prospective	
Inte	erim Component			Prospective Adjusted	for New Costs
	tlement based on costs		7	Total Prospective with	h Interim Component
Prio	or Provider Prospective data				
Basis:		Change	es:		
Budget			Licensure	Rating Change	
X Unaudited cos	sts	-		l Customary Limitation	on
Field audited	costs			te limitation change	
Field audit - i	nterim portion		FRVS Ch	ange	
Desk audited					
Desk audit - In		X		ester Change	
Desk Audit - I	Prospective portion		Oll FRV [[2] as of 09/02/1987	
Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File	6			Cost Reimbursement	•
For informa	ation Only		04 m 1	in Ru	rael1
No Change	in Rate		ngen	m / m	
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road #3	09			
	New City NY 10956				



Courtyards of Orlando				Provider Number:	0 324175-00
1900 Mercy Drive				Date:	12/29/2009
Orlando FL 32808				Fiscal Year End:	2/28/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 224.14	New Rate 203.12	Effective Date 1/1/2010
	g				
	Level H: AIDS		364.49	345.04	1/1/2010
	Level U: Fragile Under 21		477.11	458.92	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite	d costs - interim portion	Chang	Es: Licensur Usual an	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
	d costs Interim Portion - Prospective portion	X		nester Change [2] as of 10/01/1991	
Distribution:		<u> </u>		Stephen Russell	
_	ment / Fiscal Agent		Medicaio	l Cost Reimbursement	· Analysis
	nation Only ge in Rate			mı, Ru	•
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road New City NY 10956	¥309			



Royal Care of Avon P			Provider Nu	mber:	0 324213-00
1213 W. Stratford Rd.				Date:	12/29/2009
Avon Park FL 33825			Fiscal Year	End:	5/31/2008
			Audit S	tatus:	Unaudited [3]
Provider Type:		Curre Rat	e Rate		ffective Date
Nursing Home	Single Level	203.	78 205.47		1/2010
	Level H: AIDS	344.	13 347.39	1/1	/2010
	Level U: Fragile Under 21	456.	75 461.27	1/1	1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes: Lice Use Tai FR X Rai	rotal Prospect Prospective Ac Total Prospect Total Prospect ensure Rating Chang all and Customary L get Rate limitation of VS Change re Semester Change FRV [2] as of 01/0	ljusted for N ive with Inte	lew Costs crim Component
Distribution:	/ E' 1 A		Stephen Ru	ıssell	
Permanent File	ment / Fiscal Agent	Me	dicaid Cost Reimbur	rsement Ana	lysis
	mation Only	0+	elm 7	D. 100	el l
No Chan	ge in Rate	ng	emis /		- ·
Home Office:	1 - No Home Office				



Seminole Nursing Pav	vilion			Provider Number:	0 324230-00
10800 Temple Terrac	e			Date:	12/29/2009
Seminole FL 33772				Fiscal Year End:	5/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		214.02	209.22	1/1/2010
	Level H: AIDS		354.37	351.14	1/1/2010
	Level U: Fragile Under 21		466.99	465.02	1/1/2010
Rate Type :					
Interim		X	Prospectiv	<i>r</i> e	
	Гotal Interim	-	— X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Trospective with	- Inversion Component
	nor frowader frospective data		_		
Basis:		Change	es:		
Budget			Licensur	e Rating Change	
X Unaudited	costs			d Customary Limitation	on
Field audite	ed costs		Target R	ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite	ed costs				
Desk audit	- Interim Portion	X		nester Change	
Desk Audit	- Prospective portion		On FRV	[2] as of 07/01/1988	
Distribution:				Stephen Russell	
•	ment / Fiscal Agent	<u> </u>	Madicaio	d Cost Reimbursement	Analysis
Permanent File					
	mation Only	_	Stend	hus Ru	sell
No Chan	ge in Rate				
Home Office:	Brookdale Senior Living, In Russ Bellora				
	111 Westwood Place, Suite	200			
	Brentwood TN 37027				



Freedom Square Nursing O	Center			Provider Number:	0 324248-00
10801 Johnson Blvd.				Date:	12/29/2009
Seminole Fl 33772				Fiscal Year End:	3/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level		Current Rate 188.32	New Rate 188.35	Effective Date 1/1/2010
Le	evel H: AIDS		328.67	330.27	1/1/2010
Le	evel U: Fragile Under 21		441.29	444.15	1/1/2010
Basis: X Budget Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Inte	erim portion	Chang	Licensur Usual an Target R FRVS C	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	on Only			Stephen Russell d Cost Reimbursement	•
Home Office:	American Retirement Corpo 111 Westwood Place Brentwood TN 37027	ration			



Heritage Park Care an	d Rehabilitation Center		Provider Number:	0 324345-00
2302 59th Street West			Date:	12/29/2009
Bradenton FL 34209			Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
	a	Rate	Rate	Date
Nursing Home	Single Level	203.53	205.16	1/1/2010
	Level H: AIDS	343.88	347.08	1/1/2010
	Level U: Fragile Under 21	456.50	460.96	1/1/2010
Rate Type:				
Interim		X Prospective	2	
	Total Interim	X7	Total Prospective	
I	nterim Component	F	Prospective Adjusted	for New Costs
S	ettlement based on costs	7	Total Prospective wit	h Interim Component
P	Prior Provider Prospective data			
Basis:		Changes:		
Dasis.	-	Changes.		
Budget		Licensure	Rating Change	
X Unaudited of	costs		Customary Limitati	on
Field audite			te limitation change	
	- interim portion	FRVS Ch	_	
Desk audite	_		6 -	
	- Interim Portion	X Rate Seme	ester Change	
	- Prospective portion		[2] as of 08/31/1994	
Distribution:			Stephen Russell	
Contract Manager	ment / Fiscal Agent	ъ. л		4 A a1ai-a
Permanent File			Cost Reimbursemen	•
For inform	mation Only	Et no la	us Ru	sell
No Chan	ge in Rate	my		
			1	
Home Office:	Signature Healthcare LLC			
	Julie Kleiser			
	2979 PGA Blvd			
	Palm Beach Gardens FL 33410			



Vashington Rehabilit	ation & Nursing Center			Provider Number:	0 324353-00
79 Usery Road				Date:	12/29/2009
Chipley FL 32428				Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
Provider Type:				Tradit Status.	- Chaudhied [c]
10 / 10 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1		Curr	ent	New	Effective
		Rat	e	Rate	Date
Nursing Home	Single Level	208	74	210.76	1/1/2010
	Level H: AIDS	349	09	352.68	1/1/2010
	Level U: Fragile Under 21	461	.71	466.56	1/1/2010
Rate Type :					
Interim		X Pros	pective		
	Total Interim			otal Prospective	
	nterim Component			rospective Adjusted	for New Costs
	ettlement based on costs			= -	n Interim Component
	rior Provider Prospective data			1	1
	r	CI.			
Basis:		Changes:			
D 1		T i	oncura	Rating Change	
Budget					
X Unaudited of Field audited				Customary Limitation change	on
			_	_	
	- interim portion		VS Cha	ange	
Desk audite	d costs - Interim Portion		. C	ot on Classica	
	- Prospective portion			ester Change 2] as of 12/31/2001	
Distribution:			. [-		
	ment / Fiscal Agent			Stephen Russell	_
Permanent File	C			Cost Reimbursement	•
	mation Only	11-4		<i>'</i>	
	ge in Rate	2009	en	us Ru	
Home Office:	Signature Healthcare LLC				
	Julie Kleiser				
	2979 PGA Blvd				
	Palm Beach Gardens FL 33410				



Chautauqua Rehabilit	ation & Nursing Center			Provider Number:	0 324361-00	
785 South 2nd Street	<u> </u>	_	Date:		12/29/2009	
Defuniak Springs FL	32435	- -		Fiscal Year End:	7/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:				Tradit Status.	emanarea [e]	
.			Current	New	Effective	
		_	Rate	Rate	Date	
Nursing Home	Single Level	_	195.52	<u> 197.23</u> _	1/1/2010	
	Level H: AIDS		335.87	339.15	1/1/2010	
	Level U: Fragile Under 21		448.49	453.03	1/1/2010	
Rate Type :						
Interim		X	Prospectiv	re.		
	Γotal Interim		_	Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with		
	Prior Provider Prospective data			1	1	
	1	CI.				
Basis:		Change	S:			
Budget			Licensur	e Rating Change		
X Unaudited	costs	-		d Customary Limitatio	on	
Field audit		-		ate limitation change		
Field audit	- interim portion		FRVS C	hange		
Desk audite	_			_		
Desk audit	- Interim Portion	X	Rate Sen	nester Change		
Desk Audit	- Prospective portion		On FRV	[2] as of 03/01/1989		
Distribution:				Stephen Russell		
=	ement / Fiscal Agent		Medicaio	l Cost Reimbursement	Analysis	
Permanent File					•	
	mation Only		tepl	hus Ru	sell	
No Chan	age in Rate					
Home Office:	Signature Healthcare LLC Julie Kleiser					
	2979 PGA Blvd					
	Palm Beach Gardens FL 33	3410				



Signature HealthCARE	of College Park		Provider Number:	0 324370-00
3755 Golf Club Parkwa	ay		Date:	12/29/2009
Fort Myers FL 33919-51	146		Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
Provider Type:			rudit Status.	
Tovider Type.		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	211.33	213.77	1/1/2010
	Level H: AIDS	251.60	255.60	1/1/2010
	Level H: AIDS	351.68	355.69	1/1/2010
	Level U: Fragile Under 21	464.30	469.57	1/1/2010
Rate Type :				
Interim		X Prospect	tive	
	tal Interim	X	Total Prospective	
	erim Component		Prospective Adjusted	for New Costs
	tlement based on costs		_	h Interim Component
	or Provider Prospective data		_ rotal rrospective wit	ii interim component
	of Frovider Frospective data			
Basis:		Changes:		
Budget		Licensi	ure Rating Change	
X Unaudited cos			and Customary Limitati	on
Field audited	costs		Rate limitation change	
Field audit - i	nterim portion	FRVS	Change	
Desk audited	costs			
Desk audit - I	nterim Portion		emester Change	
Desk Audit - 1	Prospective portion	On FR	V [2] as of 08/31/1994	
Distribution:			Stephen Russell	
Contract Manageme	ent / Fiscal Agent	Medica	nid Cost Reimbursemen	t Analysis
Permanent File				•
For informa	•	Steel	hus Ru	sell
No Change	in Rate	- July .		
Home Office:	Signature Healthcare LLC Julie Kleiser			
	2979 PGA Blvd			
	Palm Beach Gardens FL 33410			



ignature HealthCARE o	f Gainsville			Provider Number:	0 324388-00
000 SW 20th Avenue				Date:	12/29/2009
ainesville FL 32607				Fiscal Year End:	9/30/2008
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Sursing Home	Single Level	_	193.38	<u> 195.58</u> _	1/1/2010
I	evel H: AIDS	<u>-</u>	333.73	337.50	1/1/2010
I	evel U: Fragile Under 21	_	446.35	451.38	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audit - In Desk Audit - P	osts terim portion osts	Changes X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Management	at / Eigael A gant			Stephen Russell	
Permanent File	nt / 14scat Agent		Medicaio	d Cost Reimbursement	Analysis
For informat	ion Only	4	15.00 1	hus Ru	mell
No Change i	in Rate		reger to	ing / the	·
Home Office:	Signature Healthcare LLC Julie Kleiser 2979 PGA Blvd Palm Beach Gardens FL 33410				



Signature Healthcare	of North Florida		Provider Number:	0 324396-00
1083 Sanders Avenue			Date:	12/29/2009
Graceville FL 32440			Fiscal Year End:	7/31/2008
			Audit Status:	Unaudited [3]
Provider Type:			rudit Status.	
-10/1001 -J P 00		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	193.45	196.00	1/1/2010
	Level H: AIDS	333.80	337.92	1/1/2010
	Level U: Fragile Under 21	446.42	451.80	1/1/2010
	zover evilugite ender zi			1/1/2010
Rate Type :				
rate Type.				
Interim	_	X Prospective		
7	Total Interim		otal Prospective	
I	nterim Component	P1	rospective Adjusted	for New Costs
s	Settlement based on costs	Te	otal Prospective wit	h Interim Component
F	Prior Provider Prospective data			
Basis:		Changes:		
Dasis.	<u> </u>	Changes.		
D 1 .		Licancura	Rating Change	
Budget				
X Unaudited			Customary Limitation change	on
Field audite			_	
	- interim portion	FRVS Cha	inge	
Desk audite		D		
	- Interim Portion		ster Change 2] as of 06/28/1991	
	- Prospective portion	Oli FKV [2	Lj as 01 00/26/1991	
Distribution:	(Stephen Russell	
•	ment / Fiscal Agent	Medicaid (Cost Reimbursemen	t Analysis
Permanent File				•
	mation Only	Styl	us Ru	sell
No Chan	ge in Rate		. , , -	
Home Office:	Signature Healthcare LLC			
	Julie Kleiser			
	2979 PGA Blvd			
	Palm Beach Gardens FL 33410			



ignature HealthCARE Cen	iter of Waterford		Provider Number:	0 324400-00
333 W. Okeechobee Road			Date:	12/29/2009
Iialeah Gardens FL 33016			Fiscal Year End:	7/31/2008
			Audit Status:	Unaudited [3]
Provider Type:			Addit Status.	Onaudited [5]
Tovider Type.		Current	New	Effective
		Rate	Rate	Date
Nursing Home Sin	ngle Level	200.80	202.65	1/1/2010
Lev	rel H: AIDS	341.15	344.57	1/1/2010
Lev	rel U: Fragile Under 21	453.77	458.45	1/1/2010
Rate Type :				
Interim		X Prospec	tive	
Total I	nterim	X	Total Prospective	
Interin	n Component		Prospective Adjusted	for New Costs
Settlen	nent based on costs		Total Prospective wit	h Interim Component
Prior P	rovider Prospective data		_	
Basis:		Changes:		
<u> </u>		3		
Budget		Licens	ure Rating Change	
X Unaudited costs		Usual	and Customary Limitati	on
Field audited cos	ts	Target	Rate limitation change	
Field audit - inter	rim portion	FRVS	Change	
Desk audited cost	_			
Desk audit - Inter	rim Portion	X Rate S	emester Change	
Desk Audit - Pros	spective portion	On FR	V [2] as of 01/01/2001	
Distribution:			Stephen Russell	
Contract Management	Fiscal Agent	Madia	aid Cost Reimbursemen	t Analysis
Permanent File				•
For information	•	Sten	hus Ru	soll
No Change in	Rate	200		
Home Office:	Signature Healthcare LLC Julie Kleiser			
	2979 PGA Blvd			
	Palm Beach Gardens FL 33410			



Signature Healthcare of	Brookwood Gardens			Provider Number:	0 324418-00
990 S. Canal Drive	_			Date:	12/29/2009
Homestead FL 33035				Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
Provider Type:				Tradit 2 tatas	
. I		(Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		226.04	227.97	1/1/2010
	Level H: AIDS		366.39	369.89	1/1/2010
	Level U: Fragile Under 21	_	479.01	483.77	1/1/2010
	Level 0. Plagne Olider 21	_	4/9.01	463.77	1/1/2010
Rate Type :					
		T 7	D .:		
Interim	. 17	X	Prospectiv		
	tal Interim			Total Prospective	Com NI Contr
	erim Component			Prospective Adjusted	
	ttlement based on costs			Total Prospective with	1 Interim Component
Pri	or Provider Prospective data				
Basis:		Changes:			
,			=		
Budget			Licensure	e Rating Change	
X Unaudited co	sts		Usual and	d Customary Limitatio	on
Field audited	costs		Target Ra	ate limitation change	
Field audit - i	interim portion		FRVS Cl	nange	
Desk audited	_				
	Interim Portion	X	Rate Sem	ester Change	
Desk Audit -	Prospective portion	-		[2] as of 11/01/1989	
Distribution:				Stephen Russell	
Contract Managem	ent / Fiscal Agent		Modica: 4		Analysis
Permanent File				Cost Reimbursement	•
For informa	ation Only	2	to 1	in Ru	sell
No Change	e in Rate		y u	my / m	·
Home Office:	Signature Healthcare LLC				
	Julie Kleiser				
	2979 PGA Blvd				
	Palm Beach Gardens FL 33410				



ignature Healthcare at th	e Courtyard			Provider Number:	0 324426-00
600 Forest Glen Trail				Date:	12/29/2009
Iarianna FL 32446				Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
rovider Type:		_	Current Rate	New Rate	Effective Date
Sursing Home S	ingle Level	_	192.94	194.61	1/1/2010
L	evel H: AIDS	_	333.29	336.53	1/1/2010
L	evel U: Fragile Under 21	_	445.91	450.41	1/1/2010
Rate Type :					
Basis: Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int	terim portion osts	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change	n Interim Component
Distribution: Contract Managemen	nt / Fiscal Agent			Stephen Russell	
Permanent File				d Cost Reimbursement	•
For informati	-	Ø.	tins	en Ru	sell
No Change in	n Rate		uze u	my / m	·
Home Office:	Signature Healthcare LLC Julie Kleiser 2979 PGA Blvd Palm Beach Gardens FL 33410				



Signature Healthcare of O	range Park		Provider Number	: 0 324434-00
2029 Professional Center	cional Center Drive Date:		: 12/29/2009	
Orange Park FL 32073			Fiscal Year End:	
			Audit Status	
Provider Type:			114410 204043	
JI		Curren	nt New	Effective
		Rate	Rate	Date
Nursing Home S	ingle Level	195.6	3 197.79	1/1/2010
L	evel H: AIDS	335.9	8 339.71	1/1/2010
				
L	evel U: Fragile Under 21	448.6	453.59	1/1/2010
Rate Type :				
Interim		X Prosp	ective	
Total	Interim	X	Total Prospective	
Inter	im Component		Prospective Adjuste	ed for New Costs
Settle	ement based on costs		Total Prospective w	vith Interim Component
Prior	Provider Prospective data			
Basis:		Changes:		
		3		
Budget		Lice	nsure Rating Change	
X Unaudited costs	S	Usua	al and Customary Limita	ntion
Field audited co	osts		et Rate limitation chang	
Field audit - int	erim portion	FRV	'S Change	
Desk audited co	_			
Desk audit - Int		X Rate	Semester Change	
	ospective portion		FRV [2] as of 09/01/199)4
Distribution:			Stephen Russell	
Contract Managemen	t / Fiscal Agent	Mod	icaid Cost Reimburseme	_
Permanent File				•
For informati	•	Sten	hus Re	well
No Change in	n Rate	- Juje		
Home Office:	Signature Healthcare LLC Julie Kleiser			
	2979 PGA Blvd			
	Palm Beach Gardens FL 33410			



Signature Healthcare of Ormo	nd		Provider Number:	0 324442-00
103 N. Clyde Morris Blvd.			Date:	12/29/2009
Ormond Beach FL 32074			Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
Provider Type:			rudit Status.	Chadaled [5]
Tovider Type.		Current	New	Effective
		Rate	Rate	Date
Nursing Home Sing	le Level	207.47	209.92	1/1/2010
Level	H: AIDS	347.82	351.84	1/1/2010
Level	U: Fragile Under 21	460.44	465.72	1/1/2010
D. A. T.				
Rate Type :				
Interim	_	X Prospective		
Total Inte	erim	X To	otal Prospective	
Interim C	Component	Pr	ospective Adjusted	for New Costs
Settlemen	nt based on costs	To	otal Prospective with	n Interim Component
Prior Pro	vider Prospective data			
Basis:		Thongog		
Dasis.		Changes:		
Budget		Licensure F	Rating Change	
X Unaudited costs	-		Customary Limitation	an .
Field audited costs	-		e limitation change	Л
	-	FRVS Cha	=	
Field audit - interin	n portion	TRV5 Clia.	lige	
Desk audited costs	- Destina	V D. (Clarence C	
Desk audit - Interim Desk Audit - Prospe			ster Change as of 05/20/1988	
Distribution:	sett ve portion	0.1111 [2		
Contract Management / F	iscal Agent		Stephen Russell	
Permanent File		Medicaid C	Cost Reimbursement	Analysis
For information (Only	1- 1	7	
No Change in Ra	•	Steph	u Ku	sacri
Home Office:	ignature Healthcare LLC			
	ulie Kleiser			
	979 PGA Blvd			
	Palm Beach Gardens FL 33410			



Anchor Care & Rehabi	litation Center			Provider Number:	0 324451-00	
1515 Port Malabar Blvd. NE				Date:	12/29/2009	
Palm Bay FL 32905				Fiscal Year End:	9/30/2008	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	R	rrent late	New Rate 194.34	Effective Date 1/1/2010	
Truising Home	Single Devel		2.70		1/1/2010	
	Level H: AIDS	33	33.31	336.26	1/1/2010	
	Level U: Fragile Under 21	44	15.93	450.14	1/1/2010	
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs - interim portion	Changes:	Licensur Jsual an Farget R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Distribution:	ment / Fiscal A cent			Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
	nation Only	11-4		1 7		
No Chang	•	My	ze u	mes Rus		
Home Office:	Signature Healthcare LLC Julie Kleiser 2979 PGA Blvd Palm Beach Gardens FL 33410					



Pinellas Park Care and Reha	bilitation Center		Provider Number:	0 324469-00
3701 49th Street North			Date:	12/29/2009
Pinellas Park FL 33782			Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	Current Rate 191.53	New Rate 193.00	Effective Date 1/1/2010
Leve	el H: AIDS	331.88	334.92	1/1/2010
Leve	el U: Fragile Under 21	444.50	448.80	1/1/2010
Settlem	Component ent based on costs rovider Prospective data	P	otal Prospective rospective Adjusted	for New Costs h Interim Component
Budget X Unaudited costs Field audited cost Field audit - interi Desk audit - Interi Desk Audit - Pros	im portion s im Portion	Usual and Target Rat FRVS Ch	Rating Change Customary Limitation change ange ester Change 2] as of 03/01/1997	on
Distribution:			Stephen Russell	
Contract Management / Permanent File For information No Change in F	Only		Cost Reimbursement	•
Home Office:	Signature Healthcare LLC Julie Kleiser 2979 PGA Blvd Palm Beach Gardens FL 33410			



ignature Healthcare of P	ort Charlotte		Provider Number:	0 324477-00	
033 Beaver Lane	22 Deaver Lone		Date:	te: 12/29/2009	
Port Charlotte FL 33952			Fiscal Year End:	9/30/2008	
			Audit Status:	Unaudited [3]	
Provider Type:			riudit Status.	Chadated [5]	
-3 POV		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home	Single Level	225.99	227.37	1/1/2010	
I	evel H: AIDS	366.34	369.29	1/1/2010	
Ī	evel U: Fragile Under 21	478.96	483.17	1/1/2010	
ı	ever of Fragile officer 21	478.90	463.17	1/1/2010	
Rate Type :					
Interim	•	X Prospective			
	l Interim		Total Prospective		
	rim Component		Prospective Adjusted		
	ement based on costs	T	otal Prospective with	h Interim Component	
Prior	r Provider Prospective data				
Basis:		Changes:			
Budget		Licensure	Rating Change		
X Unaudited cost	s	Usual and	Customary Limitation	on	
Field audited c	osts	Target Ra	te limitation change		
Field audit - in	terim portion	FRVS Ch	ange		
Desk audited c	_		_		
Desk audit - In		X Rate Seme	ester Change		
	rospective portion		2] as of 08/31/1994		
<u>Distribution:</u>			Stephen Russell		
Contract Managemen	nt / Fiscal Agent	M. J 1		t A malaraia	
Permanent File			Cost Reimbursement	•	
For informat	ion Only	Et. w. la	us Ru	sell	
No Change i	n Rate	zny u			
Home Office:	Signature Healthcare LLC Julie Kleiser				
	2979 PGA Blvd				
	Palm Beach Gardens FL 33410				



The Bridge at Bay St. Joe			Provider Number:	0 324485-00
220 9th Street			Date:	12/29/2009
Port St. Joe FL 32456			Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
Provider Type:	ingle Level	Current Rate	New Rate	Effective Date
Nursing Home Si	ingle Level	187.12	188.94	1/1/2010
Le	vel H: AIDS	327.47	330.86	1/1/2010
Le	vel U: Fragile Under 21	440.09	444.74	1/1/2010
Basis: Budget X Unaudited costs Field audit - inte Desk audit - Inte	erim portion sts erim Portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change emester Change EV [2] as of 10/01/1985	h Interim Component
Desk Audit - Pro Distribution:	ospective portion	Oll T N		
Contract Management	/ Fiscal Agent		Stephen Russell	
Permanent File	•		aid Cost Reimbursemen	•
For information	•	Step	hus Ru	sell
No Change in	Rate	/		
Home Office:	Signature Healthcare LLC Julie Kleiser 2979 PGA Blvd Palm Beach Gardens FL 33410			



Kenilworth Care and	Rehabilitation Center			Provider Number:	0 324493-00		
3011 Kenilworth Blvd.				Date:	12/29/2009		
Sebring FL 33870				Fiscal Year End:	9/30/2008		
				Audit Status:	Unaudited [3]		
Provider Type:				Tadat Status			
• •			Current	New	Effective		
			Rate	Rate	Date		
Nursing Home	Single Level		203.19	205.58	1/1/2010		
	Level H: AIDS		343.54	347.50	1/1/2010		
	Level U: Fragile Under 21		456.16	461.38	1/1/2010		
Rate Type :							
Interim		X	Prospectiv	ve			
	Total Interim		X	Total Prospective			
	Interim Component			Prospective Adjusted	for New Costs		
	Settlement based on costs		·	Total Prospective with	n Interim Component		
	Prior Provider Prospective data						
Basis:		Chang	ges:				
Budget			Licensur	e Rating Change			
X Unaudited	costs			d Customary Limitation	on		
Field audi		-		ate limitation change			
Field audi	t - interim portion		FRVS C	hange			
Desk audit	-						
	: - Interim Portion	X		nester Change			
	t - Prospective portion		On FRV	[2] as of 07/01/1986			
Distribution:				Stephen Russell			
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Analysis				
Permanent File	rmation Only			, -			
	nge in Rate		5typ 1.	hus Ru	soll		
	<i>G</i>						
Home Office:	Signature Healthcare LLC						
nome office.	Julie Kleiser						
	2979 PGA Blvd						
	Palm Beach Gardens FL 33	410					



Peninsula Care and Rehal	bilitation Center		Provider Number:	0 324507-00
900 Beckett Way			Date:	12/29/2009
Tarpon Springs FL 34689			Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 214.54	New Rate 216.57	Effective Date 1/1/2010
L	evel H: AIDS	354.89	358.49	1/1/2010
I	evel U: Fragile Under 21	467.51	472.37	1/1/2010
Basis: Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs terim portion osts	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
Distribution: Contract Management Permanent File For informate No Change in	ion Only		Stephen Russell Cost Reimbursement Russell	•
Home Office:	Signature Healthcare LLC Julie Kleiser 2979 PGA Blvd Palm Beach Gardens FL 33410			



Winter Park Care and Ro	ehabilitation Center		Provider Number:	0 324515-00
2970 Scarlet Road			Date:	12/29/2009
Winter Park FL 32792			Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 205.82	New Rate 207.45	Effective Date 1/1/2010
	Level H: AIDS	346.17	349.37	1/1/2010
	Level U: Fragile Under 21	458.79	463.25	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	sts costs nterim portion	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Management File For information No Change	ation Only		Stephen Russell d Cost Reimbursement	•
Home Office:	Signature Healthcare LLC Julie Kleiser 2979 PGA Blvd Palm Beach Gardens FL 33410			



Southern Oaks Rehabilitat	tion and Nursing Center			Provider Number:	0 324566-00
600 West Gregory Street				Date:	12/29/2009
Pensacola FL 32501				Fiscal Year End:	11/30/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	lingle Level		Current Rate 210.16	New Rate 210.87	Effective Date 1/1/2010
L	evel H: AIDS		350.51	352.79	1/1/2010
L	evel U: Fragile Under 21		463.13	466.67	1/1/2010
Basis: X Budget Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int	eerim portion osts	Change	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
Distribution: Contract Management Permanent File For informati No Change in	on Only			Stephen Russell d Cost Reimbursement Russell Russell Russell	•
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road # New City NY 10956	309			



RiverWood Nursing Ce	enter			Provider Number:	0 324612-00	
40 Acme Street				Date:	12/29/2009	
Jacksonville FL 32211				Fiscal Year End:	12/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:	Charle I and		Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		64.69		1/1/2010	
	Level H: AIDS		305.04	297.72	1/1/2010	
	Level U: Fragile Under 21		17.66	411.60	1/1/2010	
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted a Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component	
<u>Distribution:</u>	(F) 1 A			Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
For information Only				hus Ru	mell	
No Chang	e in Rate	M	eze u	m / m	- •	
Home Office:	Putnam Council, Inc. 16 Norcross Street Roswell GA 30075					



Terraces of Lake Wo	orth Rehab and Health Center			Provider Number:	0 325031-00
1711 6th Avenue Sou	uth	_		Date:	12/29/2009
Lake Worth FL 3346	50	-		Fiscal Year End:	2/28/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NI II			Rate	Rate	Date
Nursing Home	Single Level		252.63		1/1/2010
	Level H: AIDS		392.98	382.09	1/1/2010
	Level U: Fragile Under 21		505.60	495.97	1/1/2010
Rate Type:					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data			1	•
Basis:		Chang	iog.		
Dasis.		Chang	. .		
Budget			Licensur	e Rating Change	
X Unaudited	costs	-		nd Customary Limitation	าท
Field audi		-		Late limitation change	,11
	t - interim portion		FRVS C	=	
Desk audi	-	-		8-	
	t - Interim Portion	<u> </u>	Rate Ser	nester Change	
	it - Prospective portion			[2] as of 08/01/1986	
Distribution:				Stephen Russell	
Contract Manag	ement / Fiscal Agent		Madiani		- A malaysis
Permanent File				d Cost Reimbursement	•
	rmation Only		Street	my Ru	sell
No Cha	nge in Rate				
Home Office:	Hallmark Accounting				
	Jacob Karmel	#200			
	368 New Hempstead Road	#309			
	New City NY 10956				



orth Lake Rehabilitation and Healt	h Center			Provider Number:	0 325163-00
50 Bayberry Drive				Date:	12/29/2009
ake Park FL 33403				Fiscal Year End:	2/28/2009
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
			Rate	Rate	Date
Jursing Home Single Le	evel		245.96		1/1/2010
Level H: AI	DS		386.31	378.80	1/1/2010
Level U: Fr	agile Under 21	_	498.93	492.68	1/1/2010
		_			
Rate Type :					
Interim		X	Prospective		
Total Interim				otal Prospective	
Interim Compo	ment			rospective Adjusted	for New Costs
Settlement base					n Interim Component
	Prospective data			otal Prospective with	i internii Component
	Tospective data		7		
Basis:		Changes:			
			T:	Dating Change	
Budget			•	Rating Change	
X Unaudited costs			-	Customary Limitation	on
Field audited costs				te limitation change	
Field audit - interim porti	on		FRVS Ch	ange	
Desk audited costs		-		~	
Desk audit - Interim Porti		X		ester Change	
Desk Audit - Prospective	portion		Oli FRV [2] as of 02/01/2000	
<u>Distribution:</u> Contract Management / Fiscal A	\ cant			Stephen Russell	
Permanent File	Agent		Medicaid	Cost Reimbursemen	Analysis
For information Only				,>	//
No Change in Rate			tegen	us Ru	soll
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	rk Accounting				
Jacob I		9			



Heartland Health Care	Center - Jacksonville		Provider Number	er: 0 325236-00
8495 Normandy Blvd			Dat	re: 12/29/2009
Jacksonville FL 32221	·		Fiscal Year End	1: 6/30/2008
			Audit Statu	us: Unaudited [3]
Provider Type:		Curre Rate	e Rate	Effective Date
Nursing Home	Single Level	<u>206.</u>	<u> 208.27</u>	1/1/2010
	Level H: AIDS	346.	50 350.19	1/1/2010
	Level U: Fragile Under 21	459.	12 464.07	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	d costs - interim portion	Changes: Lice Usu Tar FR X Rat	Total Prospective Prospective Adjus Total Prospective Adjus Total Prospective ensure Rating Change al and Customary Limi get Rate limitation chan VS Change e Semester Change FRV [2] as of 01/12/19	with Interim Component tation ge
Distribution:	(77)		Stephen Russe	11
Contract Manager Permanent File	ment / Fiscal Agent	Me	dicaid Cost Reimbursen	nent Analysis
	nation Only	~	1 -	
	ge in Rate	My	elm R	wan
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Heartland of Kendall			Provider Number:	0 325244-00
9400 SW 137th Aven	ue		Date:	12/29/2009
Kendall FL 33186			Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 192.08	New Rate 193.85	Effective Date 1/1/2010
	Level H: AIDS	222.42	225.77	1/1/2010
		332.43		1/1/2010
	Level U: Fragile Under 21	445.05	449.65	1/1/2010
Basis: Budget X Unaudited of Field audited Field audited of Desk audited Desk Audited Desk Audited	ed costs - interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with sure Rating Change and Customary Limitation Rate limitation change Change demester Change EV [2] as of 08/31/1989	h Interim Component
Distribution:	ment / Fiscal Agent		Stephen Russell	
Permanent File For infor	mation Only age in Rate		aid Cost Reimbursement	· ·
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Heartland of Miami La	kes		Provider Number:	0 325252-00
5725 NW 186th Street			Date:	12/29/2009
Hialeah FL 33015			Fiscal Year End:	9/30/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 207.50	New Rate 206.74	Effective Date 1/1/2010
C				
	Level H: AIDS	347.85	348.66	1/1/2010
	Level U: Fragile Under 21	460.47	462.54	1/1/2010
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Bure Rating Change and Customary Limitation Rate limitation change Change emester Change EV [2] as of 09/14/1990	n Interim Component
<u>Distribution:</u> Contract Managen	nent / Fiscal Agent		Stephen Russell	
Permanent File	nation Only		aid Cost Reimbursement	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Heartland of Orange Pa	nrk		Provider Number:	0 325261-00
570 Wells Road			Date:	12/29/2009
Orange Park FL 32073			Fiscal Year End:	9/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren Rate 192.0	Rate	Effective Date 1/1/2010
	Level H: AIDS	332.4	4 335.75	1/1/2010
	Level U: Fragile Under 21	445.0		1/1/2010
Basis: Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
Permanent File	nent / Fiscal Agent nation Only e in Rate		Stephen Russell icaid Cost Reimbursemen Language Reimbursemen	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



MCHS - Winter Park			Provider Number:	0 325279-00
2075 Loch Lomond Drive			Date:	12/29/2009
Winter Park FL 32792			Fiscal Year End:	9/30/2009
			Audit Status:	Unaudited [3]
Provider Type:	Single Level	Current Rate	Rate	Effective Date
Nursing Home	Single Level	198.30	<u> 197.16</u>	1/1/2010
	Level H: AIDS	338.65	339.08	1/1/2010
	Level U: Fragile Under 21	451.2	452.96	1/1/2010
Basis: Budget X Unaudited compiled audited audited audited audited audited audited audited audited besk audited besk audited besk audited audited besk audited audited besk audited besk audited audited besk audited besk audited besk audited audited besk audited bes	d costs - interim portion	Usua Targe FRV	Total Prospective Prospective Adjusted	h Interim Component
Permanent File	ment / Fiscal Agent nation Only ge in Rate		Stephen Russell caid Cost Reimbursemen Muss Rus	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



South Jacksonville				Provider Number:	0 325287-00
3648 University Blvd				Date:	12/29/2009
Jacksonville FL 32216				Fiscal Year End:	5/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	F	Rate	New Rate 192.37	Effective Date 1/1/2010
	Level H: AIDS	33	37.10	334.29	1/1/2010
	Level U: Fragile Under 21	44	49.72	448.17	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - Is	costs nterim portion	Changes:	Licensur Usual an Farget R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Manageme Permanent File For informa No Change	ation Only			Stephen Russell d Cost Reimbursement	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



Heartland of Brooksvill	le		Provider Number:	0 325295-00
575 Lamar Ave			Date:	12/29/2009
Brooksville FL 34601	<u> </u>		Fiscal Year End:	8/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 196.34	New Rate 197.80	Effective Date 1/1/2010
S	C			
	Level H: AIDS	336.69	339.72	1/1/2010
	Level U: Fragile Under 21	449.31	453.60	1/1/2010
Basis: Budget X Unaudited confield audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usual a Target FRVS X Rate So	tive Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 01/01/1988	h Interim Component
Distribution: Contract Managem	nent / Fiscal Agent		Stephen Russell	
Permanent File	nation Only		aid Cost Reimbursement	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Heartland of Boynton Bea	ch		Provider Number:	0 325309-00
3600 Old Boynton Beach			Date:	12/29/2009
Boynton Beach FL 33436	_		Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	Single Level	Current Rate 193.70	Rate	Effective Date 1/1/2010
L	evel H: AIDS	334.05	337.83	1/1/2010
L	evel U: Fragile Under 21	446.67	451.71	1/1/2010
Basis: Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int	terim portion osts	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective wit Total Prospective wit sure Rating Change and Customary Limitation change Change Change Semester Change RV [2] as of 01/16/1992	h Interim Component
Distribution: Contract Management Permanent File For informati No Change in	on Only		Stephen Russell caid Cost Reimbursemen Aug Rus	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Heartland of Ft. Myer	S			Provider Number:	0 325325-00
1600 Matthew Drive		·		Date:	12/29/2009
Ft. Myers FL 33907		•		Fiscal Year End:	9/30/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 191.81	New Rate 200.51	Effective Date 1/1/2010
runsing nome	Single Level			200.31	1/1/2010
	Level H: AIDS		332.16	342.43	1/1/2010
	Level U: Fragile Under 21		444.78	456.31	1/1/2010
Rate Type:		X	Prospectiv	/e	
	Total Interim		_ X	Total Prospective	
I	nterim Component			Prospective Adjusted	for New Costs
S	Settlement based on costs			Total Prospective with	n Interim Component
F	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensur	e Rating Change	
X Unaudited of				d Customary Limitation	on
Field audite				ate limitation change	
	- interim portion		FRVS C	hange	
Desk audite	ed costs - Interim Portion	<u> </u>	— Data San	nester Change	
	- Prospective portion			[2] as of 04/25/1991	
<u>Distribution:</u>	(7)			Stephen Russell	
•	ment / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File	mation Only			/>	
	ge in Rate		stypi	hus Ru	sell
	Sc III Ruic				
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



Heartland of Lauderhill			Provider Number:	0 325333-00
2599 NW 55th Avenue			Date:	12/29/2009
Lauderhill FL 33313			Fiscal Year End:	7/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Currer Rate	Rate	Effective Date 1/1/2010
	Level H: AIDS	329.7	0 333.10	1/1/2010
	Level U: Fragile Under 21	442.3	446.98	1/1/2010
Basis: Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	costs interim portion	Changes: Lice Usu Targ FRV	Prospective Adjusted	ion
Distribution: Contract Management File For information No Change	ation Only		Stephen Russell licaid Cost Reimbursemen	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Heartland of Prosperity	y Oaks		Provider Number:	0 325341-00	
11375 Prosperity Oaks			Date:	12/29/2009	
Palm Beach FL 33410			Fiscal Year End:	9/30/2008	
			Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	Current Rate 207.09	Rate	Effective	
runsing frome	Single Level	207.03	200.70	1/1/2010	
	Level H: AIDS	347.44	350.68	1/1/2010	
	Level U: Fragile Under 21	460.06	6 464.56	1/1/2010	
Basis: Budget X Unaudited c Field audite Field audit - Desk audited Desk audit -	d costs - interim portion	Usua. Targe FRV: X Rate	Total Prospective Prospective Adjusted	h Interim Component	
	ment / Fiscal Agent		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	Ct.	hus Ru	sall	
No Chang	ge in Rate	my	my / Car		
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



Heartland of Tamarac			Provider Number:	0 325350-00	
5901 N.W. 79th Avenu	ie		Date:	12/29/2009	
Tamarac FL 33321			Fiscal Year End:	9/30/2008	
			Audit Status:	Unaudited [3]	
Provider Type:		Curren Rate	Rate	Effective Date	
Nursing Home	Single Level	201.94	<u>204.15</u>	1/1/2010	
	Level H: AIDS	342.29	346.07	1/1/2010	
	Level U: Fragile Under 21	454.9	1 459.95	1/1/2010	
Basis: Budget X Unaudited concept and the con	d costs interim portion	Usua Targe FRV X Rate	Total Prospective Prospective Adjusted	h Interim Component	
Distribution:	(Stephen Russell		
Contract Managen Permanent File	nent / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
	nation Only	z	1 -		
No Chang	•	My	hus Ru	sacri	
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



MCHS- Boca Raton			Provider Number:	0 325368-00
375 N W 51st Street			Date:	12/29/2009
Boca Raton FL 33431			Fiscal Year End:	5/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 206.27	New Rate 209.12	Effective Date 1/1/2010
	Level H: AIDS	346.62	351.04	1/1/2010
	Level U: Fragile Under 21	459.24	464.92	1/1/2010
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - Is	costs nterim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change	n Interim Component
Distribution: Contract Management File For information No Change	ation Only		Stephen Russell aid Cost Reimbursement Russell Russell	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



MCHS- Boynton Bea	ach			Provider Number:	0 325376-00
3001 S Congress Ave				Date:	12/29/2009
Boynton Beach FL 33	3426			Fiscal Year End:	5/31/2009
				Audit Status:	Unaudited [3]
Provider Type:	Simple I aval	_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	207.34	201.51	1/1/2010
	Level H: AIDS		347.69	343.43	1/1/2010
	Level U: Fragile Under 21		460.31	457.31	1/1/2010
Rate Type:					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data			_	-
	1	CI			
Basis:		Changes	<u>s:</u>		
			т :	D. Change	
Budget				re Rating Change	
X Unaudited				nd Customary Limitation	on
Field audit		Target Rate limitation change			
	t - interim portion		FRVS C	Change	
Desk audit					
	- Interim Portion	X	Rate Ser	nester Change	
Distribution:	t - Prospective portion				
Contract Manage	ement / Fiscal Agent			Stephen Russell	
Permanent File			Medicai	d Cost Reimbursement	Analysis
	rmation Only			1 -	.//
	nge in Rate	مسيد	reze r	hus Ru	sacri
	<i></i>		-		
Homa Office	HCP Manag Cara				
Home Office:	HCR Manor Care Julie Yoxtheimer				
	333 North Summit Street				
	Toledo OH 43604				



MCHS - Ft. Myers				Provider Number:	0 325384-00	
13881 Eagle Ridge D	Prive			Date:	12/29/2009	
Ft. Myers Fl 33912				Fiscal Year End:	5/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	206.24	204.77	1/1/2010	
	Level H: AIDS	<u>-</u>	346.59	346.69	1/1/2010	
	Level U: Fragile Under 21	-	459.21	460.57	1/1/2010	
Rate Type:						
Interim		X	Prospectiv	ve		
	Total Interim	-	- X	Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with		
	Prior Provider Prospective data			Total Prospective with	i interim Component	
	Thor trovider trospective data					
Basis:		Changes	<u>:</u>			
D. L			Licensu	e Rating Change		
Budget X Unaudited	acets	-	_			
Field audit		Usual and Customary Limitation Target Rate limitation change				
		FRVS Change				
	t - interim portion	-	- FRVSC	mange		
Desk audit		<u> X</u>	_ D.4. C	Cl.		
	t - Interim Portion t - Prospective portion			mester Change [2] as of 05/01/2000		
Distribution:				Stephen Russell		
Contract Manage	ement / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
Permanent File					•	
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No Chai	nge in Rate		aje i.			
H 000	HCD Maria C					
Home Office:	HCR Manor Care Julie Yoxtheimer					
	333 North Summit Street					
	Toledo OH 43604					
	101000 011 1000 1					



MCHS-Lely Palms				Provider Number:	0 325422-00
1000 Lely Palms Drive				Date:	12/29/2009
Naples FL 34113				Fiscal Year End:	9/30/2008
				Audit Status:	Unaudited [3]
Provider Type:		-	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	212.51	214.72	1/1/2010
	Level H: AIDS		352.86	356.64	1/1/2010
	Level U: Fragile Under 21		465.48	470.52	1/1/2010
Basis: Budget X Unaudited conception Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change d Customary Limitatio ate limitation change	n Interim Component
<u>Distribution:</u> Contract Managen Permanent File	nent / Fiscal Agent		Medicaio	Stephen Russell	Analysis
	nation Only se in Rate		ty	hus Ru	sell
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



MCHS - Naples				Provider Number:	0 325449-00	
3601 Lakewood Blvd				Date:	12/29/2009	
Naples FL 34112				Fiscal Year End:	5/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	-	201.89	200.40	1/1/2010	
	Level H: AIDS		342.24	342.32	1/1/2010	
	Level U: Fragile Under 21		454.86	456.20	1/1/2010	
Rate Type :						
Interim		X	Prospectiv			
	otal Interim		<u>X</u>	Total Prospective		
	nterim Component			Prospective Adjusted		
	ettlement based on costs			Total Prospective with	n Interim Component	
Pr	rior Provider Prospective data					
Basis:		Change	s:			
			Licensus	n Dating Change		
Budget				e Rating Change		
Unaudited co		Usual and Customary Limitation Toward Pata limitation shange				
Field audited		Target Rate limitation change FRVS Change				
	interim portion		- FRVSC	nange		
Desk audited		<u> X</u>		Clares		
	Interim Portion - Prospective portion		Rate Ser	mester Change		
<u>Distribution:</u>				Stephen Russell		
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis				
Permanent File					•	
	nation Only		stepl	hus Ru	sell	
No Chang	ge in Kate					
Home Office:	HCR Manor Care					
nome office.	Julie Yoxtheimer					
	333 North Summit Street					
	Toledo OH 43604					



MCHS- Plantation				Provider Number:	0 325457-00
6931 W Sunrise Blvd				Date:	12/29/2009
Plantation FL 33313				Fiscal Year End:	5/31/2009
				Audit Status:	Unaudited [3]
Provider Type:	Cinala I anal]	urrent Rate	New Rate	Effective Date
Nursing Home	Single Level		09.24	208.19	1/1/2010
	Level H: AIDS		49.59	350.11	1/1/2010
	Level U: Fragile Under 21	_ 4	62.21	463.99	1/1/2010
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs - interim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:	ment / Figgel A gent			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	1-1		hus Ru	mell
No Chang	ge in Rate	-20	ezeri.	ens / les	
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



MCHS - Sarasota			Provider Number:	0 325465-00
5511 Swift Road			Date:	12/29/2009
Sarasota FL 34231			Fiscal Year End:	5/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Currer Rate 201.8	Rate	Effective Date 1/1/2010
- (5 9 .0 20 (0.			1/1/2010
	Level H: AIDS	342.2	3 345.48	1/1/2010
	Level U: Fragile Under 21	454.8	459.36	1/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk Audite	ed costs - interim portion	Changes: Lice Usus Targ FRV X Rate	Prospective Adjusted	th Interim Component
Distribution:	ment / Fiscal Agent		Stephen Russell	
Permanent File For information	mation Only ge in Rate		icaid Cost Reimbursemer	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



MCHS Venice				Provider Number:	0 325473-00
1450 E. Venice				Date:	12/29/2009
Venice FL 34292				Fiscal Year End:	5/31/2009
				Audit Status:	Unaudited [3]
Provider Type:	Single Level		urrent Rate 12.16	New <u>Rate</u> 195.11	Effective Date
Nursing Home	Single Level		12.10		1/1/2010
	Level H: AIDS	3	52.51	337.03	1/1/2010
	Level U: Fragile Under 21	4	65.13	450.91	1/1/2010
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs - interim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change	n Interim Component
Distribution: Contract Manager	nent / Fiscal Agent			Stephen Russell	
Permanent File	nation Only			d Cost Reimbursement	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



MCHS West Palm Beac	h		Provider Number:	0 325481-00
2300 Village Blvd			Date:	12/29/2009
West Palm Beach FL 33	3409		Fiscal Year End:	9/30/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 207.04	Rate	Effective Date 1/1/2010
	Level H: AIDS	347.39	349.13	1/1/2010
	Level U: Fragile Under 21	460.01	463.01	1/1/2010
Basis: Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	costs interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with sure Rating Change and Customary Limitation t Rate limitation change Change Semester Change RV [2] as of 06/01/1996	h Interim Component
Distribution: Contract Manageme Permanent File For informa No Change	ation Only		Stephen Russell caid Cost Reimbursemen Ann Rus	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Kensington Manor				Provider Number:	0 325490-00
3250 12th Street				Date:	12/29/2009
Sarasota FL 34237				Fiscal Year End:	8/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 223.13	New Rate 222.01	Effective Date 1/1/2010
- · · · · · · · · · · · · · · · · · · ·	~ g				
	Level H: AIDS	<u> </u>	363.48	363.93	1/1/2010
	Level U: Fragile Under 21	<u> </u>	476.10	477.81	1/1/2010
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Changes: X	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
<u>Distribution:</u> Contract Management / Fiscal Agent		Stephen Russell			
Permanent File		Medicaid Cost Reimbursement Analysis			
For information Only			<i>*</i>	hus Ru	rael1
No Change	e in Rate		eze u	m / m	,
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



MCHS- Delray			Provider Number:	0 325520-00	
16200 Jog Road			Date:	12/29/2009	
Delray Beach FL 33446			Fiscal Year End:	4/30/2009	
			Audit Status:	Unaudited [3]	
Provider Type:	Cincle I aval	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	197.22	189.57	1/1/2010	
	Level H: AIDS	337.57	331.49	1/1/2010	
	Level U: Fragile Under 21	450.19	445.37	1/1/2010	
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 02/17/1999	n Interim Component	
Distribution:		Stephen Russell			
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For information Only		1-	hus Ru	mell	
No Chang	ge in Rate	my	mus / Ca	,	
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



MCHS - Carrollwood	d			Provider Number:	0 325678-00	
3030 W. Bearss Avenue			Date:		12/29/2009	
Tampa FL 33618				Fiscal Year End:	5/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
		Curr		New	Effective	
	~	Ra		Rate	Date	
Nursing Home	Single Level		.67	210.99	1/1/2010	
	Level H: AIDS	353	.02	352.91	1/1/2010	
	Level U: Fragile Under 21	465	.64	466.79	1/1/2010	
Rate Type :						
Interim		X Pros	pective			
	Total Interim		X T	otal Prospective		
	Interim Component	Prospective Adjusted for New Costs				
	Settlement based on costs		T	otal Prospective with	h Interim Component	
	Prior Provider Prospective data					
Basis:		Changes:				
		8				
Budget		Lie	ensure	Rating Change		
X Unaudited	costs	Us	ual and	Customary Limitation	on	
Field audi	ted costs			te limitation change		
Field audi	t - interim portion	FF	VS Cha	ange		
Desk audi	_					
	t - Interim Portion	$\overline{\mathbf{X}}$ Ra	X Rate Semester Change			
	it - Prospective portion			2] as of 07/20/1990		
Distribution:	•			Stephen Russell		
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Analysis			
Permanent File					· · · · · · · · · · · · · · · · · · ·	
For information Only		Etc	a de	us Ru	sell	
No Cha	nge in Rate	2007				
Home Office:	HCR Manor Care					
	Julie Yoxtheimer					
	333 North Summit Street					
	Toledo OH 43604					



MCHS - Dunedin			Provider Number:	0 325686-00
870 Patricia Ave			Date:	12/29/2009
Dunedin FL 34698			Fiscal Year End:	9/30/2009
			Audit Status:	Unaudited [3]
Provider Type:	Charle I and	Curren Rate	Rate	Effective Date
Nursing Home	Single Level	192.3	199.83	1/1/2010
	Level H: AIDS	332.60	341.75	1/1/2010
	Level U: Fragile Under 21	445.23	455.63	1/1/2010
Basis: Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usua Targe FRV X Rate	Total Prospective Prospective Adjusted	h Interim Component on
<u>Distribution:</u>		Stephen Russell		
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis		
Permanent File For information Only				•
No Change in Rate		Sty	low Ru	soll
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



MCHS - Palm Harbor			Provider Number:	0 325694-00	
2851 Tampa Rd			Date:	12/29/2009	
Palm Harbor FL 34684			Fiscal Year End:	5/31/2009	
			Audit Status:	Unaudited [3]	
Provider Type:		Curren Rate	t New Rate	Effective Date	
Nursing Home	Single Level	195.69	9 190.75	1/1/2010	
	Level H: AIDS	336.04	332.67	1/1/2010	
	Level U: Fragile Under 21	448.6	6 446.55	1/1/2010	
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	d costs interim portion	Usua Targe FRV X Rate	Total Prospective Prospective Adjusted	ch Interim Component on	
Contract Management / Fiscal Agent		Stephen Russell			
Permanent File		Medicaid Cost Reimbursement Analysis			
For inform No Chang	nation Only ge in Rate	Step	hus Ru	mell	
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



Heartland of Zephyrhills			Provider Number	er: 0 325708-00	
38220 Henry Drive			Da	te: 12/29/2009	
Zephyrhills FL 33540			Fiscal Year End		
			Audit Statu	us: Unaudited [3]	
Provider Type: Nursing Home	Single Level	Curre <u>Rate</u> 184.	Rate	Effective	
- (~ g -0 =0 \ 0.			1/1/2010	
	Level H: AIDS	324.	41 333.39	1/1/2010	
	Level U: Fragile Under 21	437.	03 447.27	1/1/2010	
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Changes: Lice Use Tar FR		sted for New Costs with Interim Component itation nge	
Distribution:	1100peta (o potator				
Contract Management / Fiscal Agent		Stephen Russell			
Permanent File		Medicaid Cost Reimbursement Analysis			
For inform No Change	•	Sty	chus R	usell.	
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



Moosehaven				Provider Number:	0 326011-00
1701 Park Avenue			Date:		12/29/2009
Orange Park FL 32073	_			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level		Current Rate 208.70	New Rate 210.11	Effective Date 1/1/2010
Le	evel H: AIDS		349.05	352.03	1/1/2010
Le	evel U: Fragile Under 21		461.67	465.91	1/1/2010
Basis: X Budget Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Inte	erim portion sts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate				Stephen Russell d Cost Reimbursement Russell	•
Home Office:	1 - No Home Office				