0 001135-00 - 2011/01

210.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Surrey Place Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
110 Southeast Lee Avenue		**10/01/2009-09/30/2010**		Number of Beds:	**60**	Superior:	**0**
Live Oak FL 32060		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Suwannee[61]**	First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**20,287**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,798**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**12,445**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/21/1988**						
Acquired Date:	**1/21/1988**						
Entered Medicaid	**1/21/1988**						
Med # Active Date:	**6/1/2008**						
Previous Med #	**257109**						

Medicaid Utilization	**61.34470%**
Occupancy:	**92.63470%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.43903%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21484990**
Semester Index:	**1.24282006**
Cost:	**1.02302355**
Target:	**1.01759574**
DC FY Index:	**1.17050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01665955**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	623,240	892,410	650,117	408,569	0	2,574,336
1a	Audit Adjustments						
2	Cost Per Diem	50.0796	71.7083	52.2392	**32.8300**		206.8571
3	Cost Per Diem Inflated	51.2326	72.9029	53.4419			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.2326**	**72.9029**	**53.4419**	**32.8300**		210.4074
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6501		47.1885			
7	Provider Target Rate	**48.8479**		**48.7271**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.4247**	**72.9029**	**48.7271**	**13.6500**		183.7047
12/13	Medicaid Adjustment Rate		0.9304	0.6219			
14	Prospective Per Diem 11	**48.4247**	**73.8333**	**49.3490**	**13.6500**		**185.2570**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 001135-00 - 2011/01

210.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Surrev Place Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/21/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**2,918,170**
FRVS Base Asset:	**1,765,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029580**

Mortgage Information		
Amount:	**1,820,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.0100**	**%**
Chase Rate:	**10.5000**	**%**
Amortization Rate:	**12.0100**	**%**
Interest Only:	**False**	
Yearly Payment:	**308,658**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,334,536**	**15.6600**
20% ROE(2):	**583,634**	**0.8759**
Insurance Cost(3):	**9,865**	**0.4863**
Taxes Cost(3):	**35,724**	**1.7609**
Home Office(3):	**16,675**	**0.8220**
Replacement(3&4):	**89,819**	**0.0000**
Total FRVS PD:		**19.6051**

(1) 80% Capital ($2,334,536) amortized at 12.0100% for 20 years Principal & Interest of $308,658 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $15.6600

(2) 20% ROE ($583,634) times the ROE factor (0.029580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.8759

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,765,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.4247**	**48.4247**	**0.4224**	**48.0023**	
Patient Care					
Direct Care	**73.8333**	**73.8333**	**0.6441**	**73.1892**	
Indirect Care	**49.3490**	**49.3490**	**0.4305**	**48.9185**	
Property	**13.6500**	**19.6051**	**0.1710**	**19.4341**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.4484**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**185.2570**	**191.2121**	**1.6680**	**210.5896**	

***Medicaid Trend Adjustment :**

0 001136-00 - 2011/01

212.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Signature HealthCARE of Palm Beach

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4405 Lakewood Road		**10/01/2009-09/30/2010**		Number of Beds:	**120**	Superior:	**0**
Lake Worth FL 33461		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**36,993**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,208**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**17,256**	FY Index:	**1.21484990**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**46.64666%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**84.45891%**	Cost:	**1.02302355**
Open Date:	**7/1/1984**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**7/1/1984**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.17050000**
Entered Medicaid	**7/1/1984**	Low Occupancy Adjustment Factor:			**106.16230%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**6/1/2008**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.01665955**
Previous Med #	**257117**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	812,150	1,388,604	805,178	694,899	0	3,700,831
1a	Audit Adjustments						
2	Cost Per Diem	47.0648	80.4708	46.6608	**40.2700**		214.4664
3	Cost Per Diem Inflated	48.1484	81.8114	47.7351			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.1484**	**81.8114**	**47.7351**	**40.2700**		217.9649
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.1659		46.7809			
7	Provider Target Rate	**44.2510**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.2510**	**81.8114**	**47.7351**	**13.6500**		187.4475
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.2510**	**81.8114**	**47.7351**	**13.6500**		**187.4475**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 001136-00 - 2011/01

212.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Signature HealthCARE of Palm Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,599,011**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029580**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**10.5000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**467,031**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,479,209**	**11.8476**
20% ROE(2):	**1,119,802**	**0.8403**
Insurance Cost(3):	**29,852**	**0.8070**
Taxes Cost(3):	**84,724**	**2.2903**
Home Office(3):	**32,343**	**0.8743**
Replacement(3&4):	**25,014**	**0.0000**
Total FRVS PD:		**16.6595**

(1) 80% Capital ($4,479,209) amortized at 10.5000% for 20 years Interest of $467,031 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.8476
(2) 20% ROE ($1,119,802) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8403
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.2510**	**44.2510**	**0.3860**	**43.8650**	
Patient Care					
Direct Care	**81.8114**	**81.8114**	**0.7137**	**81.0977**	
Indirect Care	**47.7351**	**47.7351**	**0.4164**	**47.3187**	
Property	**13.6500**	**16.6595**	**0.1453**	**16.5142**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.6700**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**187.4475**	**190.4570**	**1.6614**	**212.0627**	

***Medicaid Trend Adjustment :**

0 001281-00 - 2011/01

235.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Cross Pointe Care Center

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
440 Phippen Care Road		**12/01/2007-11/30/2008**		Number of Beds:	**88**	Superior:	**0**
Dania Beach FL 33004		Days In CR	**366**	Maximum:	**32,208**	Standard:	**181**
County: **Broward[6]**		First Used:	**2007/07**	Max Annualized:	**32,120**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2011/01**	Total Patient:	**28,727**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**6,320**		
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**22,207**		
Class at 1/94: **South Small [3]**							
Operating Ex **> 18 months [1]**							
Open Date: **2/1/1984**							
Acquired Date: **2/1/1984**							
Entered Medicaid **2/1/1984**							
Med # Active Date: **12/28/2007**							
Previous Med # **255041**							

Medicaid Utilization	**77.30358%**
Occupancy:	**89.19213%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**112.11182%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.16484995**
Semester Index:	**1.24282006**
Cost:	**1.00000000**
Target:	**1.01759574**
DC FY Index:	**1.13265957**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.00000000**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,313,944	2,190,396	1,485,200	664,878	0	5,654,418
1a	Audit Adjustments						
2	Cost Per Diem	59.1680	98.6354	66.8798	**29.9400**		254.6232
3	Cost Per Diem Inflated	59.1680	98.6354	66.8798			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**59.1680**	**98.6354**	**66.8798**	**29.9400**		254.6232
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation	**50.0232**		**58.5755**			
10b	Base for line 10a	48.7966		56.1408			
11	Lesser of 5,7,8,10, 10a	**50.0232**	**98.6354**	**58.5755**	**13.6500**		220.8841
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.0232**	**98.6354**	**58.5755**	**13.6500**		**220.8841**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 001281-00 - 2011/01

235.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Cross Pointe Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**2,347,309**
FRVS Base Asset:	**1,418,704**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.041880**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**4.7500**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**4.7500**	**%**
Interest Only:	**True**	
Yearly Payment:	**87,953**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,877,847**	**3.0425**
20% ROE(2):	**469,462**	**0.6801**
Insurance Cost(3):	**65,000**	**2.2627**
Taxes Cost(3):	**45,000**	**1.5665**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**7.5518**

(1) 80% Capital ($1,877,847) amortized at 4.7500% for 20 years Interest of $87,953 divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = $3.0425
(2) 20% ROE ($469,462) times the ROE factor (0.041880) divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = $0.6801
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**88**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,508,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.0232**	**50.0232**	**0.4364**	**49.5868**	
Patient Care					
Direct Care	**98.6354**	**98.6354**	**0.8604**	**97.7750**	
Indirect Care	**58.5755**	**58.5755**	**0.5110**	**58.0645**	
Property	**13.6500**	**7.5518**	**0.0659**	**7.4859**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.6874**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**220.8841**	**214.7859**	**1.8737**	**235.1967**	

***Medicaid Trend Adjustment :**

0 001300-00 - 2011/01

212.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Cross Terrace Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1351 San Christopher Drive	**12/28/2007-06/30/2008**	Number of Beds: **104**	Superior: **0**
Dunedin FL 34698	Days In CR **186**	Maximum: **19,344**	Standard: **181**
County: **Pinellas[52]**	First Used: **2011/01**	Max Annualized: **37,960**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2011/01**	Total Patient: **15,606**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **4,309**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **10,093**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **5/1/1979**			
Acquired Date: **5/1/1979**			
Entered Medicaid **5/1/1979**			
Med # Active Date: **12/28/2007**			
Previous Med # **260363**			

Medicaid Utilization	**64.67384%**
Occupancy:	**80.67618%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**101.40753%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.15516097**
Semester Index:	**1.24282006**
Cost:	**1.07588474**
Target:	**1.01759574**
DC FY Index:	**1.12700000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.05590062**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	454,542	1,085,368	404,934	307,130	0	2,251,974
1a	Audit Adjustments						
2	Cost Per Diem	45.0354	107.5367	40.1203	**30.4300**		223.1224
3	Cost Per Diem Inflated	48.4529	113.5481	43.1648			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.4529**	**113.5481**	**43.1648**	**30.4300**		235.5958
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5271		53.6765			
7	Provider Target Rate	**47.6966**		**55.0258**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**43.3049**		**46.1145**			
10b	Base for line 10a	42.2430		44.9838			
11	Lesser of 5,7,8,10, 10a	**43.3049**	**95.7090**	**43.1648**	**13.6500**		195.8287
12/13	Medicaid Adjustment Rate		1.5800	0.7126			
14	Prospective Per Diem 11	**43.3049**	**97.2890**	**43.8774**	**13.6500**		**198.1213**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 001300-00 - 2011/01

212.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Cross Terrace Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/01**
Indexed Asset Value	**2,219,334**
FRVS Base Asset:	**1,371,112**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.036670**

Mortgage Information		
Amount:	**2,469,167.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.3200**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**5.3200**	**%**
Interest Only:	**False**	
Yearly Payment:	**144,401**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,775,467**	**4.2267**
20% ROE(2):	**443,867**	**0.4764**
Insurance Cost(3):	**41,514**	**2.6601**
Taxes Cost(3):	**24,388**	**1.5627**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**22,988**	**0.0000**
Total FRVS PD:		**8.9259**

(1) 80% Capital ($1,775,467) amortized at 5.3200% for 20 years Principal & Interest of $144,401 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $4.2267
(2) 20% ROE ($443,867) times the ROE factor (0.036670) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $0.4764
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**104**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,964,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.3049**	**43.3049**	**0.3778**	**42.9271**	
Patient Care					
Direct Care	**97.2890**	**97.2890**	**0.8487**	**96.4403**	
Indirect Care	**43.8774**	**43.8774**	**0.3828**	**43.4946**	
Property	**13.6500**	**8.9259**	**0.0779**	**8.8480**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.6308**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**198.1213**	**193.3972**	**1.6872**	**212.9379**	

***Medicaid Trend Adjustment :**

0 001416-00 - 2011/01

222.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Florida Baptist Retirement Center

Type of Cost Report:Interim New Facility [2] Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: New Provider[2]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1006 33rd Street		**09/01/2008-08/31/2009**		Number of Beds:	**24**	Superior:	**0**
Vero Beach FL 32960		Days In CR	**365**	Maximum:	**8,760**	Standard:	**181**
County:	**Indian River[31]**	First Used:	**2008/07**	Max Annualized:	**8,760**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**8,213**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**0**		
Current Class	**South Small [3]**	Initial CR?	**True**	Medicaid:	**1,971**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1955**						
Acquired Date:	**1/1/1955**						
Entered Medicaid	**7/30/2008**						
Med # Active Date:	**7/30/2008**						
Previous Med #							

Medicaid Utilization	**23.99854%**
Occupancy:	**93.75571%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.84811%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18697094**
Semester Index:	**1.24282006**
Cost:	**1.00000000**
Target:	**1.01759574**
DC FY Index:	**1.15383092**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.00000000**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	116,099	191,643	98,967	9,126	0	415,835
1a	Audit Adjustments						
2	Cost Per Diem	58.9036	97.2314	50.2116	**4.6301**		210.9767
3	Cost Per Diem Inflated	58.9036	97.2314	50.2116			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.9036**	**97.2314**	**50.2116**	**4.6301**		210.9767
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation	**60.1335**		**66.4777**			
10b	Base for line 10a	58.6590		64.8476			
11	Lesser of 5,7,8,10, 10a	**58.9036**	**97.2314**	**50.2116**	**4.6301**		210.9767
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**58.9036**	**97.2314**	**50.2116**	**4.6301**		**210.9767**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 001416-00 - 2011/01

222.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Florida Baptist Retirement Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/30/2008**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**827,050**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.037400**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**0.0000**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**6.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**39,218**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**661,640**	**4.9744**
20% ROE(2):	**165,410**	**0.7847**
Insurance Cost(3):	**38,000**	**4.6268**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**10.3859**

(1) 80% Capital ($661,640) amortized at 6.0000% for 20 years Interest of $39,218 divided by annual available days (8,760) divided by Occup. Adj. (0.9000) = $4.9744
(2) 20% ROE ($165,410) times the ROE factor (0.037400) divided by annual available days (8,760) divided by Occup. Adj. (0.9000) = $0.7847
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2008**	Used Per Bed Standard:	**46,708**
Comparison Bed	**24**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,120,992**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**58.9036**	**58.9036**	**0.5138**	**58.3898**	
Patient Care					
Direct Care	**97.2314**	**97.2314**	**0.8482**	**96.3832**	
Indirect Care	**50.2116**	**50.2116**	**0.4380**	**49.7736**	
Property	**4.6301**	**10.3859**	**0.0906**	**10.2953**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**210.9767**	**216.7325**	**1.8906**	**222.4390**	

***Medicaid Trend Adjustment :**

0 002400-00 - 2011/01

238.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Village Place Health and Rehab Center

Type of Cost Report:Cost Settled Interim CHOW[5] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2370 Harbor Blvd.		**10/01/2008-12/31/2009**		Number of Beds:	**104**	Superior:	**0**
Port Charlotte FL 33952		Days In CR	**457**	Maximum:	**47,528**	Standard:	**181**
County:	**Charlotte[8]**	First Used:	**2008/07**	Max Annualized:	**37,960**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**41,782**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,978**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**17,615**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1987**						
Acquired Date:	**7/1/1987**						
Entered Medicaid	**9/22/1987**						
Med # Active Date:	**9/30/2008**						
Previous Med #	**317179**						

Medicaid Utilization	**42.15930%**
Occupancy:	**87.91028%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**110.50057%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19210890**
Semester Index:	**1.24282006**
Cost:	**1.04253903**
Target:	**1.01759574**
DC FY Index:	**1.15816513**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02748733**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,118,321	1,639,703	1,074,999	356,880	5,653	4,195,556
1a	Audit Adjustments						
2	Cost Per Diem	63.4869	93.0856	61.0275	**20.2600**	**0.3209**	238.1809
3	Cost Per Diem Inflated	66.1876	95.6443	63.6236			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**66.1876**	**95.6443**	**63.6236**	**20.2600**	**0.3209**	246.0364
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.5580		62.0571			
7	Provider Target Rate	**66.1808**		**63.6170**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation	**51.4907**		**58.0930**			
10b	Base for line 10a	50.2281		56.6685			
11	Lesser of 5,7,8,10, 10a	**50.3378**	**95.6443**	**56.8989**	**13.6500**	**0.3209**	216.8519
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.3378**	**95.6443**	**56.8989**	**13.6500**	**0.3209**	**216.8519**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 002400-00 - 2011/01

238.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Village Place Health and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/22/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**5,059,292**
FRVS Base Asset:	**3,036,280**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030080**

Mortgage Information		
Amount:	**5,200,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**5.0000**	**%**
Amortization Rate:	**8.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**406,252**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,047,434**	**11.8912**
20% ROE(2):	**1,011,858**	**0.8909**
Insurance Cost(3):	**83,726**	**2.0039**
Taxes Cost(3):	**102,375**	**2.4502**
Home Office(3):	**41,187**	**0.9858**
Replacement(3&4):	**3,325**	**0.0000**
Total FRVS PD:		**18.2220**

(1) 80% Capital ($4,047,434) amortized at 8.0000% for 20 years Principal & Interest of $406,252 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $11.8912

(2) 20% ROE ($1,011,858) times the ROE factor (0.030080) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $0.8909

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**104**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,036,280**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**95.6443**	**95.6443**	**0.8343**	**94.8100**	
Indirect Care	**56.8989**	**56.8989**	**0.4964**	**56.4025**	
Property	**13.6500**	**18.2220**	**0.1590**	**18.0630**	
ROE	**0.3209**	**0.3142**	**0.0027**	**0.3115**	
ROE Adjustment	**-0.3142**	**-0.3142**	**-0.0027**	**-0.3115**	
Quality Assess-Medicaid Share				**$12.0798**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**216.5377**	**221.1030**	**1.9288**	**238.8511**	

***Medicaid Trend Adjustment :**

0 002419-00 - 2011/01

220.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

West Broward Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
7751 W. Broward Blvd.		**06/30/2008-12/31/2008**		Number of Beds:	**120**	Superior:	**0**
Plantation FL 33324		Days In CR	**185**	Maximum:	**22,200**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2011/01**	Total Patient:	**20,862**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,021**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**13,369**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**11/1/1971**						
Acquired Date:	**11/1/1971**						
Entered Medicaid	**11/1/1971**						
Med # Active Date:	**6/30/2008**						
Previous Med #	**258822**						

Medicaid Utilization	**64.08302%**
Occupancy:	**93.97298%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.12119%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.17905551**
Semester Index:	**1.24282006**
Cost:	**1.05408104**
Target:	**1.01759574**
DC FY Index:	**1.14350000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.04066463**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	678,737	1,046,645	691,007	435,562	0	2,851,951
1a	Audit Adjustments						
2	Cost Per Diem	50.7695	78.2890	51.6873	**32.5800**		213.3258
3	Cost Per Diem Inflated	53.5152	81.4726	54.4826			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.5152**	**81.4726**	**54.4826**	**32.5800**		222.0504
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.8339		52.4439			
7	Provider Target Rate	**45.9609**		**53.7622**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation	**47.1577**		**55.1851**			
10b	Base for line 10a	46.0014		53.8319			
11	Lesser of 5,7,8,10, 10a	**45.9609**	**81.4726**	**53.7622**	**13.6500**		194.8457
12/13	Medicaid Adjustment Rate		1.2908	0.8518			
14	Prospective Per Diem 11	**45.9609**	**82.7634**	**54.6140**	**13.6500**		**196.9883**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 002419-00 - 2011/01

220.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

West Broward Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**4,640,758**
FRVS Base Asset:	**2,206,339**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.036040**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.0000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**475,108**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,712,606**	**12.0525**
20% ROE(2):	**928,152**	**0.8486**
Insurance Cost(3):	**27,544**	**1.3203**
Taxes Cost(3):	**47,959**	**2.2989**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**52,648**	**0.0000**
Total FRVS PD:		**16.5203**

(1) 80% Capital ($3,712,606) amortized at 11.5000% for 20 years Principal & Interest of $475,108 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.0525
(2) 20% ROE ($928,152) times the ROE factor (0.036040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8486
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.9609**	**45.9609**	**0.4009**	**45.5600**	
Patient Care					
Direct Care	**82.7634**	**82.7634**	**0.7220**	**82.0414**	
Indirect Care	**54.6140**	**54.6140**	**0.4764**	**54.1376**	
Property	**13.6500**	**16.5203**	**0.1441**	**16.3762**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.2007**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**196.9883**	**199.8586**	**1.7434**	**220.9130**	

***Medicaid Trend Adjustment :**

0 003521-00 - 2011/01

224.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Trinity Regional Rehab Center

Type of Cost Report:Cost Settled Interim New Facility[6] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: New Provider[2]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2144 Welbilt Boulevard		**11/25/2008-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Trinity FL 34655		Days In CR	**402**	Maximum:	**48,240**	Standard:	**181**
County: **Pasco[51]**		First Used:	**2008/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2011/01**	Total Patient:	**33,792**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**13,613**		
Current Class **Central Large [6]**		Initial CR?	**True**	Medicaid:	**12,677**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**11/19/2007**						
Acquired Date:	**11/19/2007**						
Entered Medicaid	**11/25/2008**						
Med # Active Date:	**11/25/2008**						
Previous Med #							

Medicaid Utilization	**37.51480%**
Occupancy:	**70.04975%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**88.05043%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	669,781	1,203,655	942,280	645,259	0	3,460,975
1a	Audit Adjustments						
2	Cost Per Diem	52.8343	94.9479	74.3299	**50.9000**		273.0121
3	Cost Per Diem Inflated	55.0002	97.4455	77.3770			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.0002**	**97.4455**	**77.3770**	**50.9000**		280.7227
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.7083		75.5595			
7	Provider Target Rate	**55.0584**		**77.4588**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**45.1071**		**50.9793**			
10b	Base for line 10a	44.0011		49.7293			
11	Lesser of 5,7,8,10, 10a	**45.1071**	**95.7090**	**50.9793**	**13.6500**		205.4454
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.1071**	**95.7090**	**50.9793**	**13.6500**		**205.4454**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 003521-00 - 2011/01

224.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Trinity Regional Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/25/2008**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2007/07**
Indexed Asset Value	**5,697,490**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029040**

Mortgage Information		
Amount:	**8,729,094.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.9400**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**3.9400**	**%**
Interest Only:	**False**	
Yearly Payment:	**329,720**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,557,992**	**8.3643**
20% ROE(2):	**1,139,498**	**0.8394**
Insurance Cost(3):	**111,119**	**3.2883**
Taxes Cost(3):	**85,862**	**2.5409**
Home Office(3):	**20,995**	**0.6213**
Replacement(3&4):	**1,706**	**0.0000**
Total FRVS PD:		**15.6542**

(1) 80% Capital ($4,557,992) amortized at 3.9400% for 20 years Principal & Interest of $329,720 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.3643
(2) 20% ROE ($1,139,498) times the ROE factor (0.029040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8394
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2008**	Used Per Bed Standard:	**46,708**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,604,960**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.1071**	**45.1071**	**0.3935**	**44.7136**	
Patient Care					
Direct Care	**95.7090**	**95.7090**	**0.8349**	**94.8741**	
Indirect Care	**50.9793**	**50.9793**	**0.4447**	**50.5346**	
Property	**13.6500**	**15.6542**	**0.1366**	**15.5176**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.2444**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**205.4454**	**207.4496**	**1.8097**	**224.4814**	

***Medicaid Trend Adjustment :**

0 005021-00 - 2011/01

191.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Braden River Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2010 Manatee Avenue		**05/01/2009-04/30/2010**		Number of Beds:	**208**	Superior:	**0**
Bradenton FL 34208		Days In CR	**365**	Maximum:	**75,920**	Standard:	**181**
County:	**Manatee[41]**	First Used:	**2011/01**	Max Annualized:	**75,920**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**61,813**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,152**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**43,412**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1964**						
Acquired Date:	**1/1/1964**						
Entered Medicaid	**1/1/1971**						
Med # Active Date:	**11/1/2008**						
Previous Med #	**265667**						

Medicaid Utilization	**70.23118%**
Occupancy:	**81.41860%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**102.34072%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20114856**
Semester Index:	**1.24282006**
Cost:	**1.03469304**
Target:	**1.01759574**
DC FY Index:	**1.16416550**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02219143**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,442,152	3,701,081	1,604,948	1,298,453	0	8,046,634
1a	Audit Adjustments						
2	Cost Per Diem	33.2201	85.2548	36.9701	**29.9100**		185.3550
3	Cost Per Diem Inflated	34.3726	87.1467	38.2527			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.3726**	**87.1467**	**38.2527**	**29.9100**		189.6820
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.8882		44.9608			
7	Provider Target Rate	**41.9160**		**46.0910**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**41.4971**		**46.2040**			
10b	Base for line 10a	40.4796		45.0711			
11	Lesser of 5,7,8,10, 10a	**34.3726**	**87.1467**	**38.2527**	**13.6500**		173.4220
12/13	Medicaid Adjustment Rate		1.9835	0.8706			
14	Prospective Per Diem 11	**34.3726**	**89.1302**	**39.1233**	**13.6500**		**176.2761**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005021-00 - 2011/01

191.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Braden River Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/1/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**3,806,202**
FRVS Base Asset:	**1,984,948**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**4,900,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**317,099**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,044,962**	**4.6408**
20% ROE(2):	**761,240**	**0.3516**
Insurance Cost(3):	**125,057**	**2.0232**
Taxes Cost(3):	**63,256**	**1.0233**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**57,685**	**0.0000**
Total FRVS PD:		**8.0389**

(1) 80% Capital ($3,044,962) amortized at 8.5000% for 20 years Principal & Interest of $317,099 divided by annual available days (75,920) divided by Occup. Adj. (0.9000) = $4.6408

(2) 20% ROE ($761,240) times the ROE factor (0.031560) divided by annual available days (75,920) divided by Occup. Adj. (0.9000) = $0.3516

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**208**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,928,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.3726**	**34.3726**	**0.2998**	**34.0728**	
Patient Care					
Direct Care	**89.1302**	**89.1302**	**0.7775**	**88.3527**	
Indirect Care	**39.1233**	**39.1233**	**0.3413**	**38.7820**	
Property	**13.6500**	**8.0389**	**0.0701**	**7.9688**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.1282**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**176.2761**	**170.6650**	**1.4887**	**191.9016**	

***Medicaid Trend Adjustment :**

0 005219-00 - 2011/01

230.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Osceola Health Care Center

Type of Cost Report:Cost Settled Interim CHOW[5] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4201 W. New Nolte Rd.		**01/01/2009-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
St. Cloud FL 34772		Days In CR	**181**	Maximum:	**21,720**	Standard:	**181**
County:	**Osceola[49]**	First Used:	**2009/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**19,771**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,419**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**11,461**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/11/1991**						
Acquired Date:	**6/11/1991**						
Entered Medicaid	**10/28/1991**						
Med # Active Date:	**1/1/2009**						
Previous Med #	**217859**						

Medicaid Utilization	**57.96874%**
Occupancy:	**91.02671%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.41783%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	542,066	1,122,215	593,991	265,895	0	2,524,167
1a	Audit Adjustments						
2	Cost Per Diem	47.2966	97.9160	51.8272	**23.2000**		220.2398
3	Cost Per Diem Inflated	49.4550	100.8395	54.1924			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.4550**	**100.8395**	**54.1924**	**23.2000**		227.6869
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.4077		53.0447			
7	Provider Target Rate	**49.6245**		**54.3781**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**43.9600**		**51.0814**			
10b	Base for line 10a	42.8821		49.8289			
11	Lesser of 5,7,8,10, 10a	**43.9600**	**95.7090**	**51.0814**	**13.6500**		204.4004
12/13	Medicaid Adjustment Rate		0.8580	0.4579			
14	Prospective Per Diem 11	**43.9600**	**96.5670**	**51.5393**	**13.6500**		**205.7163**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005219-00 - 2011/01

230.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Osceola Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/28/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**5,363,996**
FRVS Base Asset:	**3,642,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027290**

Mortgage Information		
Amount:	**5,200,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.0000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**11.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**531,519**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,291,197**	**13.4835**
20% ROE(2):	**1,072,799**	**0.7427**
Insurance Cost(3):	**7,057**	**0.3569**
Taxes Cost(3):	**24,707**	**1.2497**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**15.8328**

(1) 80% Capital ($4,291,197) amortized at 11.0000% for 20 years Principal & Interest of $531,519 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.4835
(2) 20% ROE ($1,072,799) times the ROE factor (0.027290) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7427
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.9600**	**43.9600**	**0.3835**	**43.5765**	
Patient Care					
Direct Care	**96.5670**	**96.5670**	**0.8424**	**95.7246**	
Indirect Care	**51.5393**	**51.5393**	**0.4496**	**51.0897**	
Property	**13.6500**	**15.8328**	**0.1381**	**15.6947**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5261**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**205.7163**	**207.8991**	**1.8136**	**230.2087**	

***Medicaid Trend Adjustment :**

0 005372-00 - 2011/01

205.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Debary Manor

Type of Cost Report:Cost Settled Interim CHOW[5] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
60 N. Highway 17-92		**12/04/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**181**
Debary FL 32713		Days In CR	**209**	Maximum:	**25,080**	Standard:	**0**
County:	**Volusia[64]**	First Used:	**2008/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**23,133**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,333**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**14,227**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1983**						
Acquired Date:	**7/1/1983**						
Entered Medicaid	**7/1/1983**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**213551**						

Medicaid Utilization	**61.50089%**
Occupancy:	**92.23684%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.93894%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	509,221	1,125,196	673,310	379,292	0	2,687,019
1a	Audit Adjustments						
2	Cost Per Diem	35.7926	79.0888	47.3262	**26.6600**		188.8676
3	Cost Per Diem Inflated	37.4260	81.4502	49.4860			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.4260**	**81.4502**	**49.4860**	**26.6600**		195.0222
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	36.6334		48.4380			
7	Provider Target Rate	**37.5542**		**49.6556**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation	**41.8166**		**50.8565**			
10b	Base for line 10a	40.7912		49.6095			
11	Lesser of 5,7,8,10, 10a	**37.4260**	**81.4502**	**49.4860**	**13.6500**		182.0122
12/13	Medicaid Adjustment Rate		1.0538	0.6403			
14	Prospective Per Diem 11	**37.4260**	**82.5040**	**50.1263**	**13.6500**		**183.7063**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005372-00 - 2011/01

205.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Debary Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**4,844,168**
FRVS Base Asset:	**1,460,322**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**5,008,973.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.3750**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.3750**	**%**
Interest Only:	**False**	
Yearly Payment:	**399,901**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,875,334**	**10.1446**
20% ROE(2):	**968,834**	**0.6714**
Insurance Cost(3):	**23,602**	**1.0203**
Taxes Cost(3):	**29,177**	**1.2613**
Home Office(3):	**24,045**	**1.0394**
Replacement(3&4):	**531**	**0.0000**
Total FRVS PD:		**14.1370**

(1) 80% Capital ($3,875,334) amortized at 8.3750% for 20 years Principal & Interest of $399,901 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.1446

(2) 20% ROE ($968,834) times the ROE factor (0.027320) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6714

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.4260**	**37.4260**	**0.3265**	**37.0995**	
Patient Care					
Direct Care	**82.5040**	**82.5040**	**0.7197**	**81.7843**	
Indirect Care	**50.1263**	**50.1263**	**0.4373**	**49.6890**	
Property	**13.6500**	**14.1370**	**0.1233**	**14.0137**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.3030**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**183.7063**	**184.1933**	**1.6068**	**205.4866**	

***Medicaid Trend Adjustment :**

0 005374-00 - 2011/01

214.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Flagler Pines

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
300 South Lemon Street		**12/04/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Bunnell FL 32110		Days In CR	**209**	Maximum:	**25,080**	Standard:	**181**
County:	**Flagler[18]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**23,434**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,056**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**14,913**	FY Index:	**1.18857853**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**63.63830%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**93.43700%**	Cost:	**1.04563563**
Open Date:	**11/25/1985**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**11/25/1985**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15550000**
Entered Medicaid	**11/25/1985**	Low Occupancy Adjustment Factor:			**117.44750%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**12/4/2008**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02985720**
Previous Med #	**213519**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	528,437	1,303,429	739,630	369,246	0	2,940,742
1a	Audit Adjustments						
2	Cost Per Diem	35.4347	87.4022	49.5963	**24.7600**		197.1932
3	Cost Per Diem Inflated	37.0518	90.0118	51.8597			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.0518**	**90.0118**	**51.8597**	**24.7600**		203.6833
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.8351		48.5657			
7	Provider Target Rate	**39.8113**		**49.7865**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation	**40.6438**		**50.9027**			
10b	Base for line 10a	39.6472		49.6545			
11	Lesser of 5,7,8,10, 10a	**37.0518**	**90.0118**	**49.7865**	**13.6500**		190.5001
12/13	Medicaid Adjustment Rate		1.3811	0.7639			
14	Prospective Per Diem 11	**37.0518**	**91.3929**	**50.5504**	**13.6500**		**192.6451**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005374-00 - 2011/01

214.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Flagler Pines

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**4,033,188**
FRVS Base Asset:	**2,444,854**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**3,100,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**412,907**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,226,550**	**10.4746**
20% ROE(2):	**806,638**	**0.5590**
Insurance Cost(3):	**21,781**	**0.9295**
Taxes Cost(3):	**21,558**	**0.9199**
Home Office(3):	**25,462**	**1.0865**
Replacement(3&4):	**15,179**	**0.0000**
Total FRVS PD:		**13.9695**

(1) 80% Capital ($3,226,550) amortized at 11.5000% for 20 years Principal & Interest of $412,907 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.4746

(2) 20% ROE ($806,638) times the ROE factor (0.027320) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5590

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**100**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,850,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.0518**	**37.0518**	**0.3232**	**36.7286**	
Patient Care					
Direct Care	**91.3929**	**91.3929**	**0.7973**	**90.5956**	
Indirect Care	**50.5504**	**50.5504**	**0.4410**	**50.1094**	
Property	**13.6500**	**13.9695**	**0.1219**	**13.8476**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.5709**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**192.6451**	**192.9646**	**1.6834**	**214.4492**	

***Medicaid Trend Adjustment :**

0 005379-00 - 2011/01

208.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Longwood Health Care Center

Type of Cost Report:Cost Settled Interim CHOW[5] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1520 South Grant Street		**12/04/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Longwood FL 32750		Days In CR	**209**	Maximum:	**25,080**	Standard:	**157**
County:	**Seminole[59]**	First Used:	**2008/07**	Max Annualized:	**43,800**	Conditional:	**24**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**22,597**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,959**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**14,644**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1983**						
Acquired Date:	**1/1/1983**						
Entered Medicaid	**1/1/1983**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**214159**						

Medicaid Utilization	**64.80506%**
Occupancy:	**90.09968%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.25258%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	550,607	1,170,201	730,263	395,827	0	2,846,898
1a	Audit Adjustments						
2	Cost Per Diem	37.5995	79.9099	49.8677	**27.0300**		194.4071
3	Cost Per Diem Inflated	39.3154	82.2958	52.1434			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.3154**	**82.2958**	**52.1434**	**27.0300**		200.7846
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.4828		51.0392			
7	Provider Target Rate	**39.4501**		**52.3222**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**43.4619**		**52.4791**			
10b	Base for line 10a	42.3962		51.1923			
11	Lesser of 5,7,8,10, 10a	**39.3154**	**82.2958**	**52.1434**	**13.6500**		187.4046
12/13	Medicaid Adjustment Rate		1.1889	0.7533			
14	Prospective Per Diem 11	**39.3154**	**83.4847**	**52.8967**	**13.6500**		**189.3468**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005379-00 - 2011/01

208.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Longwood Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/29/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**4,080,962**
FRVS Base Asset:	**2,415,321**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**4,285,679.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.6872**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.6872**	**%**
Interest Only:	**False**	
Yearly Payment:	**320,109**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,264,770**	**8.1205**
20% ROE(2):	**816,192**	**0.5657**
Insurance Cost(3):	**22,415**	**0.9919**
Taxes Cost(3):	**22,179**	**0.9815**
Home Office(3):	**23,976**	**1.0610**
Replacement(3&4):	**2,991**	**0.0000**
Total FRVS PD:		**11.7206**

(1) 80% Capital ($3,264,770) amortized at 7.6872% for 20 years Principal & Interest of $320,109 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.1205

(2) 20% ROE ($816,192) times the ROE factor (0.027320) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5657

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.3154**	**39.3154**	**0.3430**	**38.9724**	
Patient Care					
Direct Care	**83.4847**	**83.4847**	**0.7283**	**82.7564**	
Indirect Care	**52.8967**	**52.8967**	**0.4614**	**52.4353**	
Property	**13.6500**	**11.7206**	**0.1022**	**11.6184**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.5310**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.3468**	**187.4174**	**1.6349**	**208.9106**	

***Medicaid Trend Adjustment :**

0 005380-00 - 2011/01

234.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Rehabilitation Center of Winter Park

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1700 Monroe Avenue		**12/04/2008-06/30/2009**		Number of Beds:	**180**	Superior:	**0**
Maitland FL 32751		Days In CR	**209**	Maximum:	**37,620**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2011/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**21,735**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,888**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**14,682**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/1/1983**						
Acquired Date:	**3/1/1983**						
Entered Medicaid	**3/1/1983**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**214167**						

Medicaid Utilization	**67.55003%**
Occupancy:	**57.77512%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**72.62159%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	657,558	1,337,085	756,337	414,473	0	3,165,453
1a	Audit Adjustments						
2	Cost Per Diem	44.7867	91.0697	51.5146	**28.2300**		215.6010
3	Cost Per Diem Inflated	46.8306	93.7888	53.8655			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.8306**	**93.7888**	**53.8655**	**28.2300**		222.7149
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.3622		51.4480			
7	Provider Target Rate	**47.5276**		**52.7412**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**47.4498**		**53.8451**			
10b	Base for line 10a	46.2863		52.5248			
11	Lesser of 5,7,8,10, 10a	**46.8306**	**93.7888**	**52.7412**	**13.6500**		207.0106
12/13	Medicaid Adjustment Rate		1.8517	1.0413			
14	Prospective Per Diem 11	**46.8306**	**95.6405**	**53.7825**	**13.6500**		**209.9036**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005380-00 - 2011/01

234.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Rehabilitation Center of Winter Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**5,953,805**
FRVS Base Asset:	**3,384,742**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**3,800,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**14.7160**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**14.7160**	**%**
Interest Only:	**False**	
Yearly Payment:	**740,665**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,763,044**	**12.5260**
20% ROE(2):	**1,190,761**	**0.5502**
Insurance Cost(3):	**34,409**	**1.5831**
Taxes Cost(3):	**37,580**	**1.7290**
Home Office(3):	**25,836**	**1.1887**
Replacement(3&4):	**12,850**	**0.0000**
Total FRVS PD:		**17.5770**

(1) 80% Capital ($4,763,044) amortized at 14.7160% for 20 years Principal & Interest of $740,665 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $12.5260
(2) 20% ROE ($1,190,761) times the ROE factor (0.027320) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.5502
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.8306**	**46.8306**	**0.4085**	**46.4221**	
Patient Care					
Direct Care	**95.6405**	**95.6405**	**0.8343**	**94.8062**	
Indirect Care	**53.7825**	**53.7825**	**0.4692**	**53.3133**	
Property	**13.6500**	**17.5770**	**0.1533**	**17.4237**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.5953**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**209.9036**	**213.8306**	**1.8653**	**234.1577**	

***Medicaid Trend Adjustment :**

0 005381-00 - 2011/01

219.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Brynwood Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1656 South Jefferson Street		**12/04/2008-06/30/2009**		Number of Beds:	**97**	Superior:	**0**
Monticello FL 32344		Days In CR	**209**	Maximum:	**20,273**	Standard:	**181**
County: **Jefferson[33]**		First Used:	**2011/01**	Max Annualized:	**35,405**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2011/01**	Total Patient:	**17,576**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**1,476**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**13,564**		
Class at 1/94: **North Small [1]**							
Operating Ex **> 18 months [1]**							
Open Date:	**4/1/1987**						
Acquired Date:	**4/1/1987**						
Entered Medicaid	**4/1/1987**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**253855**						

Medicaid Utilization	**77.17342%**
Occupancy:	**86.69659%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**108.97501%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	507,775	1,196,248	624,937	243,203	0	2,572,163
1a	Audit Adjustments						
2	Cost Per Diem	37.4355	88.1929	46.0732	**17.9300**		189.6316
3	Cost Per Diem Inflated	39.1439	90.8261	48.1758			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.1439**	**90.8261**	**48.1758**	**17.9300**		196.0758
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.3230		50.5037			
7	Provider Target Rate	**41.3366**		**51.7732**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation	**42.1930**		**52.8647**			
10b	Base for line 10a	41.1584		51.5684			
11	Lesser of 5,7,8,10, 10a	**39.1439**	**90.8261**	**48.1758**	**13.6500**		191.7958
12/13	Medicaid Adjustment Rate		2.7766	1.4727			
14	Prospective Per Diem 11	**39.1439**	**93.6027**	**49.6485**	**13.6500**		**196.0451**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005381-00 - 2011/01

219.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Brvnwood Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/2002**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/01**
Indexed Asset Value	**3,504,515**
FRVS Base Asset:	**1,720,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**1,684,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4500**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**10.4500**	**%**
Interest Only:	**False**	
Yearly Payment:	**334,759**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,803,612**	**10.5057**
20% ROE(2):	**700,903**	**0.6009**
Insurance Cost(3):	**14,029**	**0.7982**
Taxes Cost(3):	**21,410**	**1.2181**
Home Office(3):	**17,397**	**0.9898**
Replacement(3&4):	**7,200**	**0.0000**
Total FRVS PD:		**14.1127**

(1) 80% Capital ($2,803,612) amortized at 10.4500% for 20 years Principal & Interest of $334,759 divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = $10.5057

(2) 20% ROE ($700,903) times the ROE factor (0.027320) divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = $0.6009

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,720,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.1439**	**39.1439**	**0.3415**	**38.8024**	
Patient Care					
Direct Care	**93.6027**	**93.6027**	**0.8165**	**92.7862**	
Indirect Care	**49.6485**	**49.6485**	**0.4331**	**49.2154**	
Property	**13.6500**	**14.1127**	**0.1231**	**13.9896**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2487**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**196.0451**	**196.5078**	**1.7142**	**219.6394**	

***Medicaid Trend Adjustment :**

0 005383-00 - 2011/01

205.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Nursing Pavilion at Chipola Retirement Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4294 3rd Avenue		**12/04/2008-06/30/2009**		Number of Beds:	**60**	Superior:	**0**
Marianna FL 32446		Days In CR	**209**	Maximum:	**12,540**	Standard:	**181**
County:	**Jackson[32]**	First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2011/01**	Total Patient:	**11,385**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,640**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**7,678**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/7/1991**						
Acquired Date:	**5/7/1991**						
Entered Medicaid	**5/7/1991**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**212237**						

Medicaid Utilization	**67.43961%**
Occupancy:	**90.78947%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.11964%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	293,984	558,319	404,458	194,407	0	1,451,168
1a	Audit Adjustments						
2	Cost Per Diem	38.2891	72.7167	52.6775	**25.3200**		189.0033
3	Cost Per Diem Inflated	40.0364	74.8878	55.0815			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.0364**	**74.8878**	**55.0815**	**25.3200**		195.3257
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0800		50.6477			
7	Provider Target Rate	**43.1378**		**51.9208**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation	**44.0278**		**53.0642**			
10b	Base for line 10a	42.9482		51.7630			
11	Lesser of 5,7,8,10, 10a	**40.0364**	**74.8878**	**51.9208**	**13.6500**		180.4950
12/13	Medicaid Adjustment Rate		1.4693	1.0187			
14	Prospective Per Diem 11	**40.0364**	**76.3571**	**52.9395**	**13.6500**		**182.9830**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005383-00 - 2011/01

205.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Nursing Pavilion at Chipola Retirement Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/7/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**2,491,230**
FRVS Base Asset:	**1,711,770**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**3,600,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.7500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**242,800**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,992,984**	**12.3186**
20% ROE(2):	**498,246**	**0.6906**
Insurance Cost(3):	**11,947**	**1.0494**
Taxes Cost(3):	**12,457**	**1.0942**
Home Office(3):	**11,605**	**1.0193**
Replacement(3&4):	**8,910**	**0.0000**
Total FRVS PD:		**16.1721**

(1) 80% Capital ($1,992,984) amortized at 10.7500% for 20 years Principal & Interest of $242,800 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $12.3186

(2) 20% ROE ($498,246) times the ROE factor (0.027320) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.6906

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,821,120**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.0364**	**40.0364**	**0.3493**	**39.6871**	
Patient Care					
Direct Care	**76.3571**	**76.3571**	**0.6661**	**75.6910**	
Indirect Care	**52.9395**	**52.9395**	**0.4618**	**52.4777**	
Property	**13.6500**	**16.1721**	**0.1411**	**16.0310**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.4636**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**182.9830**	**185.5051**	**1.6183**	**205.9475**	

***Medicaid Trend Adjustment :**

0 005384-00 - 2011/01

225.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Glencove Nursing Pavilion

Type of Cost Report:Cost Settled Interim CHOW[5] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1027 East Highway Business 9		**12/04/2008-06/30/2009**		Number of Beds:	**115**	Superior:	**0**
Panama City FL 32401		Days In CR	**209**	Maximum:	**24,035**	Standard:	**181**
County:	**Bay[3]**	First Used:	**2008/07**	Max Annualized:	**41,975**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2011/01**	Total Patient:	**22,901**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,464**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**14,259**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1992**						
Acquired Date:	**9/1/1992**						
Entered Medicaid	**9/1/1992**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**212181**						

Medicaid Utilization	**62.26366%**
Occupancy:	**95.28188%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.76645%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	536,848	1,280,793	724,942	418,787	0	2,961,370
1a	Audit Adjustments						
2	Cost Per Diem	37.6498	89.8235	50.8410	**29.3700**		207.6843
3	Cost Per Diem Inflated	39.3680	92.5054	53.1612			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.3680**	**92.5054**	**53.1612**	**29.3700**		214.4046
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.5343		52.0354			
7	Provider Target Rate	**39.5029**		**53.3434**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation	**42.3034**		**52.9580**			
10b	Base for line 10a	41.2661		51.6594			
11	Lesser of 5,7,8,10, 10a	**39.3680**	**92.5054**	**52.9580**	**13.6500**		198.4814
12/13	Medicaid Adjustment Rate		1.2763	0.7306			
14	Prospective Per Diem 11	**39.3680**	**93.7817**	**53.6886**	**13.6500**		**200.4883**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005384-00 - 2011/01

225.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Glencove Nursing Pavilion

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1992/07**
Indexed Asset Value	**4,903,719**
FRVS Base Asset:	**3,635,035**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information

Amount:	**4,600,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.7500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**477,926**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**3,922,975**	**12.6511**
20% ROE(2):	**980,744**	**0.7093**
Insurance Cost(3):	**23,536**	**1.0277**
Taxes Cost(3):	**40,828**	**1.7828**
Home Office(3):	**24,689**	**1.0781**
Replacement(3&4):	**4,854**	**0.0000**
Total FRVS PD:		**17.2490**

(1) 80% Capital ($3,922,975) amortized at 10.7500% for 20 years Principal & Interest of $477,926 divided by annual available days (41,975) divided by Occup. Adj. (0.9000) = $12.6511
(2) 20% ROE ($980,744) times the ROE factor (0.027320) divided by annual available days (41,975) divided by Occup. Adj. (0.9000) = $0.7093
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**1/1/1992**	Used Per Bed Standard:	**31,609**
Comparison Bed	**115**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,635,035**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.3680**	**39.3680**	**0.3434**	**39.0246**	
Patient Care					
Direct Care	**93.7817**	**93.7817**	**0.8181**	**92.9636**	
Indirect Care	**53.6886**	**53.6886**	**0.4683**	**53.2203**	
Property	**13.6500**	**17.2490**	**0.1505**	**17.0985**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.1595**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**200.4883**	**204.0873**	**1.7803**	**225.0636**	

***Medicaid Trend Adjustment :**

0 005385-00 - 2011/01

213.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Panama City Nursing Center

Type of Cost Report:Cost Settled Interim CHOW[5] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
924 West 13th Street		**12/04/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Panama City FL 32401		Days In CR	**209**	Maximum:	**25,080**	Standard:	**181**
County: **Bay[3]**		First Used:	**2008/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2011/01**	Total Patient:	**23,422**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**4,627**	**Inflation**	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**16,042**	FY Index:	**1.18857853**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**68.49116%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**93.38915%**	Cost:	**1.04563563**
Open Date: **8/1/1984**		Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date: **8/1/1984**		Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15550000**
Entered Medicaid **8/1/1984**		Low Occupancy Adjustment Factor:			**117.38735%**	**DC Sem Index:**	**1.19000000**
Med # Active Date: **12/4/2008**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02985720**
Previous Med # **211851**						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	582,780	1,442,282	801,802	303,515	0	3,130,379
1a	Audit Adjustments						
2	Cost Per Diem	36.3284	89.9066	49.9814	**18.9200**		195.1364
3	Cost Per Diem Inflated	37.9863	92.5910	52.2623			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.9863**	**92.5910**	**52.2623**	**18.9200**		201.7596
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0845		49.0203			
7	Provider Target Rate	**40.0670**		**50.2525**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation	**40.7411**		**51.2868**			
10b	Base for line 10a	39.7421		50.0292			
11	Lesser of 5,7,8,10, 10a	**37.9863**	**92.5910**	**50.2525**	**13.6500**		194.4798
12/13	Medicaid Adjustment Rate		1.9261	1.0454			
14	Prospective Per Diem 11	**37.9863**	**94.5171**	**51.2979**	**13.6500**		**197.4513**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005385-00 - 2011/01

213.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Panama City Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/1/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**2,413,247**
FRVS Base Asset:	**1,395,468**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**600,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**240,026**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,930,598**	**6.0889**
20% ROE(2):	**482,649**	**0.3345**
Insurance Cost(3):	**21,800**	**0.9307**
Taxes Cost(3):	**16,727**	**0.7142**
Home Office(3):	**24,777**	**1.0579**
Replacement(3&4):	**678**	**0.0000**
Total FRVS PD:		**9.1262**

(1) 80% Capital ($1,930,598) amortized at 12.5000% for 20 years Interest of $240,026 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.0889

(2) 20% ROE ($482,649) times the ROE factor (0.027320) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3345

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.9863**	**37.9863**	**0.3314**	**37.6549**	
Patient Care					
Direct Care	**94.5171**	**94.5171**	**0.8245**	**93.6926**	
Indirect Care	**51.2979**	**51.2979**	**0.4475**	**50.8504**	
Property	**13.6500**	**9.1262**	**0.0796**	**9.0466**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.1101**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**197.4513**	**192.9275**	**1.6830**	**213.9517**	

***Medicaid Trend Adjustment :**

0 005386-00 - 2011/01

206.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Riverchase Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1017 Strong Road		**12/04/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Quincy FL 32351		Days In CR	**209**	Maximum:	**25,080**	Standard:	**181**
County:	**Gadsden[20]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2011/01**	Total Patient:	**24,022**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,886**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**20,560**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**11/19/1985**						
Acquired Date:	**11/19/1985**						
Entered Medicaid	**11/19/1985**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**253413**						

Medicaid Utilization	**85.58821%**
Occupancy:	**95.78150%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.39446%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	771,201	1,492,214	955,485	401,126	0	3,620,026
1a	Audit Adjustments						
2	Cost Per Diem	37.5098	72.5785	46.4730	**19.5100**		176.0713
3	Cost Per Diem Inflated	39.2216	74.7455	48.5938			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.2216**	**74.7455**	**48.5938**	**19.5100**		182.0709
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.8490		45.7989			
7	Provider Target Rate	**39.8255**		**46.9501**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation	**40.6438**		**48.0775**			
10b	Base for line 10a	39.6472		46.8986			
11	Lesser of 5,7,8,10, 10a	**39.2216**	**74.7455**	**46.9501**	**13.6500**		174.5672
12/13	Medicaid Adjustment Rate		2.9926	1.8797			
14	Prospective Per Diem 11	**39.2216**	**77.7381**	**48.8298**	**13.6500**		**179.4395**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005386-00 - 2011/01

206.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Riverchase Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**5,489,777**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**2,900,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4500**	**%**
Chase Rate:	**11.5000**	**%**
Amortization Rate:	**10.4500**	**%**
Interest Only:	**False**	
Yearly Payment:	**524,396**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,391,822**	**13.3028**
20% ROE(2):	**1,097,955**	**0.7609**
Insurance Cost(3):	**19,916**	**0.8291**
Taxes Cost(3):	**25,616**	**1.0664**
Home Office(3):	**21,500**	**0.8950**
Replacement(3&4):	**12,883**	**0.0000**
Total FRVS PD:		**16.8542**

(1) 80% Capital ($4,391,822) amortized at 10.4500% for 20 years Principal & Interest of $524,396 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.3028

(2) 20% ROE ($1,097,955) times the ROE factor (0.027320) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7609

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.2216**	**39.2216**	**0.3421**	**38.8795**	
Patient Care					
Direct Care	**77.7381**	**77.7381**	**0.6781**	**77.0600**	
Indirect Care	**48.8298**	**48.8298**	**0.4260**	**48.4038**	
Property	**13.6500**	**16.8542**	**0.1470**	**16.7072**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.3516**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**179.4395**	**182.6437**	**1.5932**	**205.9992**	

***Medicaid Trend Adjustment :**

0 005387-00 - 2011/01

221.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Suwannee Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1620 Helvenston Streets E	**12/04/2008-06/30/2009**	Number of Beds: **180**	Superior: **0**
Live Oak FL 32064	Days In CR **209**	Maximum: **37,620**	Standard: **181**
County: **Suwannee[61]**	First Used: **2011/01**	Max Annualized: **65,700**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2011/01**	Total Patient: **36,090**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **5,543**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **28,174**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **4/1/1982**			
Acquired Date: **4/1/1982**			
Entered Medicaid **9/1/1983**			
Med # Active Date: **12/4/2008**			
Previous Med # **223719**			

Medicaid Utilization	**78.06595%**
Occupancy:	**95.93301%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.58491%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,073,144	2,344,029	1,387,890	741,258	0	5,546,321
1a	Audit Adjustments						
2	Cost Per Diem	38.0899	83.1983	49.2614	**26.3100**		196.8596
3	Cost Per Diem Inflated	39.8282	85.6824	51.5095			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.8282**	**85.6824**	**51.5095**	**26.3100**		203.3301
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0872		49.9519			
7	Provider Target Rate	**43.1451**		**51.2075**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation	**44.0571**		**52.3039**			
10b	Base for line 10a	42.9768		51.0214			
11	Lesser of 5,7,8,10, 10a	**39.8282**	**85.6824**	**51.2075**	**13.6500**		190.3681
12/13	Medicaid Adjustment Rate		2.7054	1.6168			
14	Prospective Per Diem 11	**39.8282**	**88.3878**	**52.8243**	**13.6500**		**194.6903**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005387-00 - 2011/01

221.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Suwannee Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**8,362,681**
FRVS Base Asset:	**3,332,561**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**2,800,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.8000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**11.8000**	**%**
Interest Only:	**False**	
Yearly Payment:	**872,803**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,690,145**	**14.7607**
20% ROE(2):	**1,672,536**	**0.7728**
Insurance Cost(3):	**36,261**	**1.0047**
Taxes Cost(3):	**43,131**	**1.1951**
Home Office(3):	**36,955**	**1.0240**
Replacement(3&4):	**25,080**	**0.0000**
Total FRVS PD:		**18.7573**

(1) 80% Capital ($6,690,145) amortized at 11.8000% for 20 years Principal & Interest of $872,803 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $14.7607

(2) 20% ROE ($1,672,536) times the ROE factor (0.027320) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.7728

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.8282**	**39.8282**	**0.3474**	**39.4808**	
Patient Care					
Direct Care	**88.3878**	**88.3878**	**0.7710**	**87.6168**	
Indirect Care	**52.8243**	**52.8243**	**0.4608**	**52.3635**	
Property	**13.6500**	**18.7573**	**0.1636**	**18.5937**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.9379**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**194.6903**	**199.7976**	**1.7428**	**221.5898**	

***Medicaid Trend Adjustment :**

0 005388-00 - 2011/01

236.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Berkshire Manor

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1255 NE 135th Street		**12/04/2008-06/30/2009**		Number of Beds:	**245**	Superior:	**0**
North Miami FL 33161		Days In CR	**209**	Maximum:	**51,205**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2011/01**	Max Annualized:	**89,425**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**21,665**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,745**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**18,072**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/1/1983**						
Acquired Date:	**12/1/1983**						
Entered Medicaid	**12/1/1983**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**228915**						

Medicaid Utilization	**83.41565%**
Occupancy:	**42.31032%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**53.18280%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	806,906	1,549,211	953,246	521,739	0	3,831,102
1a	Audit Adjustments						
2	Cost Per Diem	44.6495	85.7244	52.7471	**28.8700**		211.9910
3	Cost Per Diem Inflated	46.6871	88.2839	55.1542			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.6871**	**88.2839**	**55.1542**	**28.8700**		218.9952
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.9707		53.3645			
7	Provider Target Rate	**48.1514**		**54.7059**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation	**49.1807**		**55.8940**			
10b	Base for line 10a	47.9748		54.5235			
11	Lesser of 5,7,8,10, 10a	**46.6871**	**88.2839**	**54.7059**	**13.6500**		203.3269
12/13	Medicaid Adjustment Rate		3.3188	2.0565			
14	Prospective Per Diem 11	**46.6871**	**91.6027**	**56.7624**	**13.6500**		**208.7022**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005388-00 - 2011/01

236.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Berkshire Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**9,415,241**
FRVS Base Asset:	**5,509,033**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**10,100,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**963,906**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,532,193**	**11.9766**
20% ROE(2):	**1,883,048**	**0.6392**
Insurance Cost(3):	**27,065**	**1.2493**
Taxes Cost(3):	**72,600**	**3.3510**
Home Office(3):	**24,283**	**1.1208**
Replacement(3&4):	**11,162**	**0.0000**
Total FRVS PD:		**18.3369**

(1) 80% Capital ($7,532,193) amortized at 11.5000% for 20 years Principal & Interest of $963,906 divided by annual available days (89,425) divided by Occup. Adj. (0.9000) = $11.9766
(2) 20% ROE ($1,883,048) times the ROE factor (0.027320) divided by annual available days (89,425) divided by Occup. Adj. (0.9000) = $0.6392
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**245**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**6,982,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.6871**	**46.6871**	**0.4073**	**46.2798**	
Patient Care					
Direct Care	**91.6027**	**91.6027**	**0.7991**	**90.8036**	
Indirect Care	**56.7624**	**56.7624**	**0.4952**	**56.2672**	
Property	**13.6500**	**18.3369**	**0.1600**	**18.1769**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.3133**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**208.7022**	**213.3891**	**1.8616**	**236.4379**	

***Medicaid Trend Adjustment :**

0 005519-00 - 2011/01

219.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Carnegie Gardens Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1415 South Hickory Street		**12/04/2008-06/30/2009**		Number of Beds:	**138**	Superior:	**0**
Melbourne FL 32901		Days In CR	**209**	Maximum:	**28,842**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2011/01**	Max Annualized:	**50,370**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**23,813**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,063**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**15,800**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1983**						
Acquired Date:	**8/1/1983**						
Entered Medicaid	**8/1/1983**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**212008**						

Medicaid Utilization	**66.35031%**
Occupancy:	**82.56362%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**103.77998%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	645,346	1,371,409	761,787	400,846	0	3,179,388
1a	Audit Adjustments						
2	Cost Per Diem	40.8447	86.7980	48.2144	**25.3700**		201.2271
3	Cost Per Diem Inflated	42.7087	89.3895	50.4147			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.7087**	**89.3895**	**50.4147**	**25.3700**		207.8829
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0111		47.9180			
7	Provider Target Rate	**42.0420**		**49.1225**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**42.9359**		**50.1144**			
10b	Base for line 10a	41.8831		48.8856			
11	Lesser of 5,7,8,10, 10a	**42.0420**	**89.3895**	**49.1225**	**13.6500**		194.2040
12/13	Medicaid Adjustment Rate		1.6442	0.9036			
14	Prospective Per Diem 11	**42.0420**	**91.0337**	**50.0261**	**13.6500**		**196.7518**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005519-00 - 2011/01

219.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Carnegie Gardens Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**6,606,983**
FRVS Base Asset:	**3,933,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**3,595,040.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.4680**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**6.4680**	**%**
Interest Only:	**False**	
Yearly Payment:	**471,701**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,285,586**	**10.4052**
20% ROE(2):	**1,321,397**	**0.7963**
Insurance Cost(3):	**24,689**	**1.0368**
Taxes Cost(3):	**28,027**	**1.1770**
Home Office(3):	**24,637**	**1.0346**
Replacement(3&4):	**7,507**	**0.0000**
Total FRVS PD:		**14.4499**

(1) 80% Capital ($5,285,586) amortized at 6.4680% for 20 years Principal & Interest of $471,701 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $10.4052

(2) 20% ROE ($1,321,397) times the ROE factor (0.027320) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $0.7963

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**138**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,933,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.0420**	**42.0420**	**0.3667**	**41.6753**	
Patient Care					
Direct Care	**91.0337**	**91.0337**	**0.7941**	**90.2396**	
Indirect Care	**50.0261**	**50.0261**	**0.4364**	**49.5897**	
Property	**13.6500**	**14.4499**	**0.1261**	**14.3238**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.4079**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**196.7518**	**197.5517**	**1.7233**	**219.8334**	

***Medicaid Trend Adjustment :**

0 005523-00 - 2011/01

212.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Fountainhead Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
390 NE 135th Street		**12/04/2008-06/30/2009**		Number of Beds:	**146**	Superior:	**0**
North Miami FL 33161		Days In CR	**209**	Maximum:	**30,514**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2011/01**	Max Annualized:	**53,290**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**22,541**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,060**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**21,316**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1983**						
Acquired Date:	**7/1/1983**						
Entered Medicaid	**7/1/1984**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**228907**						

Medicaid Utilization	**94.56546%**
Occupancy:	**73.87101%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**92.85364%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	806,796	1,598,903	984,832	543,132	0	3,933,663
1a	Audit Adjustments						
2	Cost Per Diem	37.8493	75.0095	46.2015	**25.4800**		184.5403
3	Cost Per Diem Inflated	39.5766	77.2491	48.3099			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.5766**	**77.2491**	**48.3099**	**25.4800**		190.6156
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.8370		49.5255			
7	Provider Target Rate	**43.9138**		**50.7704**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation	**44.7839**		**51.9494**			
10b	Base for line 10a	43.6858		50.6756			
11	Lesser of 5,7,8,10, 10a	**39.5766**	**77.2491**	**48.3099**	**13.6500**		178.7856
12/13	Medicaid Adjustment Rate		3.4762	2.1739			
14	Prospective Per Diem 11	**39.5766**	**80.7253**	**50.4838**	**13.6500**		**184.4357**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005523-00 - 2011/01

212.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Fountainhead Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**6,807,787**
FRVS Base Asset:	**4,161,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**4,100,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**696,963**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,446,230**	**14.5319**
20% ROE(2):	**1,361,557**	**0.7756**
Insurance Cost(3):	**19,134**	**0.8489**
Taxes Cost(3):	**19,765**	**0.8768**
Home Office(3):	**22,006**	**0.9763**
Replacement(3&4):	**14,704**	**0.0000**
Total FRVS PD:		**18.0095**

(1) 80% Capital ($5,446,230) amortized at 11.5000% for 20 years Principal & Interest of $696,963 divided by annual available days (53,290) divided by Occup. Adj. (0.9000) = $14.5319

(2) 20% ROE ($1,361,557) times the ROE factor (0.027320) divided by annual available days (53,290) divided by Occup. Adj. (0.9000) = $0.7756

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**146**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,161,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.5766**	**39.5766**	**0.3452**	**39.2314**	
Patient Care					
Direct Care	**80.7253**	**80.7253**	**0.7042**	**80.0211**	
Indirect Care	**50.4838**	**50.4838**	**0.4404**	**50.0434**	
Property	**13.6500**	**18.0095**	**0.1571**	**17.8524**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.9445**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**184.4357**	**188.7952**	**1.6469**	**212.6899**	

***Medicaid Trend Adjustment :**

0 005524-00 - 2011/01

218.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

North Campus Rehabilitation and Nursing Center

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
600 East Dixie Avenue		**09/01/2008-08/31/2009**		Number of Beds:	**120**	Superior:	**0**
Leesburg FL 34748		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Lake[35]**		First Used:	**2008/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **3**	Last Used:	**2011/01**	Total Patient:	**38,325**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**16,425**	Inflation	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**14,600**	FY Index:	**1.18697094**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**38.09524%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**87.50000%**	Cost:	**1.00000000**
Open Date:	**10/11/1988**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**10/11/1988**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15383092**
Entered Medicaid	**10/11/1988**	Low Occupancy Adjustment Factor:			**109.98486%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**9/1/2008**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**210439**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	656,206	1,416,724	741,776	372,154	0	3,186,860
1a	Audit Adjustments						
2	Cost Per Diem	44.9456	97.0359	50.8066	**25.4900**		218.2781
3	Cost Per Diem Inflated	44.9456	97.0359	50.8066			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.9456**	**97.0359**	**50.8066**	**25.4900**		218.2781
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation	**46.2825**		**50.0489**			
10b	Base for line 10a	45.1476		48.8217			
11	Lesser of 5,7,8,10, 10a	**44.9456**	**94.8213**	**50.0489**	**13.6500**		203.4658
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.9456**	**94.8213**	**50.0489**	**13.6500**		**203.4658**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 005524-00 - 2011/01

218.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

North Campus Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/11/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/07**
Indexed Asset Value	**5,255,768**
FRVS Base Asset:	**2,402,622**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.032290**

Mortgage Information		
Amount:	**4,600,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.3270**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**8.3270**	**%**
Interest Only:	**False**	
Yearly Payment:	**432,355**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,204,614**	**10.9679**
20% ROE(2):	**1,051,154**	**0.8610**
Insurance Cost(3):	**16,800**	**0.4384**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.2673**

(1) 80% Capital ($4,204,614) amortized at 8.3270% for 20 years Principal & Interest of $432,355 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.9679
(2) 20% ROE ($1,051,154) times the ROE factor (0.032290) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8610
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1988**	Used Per Bed Standard:	**29,662**
Comparison Bed	**81**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,402,622**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.9456**	**44.9456**	**0.3921**	**44.5535**	
Patient Care					
Direct Care	**94.8213**	**94.8213**	**0.8272**	**93.9941**	
Indirect Care	**50.0489**	**50.0489**	**0.4366**	**49.6123**	
Property	**13.6500**	**12.2673**	**0.1070**	**12.1603**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.7600**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**203.4658**	**202.0831**	**1.7629**	**218.6773**	

***Medicaid Trend Adjustment :**

0 005543-00 - 2011/01

228.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Manor on the Green

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
324 Wilder Boulevard		**12/04/2008-06/30/2009**		Number of Beds:	**192**	Superior:	**0**
Daytona Beach FL 32114		Days In CR	**209**	Maximum:	**40,128**	Standard:	**181**
County:	**Volusia[64]**	First Used:	**2011/01**	Max Annualized:	**70,080**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**22,022**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,590**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**16,246**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1981**						
Acquired Date:	**8/1/1981**						
Entered Medicaid	**8/1/1981**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**213527**						

Medicaid Utilization	**73.77168%**
Occupancy:	**54.87939%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**68.98174%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	673,815	1,506,969	877,167	356,437	0	3,414,388
1a	Audit Adjustments						
2	Cost Per Diem	41.4757	92.7594	53.9928	**21.9400**		210.1679
3	Cost Per Diem Inflated	43.3685	95.5289	56.4568			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.3685**	**95.5289**	**56.4568**	**21.9400**		217.2942
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.5685		50.6041			
7	Provider Target Rate	**42.6134**		**51.8761**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation	**42.4455**		**52.4229**			
10b	Base for line 10a	41.4047		51.1375			
11	Lesser of 5,7,8,10, 10a	**42.4455**	**94.8213**	**51.8761**	**13.6500**		202.7929
12/13	Medicaid Adjustment Rate		2.5358	1.3873			
14	Prospective Per Diem 11	**42.4455**	**97.3571**	**53.2634**	**13.6500**		**206.7160**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005543-00 - 2011/01

228.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Manor on the Green

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/19/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**6,180,492**
FRVS Base Asset:	**3,805,960**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**3,495,865.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.3750**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.3750**	**%**
Interest Only:	**False**	
Yearly Payment:	**510,219**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,944,394**	**8.0895**
20% ROE(2):	**1,236,098**	**0.5354**
Insurance Cost(3):	**27,097**	**1.2305**
Taxes Cost(3):	**35,818**	**1.6265**
Home Office(3):	**24,567**	**1.1156**
Replacement(3&4):	**3,267**	**0.0000**
Total FRVS PD:		**12.5975**

(1) 80% Capital ($4,944,394) amortized at 8.3750% for 20 years Principal & Interest of $510,219 divided by annual available days (70,080) divided by Occup. Adj. (0.9000) = $8.0895
(2) 20% ROE ($1,236,098) times the ROE factor (0.027320) divided by annual available days (70,080) divided by Occup. Adj. (0.9000) = $0.5354
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**192**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,472,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.4455**	**42.4455**	**0.3703**	**42.0752**	
Patient Care					
Direct Care	**97.3571**	**97.3571**	**0.8493**	**96.5078**	
Indirect Care	**53.2634**	**53.2634**	**0.4646**	**52.7988**	
Property	**13.6500**	**12.5975**	**0.1099**	**12.4876**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6154**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**206.7160**	**205.6635**	**1.7941**	**228.0819**	

***Medicaid Trend Adjustment :**

0 005547-00 - 2011/01

216.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Oakwood Garden of Deland

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
451 South Amelia Avenue		**12/04/2008-06/30/2009**		Number of Beds:	**122**	Superior:	**0**
Deland FL 32724		Days In CR	**209**	Maximum:	**25,498**	Standard:	**181**
County:	**Volusia[64]**	First Used:	**2011/01**	Max Annualized:	**44,530**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**20,870**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,112**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**15,527**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1978**						
Acquired Date:	**1/1/1978**						
Entered Medicaid	**1/1/1978**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**213543**						

Medicaid Utilization	**74.39866%**
Occupancy:	**81.84956%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**102.88243%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	646,908	1,250,520	775,867	388,175	0	3,061,470
1a	Audit Adjustments						
2	Cost Per Diem	41.6634	80.5384	49.9689	**25.0000**		197.1707
3	Cost Per Diem Inflated	43.5647	82.9431	52.2493			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.5647**	**82.9431**	**52.2493**	**25.0000**		203.7571
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.1589		51.4003			
7	Provider Target Rate	**45.2689**		**52.6923**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation	**46.2825**		**53.9311**			
10b	Base for line 10a	45.1476		52.6087			
11	Lesser of 5,7,8,10, 10a	**43.5647**	**82.9431**	**52.2493**	**13.6500**		192.4071
12/13	Medicaid Adjustment Rate		2.2767	1.4342			
14	Prospective Per Diem 11	**43.5647**	**85.2198**	**53.6835**	**13.6500**		**196.1180**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005547-00 - 2011/01

216.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Oakwood Garden of Deland

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1978/01**
Indexed Asset Value	**3,521,790**
FRVS Base Asset:	**2,076,193**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**3,586,938.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.3750**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.3750**	**%**
Interest Only:	**False**	
Yearly Payment:	**290,735**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,817,432**	**7.2544**
20% ROE(2):	**704,358**	**0.4802**
Insurance Cost(3):	**23,420**	**1.1222**
Taxes Cost(3):	**25,060**	**1.2008**
Home Office(3):	**21,613**	**1.0356**
Replacement(3&4):	**8,927**	**0.0000**
Total FRVS PD:		**11.0932**

(1) 80% Capital ($2,817,432) amortized at 8.3750% for 20 years Principal & Interest of $290,735 divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = $7.2544
(2) 20% ROE ($704,358) times the ROE factor (0.027320) divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = $0.4802
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**122**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,477,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.5647**	**43.5647**	**0.3800**	**43.1847**	
Patient Care					
Direct Care	**85.2198**	**85.2198**	**0.7434**	**84.4764**	
Indirect Care	**53.6835**	**53.6835**	**0.4683**	**53.2152**	
Property	**13.6500**	**11.0932**	**0.0968**	**10.9964**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9244**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**196.1180**	**193.5612**	**1.6885**	**216.3942**	

***Medicaid Trend Adjustment :**

0 005549-00 - 2011/01

222.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Oaks Of Kissimmee

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
320 North Mitchell Avenue		**12/04/2008-06/30/2009**		Number of Beds:	**59**	Superior:	**0**
Kissimmee FL 34741		Days In CR	**209**	Maximum:	**12,331**	Standard:	**181**
County:	**Osceola[49]**	First Used:	**2011/01**	Max Annualized:	**21,535**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**11,287**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,915**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**8,787**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**11/1/1985**						
Acquired Date:	**11/1/1985**						
Entered Medicaid	**11/1/1985**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**213501**						

Medicaid Utilization	**77.85062%**
Occupancy:	**91.53354%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.05489%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	406,559	700,848	481,221	208,340	0	1,796,968
1a	Audit Adjustments						
2	Cost Per Diem	46.2682	79.7596	54.7651	**23.7100**		204.5029
3	Cost Per Diem Inflated	48.3797	82.1410	57.2643			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.3797**	**82.1410**	**57.2643**	**23.7100**		211.4950
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.3609		53.5896			
7	Provider Target Rate	**49.5765**		**54.9367**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation	**50.7332**		**56.1869**			
10b	Base for line 10a	49.4892		54.8092			
11	Lesser of 5,7,8,10, 10a	**48.3797**	**82.1410**	**54.9367**	**13.6500**		199.1074
12/13	Medicaid Adjustment Rate		2.5736	1.7213			
14	Prospective Per Diem 11	**48.3797**	**84.7146**	**56.6580**	**13.6500**		**203.4023**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005549-00 - 2011/01

222.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Oaks Of Kissimmee

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**1,719,905**
FRVS Base Asset:	**923,314**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**4,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.1250**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.1250**	**%**
Interest Only:	**False**	
Yearly Payment:	**139,393**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,375,924**	**7.1921**
20% ROE(2):	**343,981**	**0.4849**
Insurance Cost(3):	**12,930**	**1.1456**
Taxes Cost(3):	**20,119**	**1.7825**
Home Office(3):	**12,474**	**1.1052**
Replacement(3&4):	**12,646**	**0.0000**
Total FRVS PD:		**11.7103**

(1) 80% Capital ($1,375,924) amortized at 8.1250% for 20 years Principal & Interest of $139,393 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $7.1921
(2) 20% ROE ($343,981) times the ROE factor (0.027320) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $0.4849
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**59**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,681,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.3797**	**48.3797**	**0.4220**	**47.9577**	
Patient Care					
Direct Care	**84.7146**	**84.7146**	**0.7390**	**83.9756**	
Indirect Care	**56.6580**	**56.6580**	**0.4943**	**56.1637**	
Property	**13.6500**	**11.7103**	**0.1022**	**11.6081**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.6352**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**203.4023**	**201.4626**	**1.7575**	**222.9374**	

***Medicaid Trend Adjustment :**

0 005701-00 - 2011/01

206.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Avante at Ocala

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2021 Southwest 1st Avenue		**11/15/2008-11/14/2009**		Number of Beds:	**133**	Superior:	**0**
Ocala FL 34474		Days In CR	**365**	Maximum:	**48,545**	Standard:	**181**
County:	**Marion[42]**	First Used:	**2008/07**	Max Annualized:	**48,545**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**29,963**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,992**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**19,474**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1968**						
Acquired Date:	**9/1/1968**						
Entered Medicaid	**11/1/1980**						
Med # Active Date:	**11/15/2008**						
Previous Med #	**228699**						

Medicaid Utilization	**64.99349%**
Occupancy:	**61.72211%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**77.58284%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19210890**
Semester Index:	**1.24282006**
Cost:	**1.00000000**
Target:	**1.01759574**
DC FY Index:	**1.15816513**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.00000000**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	782,764	1,876,883	799,440	66,017	0	3,525,104
1a	Audit Adjustments						
2	Cost Per Diem	40.1953	96.3789	41.0517	**3.3900**		181.0159
3	Cost Per Diem Inflated	40.1953	96.3789	41.0517			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.1953**	**96.3789**	**41.0517**	**3.3900**		181.0159
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation	**38.3072**		**44.2723**			
10b	Base for line 10a	37.3679		43.1867			
11	Lesser of 5,7,8,10, 10a	**38.3072**	**94.8213**	**41.0517**	**3.3900**		177.5702
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.3072**	**94.8213**	**41.0517**	**3.3900**		**177.5702**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 005701-00 - 2011/01

206.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Avante at Ocala

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**3,271,898**
FRVS Base Asset:	**1,786,469**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.032290**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**325,429**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,617,518**	**7.4485**
20% ROE(2):	**654,380**	**0.4836**
Insurance Cost(3):	**42,570**	**1.4208**
Taxes Cost(3):	**28,400**	**0.9478**
Home Office(3):	**15,730**	**0.5250**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**10.8257**

(1) 80% Capital ($2,617,518) amortized at 12.5000% for 20 years Interest of $325,429 divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = $7.4485
(2) 20% ROE ($654,380) times the ROE factor (0.032290) divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = $0.4836
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**133**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,790,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.3072**	**38.3072**	**0.3342**	**37.9730**	
Patient Care					
Direct Care	**94.8213**	**94.8213**	**0.8272**	**93.9941**	
Indirect Care	**41.0517**	**41.0517**	**0.3581**	**40.6936**	
Property	**3.3900**	**10.8257**	**0.0944**	**10.7313**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.0644**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**177.5702**	**185.0059**	**1.6139**	**206.0535**	

***Medicaid Trend Adjustment :**

0 005811-00 - 2011/01

224.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Palatka Health Care Center

Type of Cost Report:Cost Settled Interim CHOW[5] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
110 Kay Larkin Dr.		**01/01/2009-06/30/2009**		Number of Beds:	**180**	Superior:	**0**
Palatka FL 32177		Days In CR	**181**	Maximum:	**32,580**	Standard:	**181**
County:	**Putnam[54]**	First Used:	**2009/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**31,078**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,075**	Inflation	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**20,299**	FY Index:	**1.18857853**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**65.31630%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**95.38981%**	Cost:	**1.04563563**
Open Date:	**5/26/1989**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**5/26/1989**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15550000**
Entered Medicaid	**5/26/1989**	Low Occupancy Adjustment Factor:			**119.90211%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/2009**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02985720**
Previous Med #	**226025**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	919,787	1,983,801	1,071,111	361,728	0	4,336,427
1a	Audit Adjustments						
2	Cost Per Diem	45.3119	97.7290	52.7667	**17.8200**		213.6276
3	Cost Per Diem Inflated	47.3797	100.6469	55.1747			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.3797**	**100.6469**	**55.1747**	**17.8200**		221.0213
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.3764		54.0063			
7	Provider Target Rate	**47.5422**		**55.3638**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation	**41.0756**		**49.3226**			
10b	Base for line 10a	40.0684		48.1132			
11	Lesser of 5,7,8,10, 10a	**41.0756**	**94.8213**	**49.3226**	**13.6500**		198.8695
12/13	Medicaid Adjustment Rate		1.6339	0.8499			
14	Prospective Per Diem 11	**41.0756**	**96.4552**	**50.1725**	**13.6500**		**201.3533**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005811-00 - 2011/01

224.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Palatka Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/26/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/01**
Indexed Asset Value	**7,803,879**
FRVS Base Asset:	**1,778,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027290**

Mortgage Information		
Amount:	**8,164,874.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.6724**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**9.6724**	**%**
Interest Only:	**False**	
Yearly Payment:	**706,783**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,243,103**	**11.9530**
20% ROE(2):	**1,560,776**	**0.7203**
Insurance Cost(3):	**11,998**	**0.3861**
Taxes Cost(3):	**81,176**	**2.6120**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**15.6714**

(1) 80% Capital ($6,243,103) amortized at 9.6724% for 20 years Principal & Interest of $706,783 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $11.9530
(2) 20% ROE ($1,560,776) times the ROE factor (0.027290) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.7203
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1988**	Used Per Bed Standard:	**29,646**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,778,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.0756**	**41.0756**	**0.3583**	**40.7173**	
Patient Care					
Direct Care	**96.4552**	**96.4552**	**0.8414**	**95.6138**	
Indirect Care	**50.1725**	**50.1725**	**0.4377**	**49.7348**	
Property	**13.6500**	**15.6714**	**0.1367**	**15.5347**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.1492**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**201.3533**	**203.3747**	**1.7741**	**224.3469**	

***Medicaid Trend Adjustment :**

0 005814-00 - 2011/01

231.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Boynton Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
7900 Venture Center Way		**12/04/2008-06/30/2009**		Number of Beds:	**81**	Superior:	**0**
Boynton Beach FL 33437		Days In CR	**209**	Maximum:	**16,929**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2011/01**	Max Annualized:	**29,565**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**15,516**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,511**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**5,958**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/14/1999**						
Acquired Date:	**9/1/1983**						
Entered Medicaid	**9/14/1999**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**218952**						

Medicaid Utilization	**38.39907%**
Occupancy:	**91.65338%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.20554%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	263,796	526,679	355,706	179,991	0	1,326,172
1a	Audit Adjustments						
2	Cost Per Diem	44.2759	88.3986	59.7022	**30.2100**		222.5867
3	Cost Per Diem Inflated	46.2965	91.0379	62.4267			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.2965**	**91.0379**	**62.4267**	**30.2100**		229.9711
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2225		59.1152			
7	Provider Target Rate	**52.5101**		**60.6012**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation	**53.6845**		**62.0053**			
10b	Base for line 10a	52.3681		60.4849			
11	Lesser of 5,7,8,10, 10a	**46.2965**	**91.0379**	**60.6012**	**13.6500**		211.5856
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.2965**	**91.0379**	**60.6012**	**13.6500**		**211.5856**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005814-00 - 2011/01

231.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Boynton Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/14/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**3,134,134**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**4,280,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0898**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**9.0898**	**%**
Interest Only:	**False**	
Yearly Payment:	**272,447**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,507,307**	**10.2391**
20% ROE(2):	**626,827**	**0.6436**
Insurance Cost(3):	**18,265**	**1.1772**
Taxes Cost(3):	**41,632**	**2.6832**
Home Office(3):	**20,244**	**1.3047**
Replacement(3&4):	**9,759**	**0.0000**
Total FRVS PD:		**16.0478**

(1) 80% Capital ($2,507,307) amortized at 9.0898% for 20 years Principal & Interest of $272,447 divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = $10.2391
(2) 20% ROE ($626,827) times the ROE factor (0.027320) divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = $0.6436
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1999**	Used Per Bed Standard:	**38,846**
Comparison Bed	**71**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,758,066**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.2965**	**46.2965**	**0.4039**	**45.8926**	
Patient Care					
Direct Care	**91.0379**	**91.0379**	**0.7942**	**90.2437**	
Indirect Care	**60.6012**	**60.6012**	**0.5286**	**60.0726**	
Property	**13.6500**	**16.0478**	**0.1400**	**15.9078**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.1419**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**211.5856**	**213.9834**	**1.8667**	**231.8557**	

***Medicaid Trend Adjustment :**

0 005826-00 - 2011/01

210.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Health Care Center of Tampa

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1818 East Fletcher Avenue	**12/04/2008-06/30/2009**	Number of Beds: **266**	Superior: **0**
Tampa FL 33612	Days In CR **209**	Maximum: **55,594**	Standard: **181**
County: **Hillsborough[29]**	First Used: **2011/01**	Max Annualized: **97,090**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2011/01**	Total Patient: **47,212**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **3,877**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **39,827**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **1/1/1975**			
Acquired Date: **1/1/1975**			
Entered Medicaid **8/1/1981**			
Med # Active Date: **12/4/2008**			
Previous Med # **213039**			

Medicaid Utilization	**84.35779%**
Occupancy:	**84.92283%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**106.74545%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,586,802	3,571,861	1,926,625	561,162	0	7,646,450
1a	Audit Adjustments						
2	Cost Per Diem	39.8424	89.6844	48.3748	**14.0900**		191.9916
3	Cost Per Diem Inflated	41.6606	92.3621	50.5824			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.6606**	**92.3621**	**50.5824**	**14.0900**		198.6951
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.9285		48.2817			
7	Provider Target Rate	**41.9573**		**49.4953**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**42.9359**		**50.6369**			
10b	Base for line 10a	41.8831		49.3953			
11	Lesser of 5,7,8,10, 10a	**41.6606**	**92.3621**	**49.4953**	**13.6500**		197.1680
12/13	Medicaid Adjustment Rate		3.5700	1.9131			
14	Prospective Per Diem 11	**41.6606**	**95.9321**	**51.4084**	**13.6500**		**202.6511**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005826-00 - 2011/01

210.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Health Care Center of Tampa

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1975/01**
Indexed Asset Value	**6,975,789**
FRVS Base Asset:	**3,288,408**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**1,371,412.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**693,825**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,580,631**	**7.9402**
20% ROE(2):	**1,395,158**	**0.4362**
Insurance Cost(3):	**32,031**	**0.6785**
Taxes Cost(3):	**85,955**	**1.8206**
Home Office(3):	**47,255**	**1.0009**
Replacement(3&4):	**39,368**	**0.0000**
Total FRVS PD:		**11.8764**

(1) 80% Capital ($5,580,631) amortized at 12.5000% for 20 years Interest of $693,825 divided by annual available days (97,090) divided by Occup. Adj. (0.9000) = $7.9402
(2) 20% ROE ($1,395,158) times the ROE factor (0.027320) divided by annual available days (97,090) divided by Occup. Adj. (0.9000) = $0.4362
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**266**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**7,581,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.6606**	**41.6606**	**0.3634**	**41.2972**	
Patient Care					
Direct Care	**95.9321**	**95.9321**	**0.8369**	**95.0952**	
Indirect Care	**51.4084**	**51.4084**	**0.4485**	**50.9599**	
Property	**13.6500**	**11.8764**	**0.1036**	**11.7728**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.5797**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**202.6511**	**200.8775**	**1.7524**	**210.3019**	

***Medicaid Trend Adjustment :**

0 005849-00 - 2011/01

244.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Glen Oaks Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1100 Pine Street	**12/04/2008-06/30/2009**	Number of Beds: **76**	Superior: **0**
Clearwater FL 33756	Days In CR **209**	Maximum: **15,884**	Standard: **181**
County: **Pinellas[52]**	First Used: **2011/01**	Max Annualized: **27,740**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2011/01**	Total Patient: **13,632**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **1,197**	
Current Class **Central Small [5]**	Initial CR? **False**	Medicaid: **11,285**	
Class at 1/94: **North Small [1]**			
Operating Ex **> 18 months [1]**			
Open Date: **2/6/1989**			
Acquired Date: **2/6/1989**			
Entered Medicaid **2/6/1989**			
Med # Active Date: **12/4/2008**			
Previous Med # **255840**			

Medicaid Utilization	**82.78316%**
Occupancy:	**85.82221%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**107.87594%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	520,863	997,015	643,690	269,373	0	2,430,941
1a	Audit Adjustments						
2	Cost Per Diem	46.1553	88.3487	57.0394	**23.8700**		215.4134
3	Cost Per Diem Inflated	48.2616	90.9865	59.6424			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.2616**	**90.9865**	**59.6424**	**23.8700**		222.7605
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.2890		58.3696			
7	Provider Target Rate	**50.5280**		**59.8368**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation	**51.4635**		**61.0805**			
10b	Base for line 10a	50.2016		59.5828			
11	Lesser of 5,7,8,10, 10a	**48.2616**	**90.9865**	**59.6424**	**13.6500**		212.5405
12/13	Medicaid Adjustment Rate		3.3557	2.1997			
14	Prospective Per Diem 11	**48.2616**	**94.3422**	**61.8421**	**13.6500**		**218.0959**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005849-00 - 2011/01

244.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Glen Oaks Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/6/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/01**
Indexed Asset Value	**3,364,918**
FRVS Base Asset:	**2,253,096**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**2,715,349.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4500**	**%**
Chase Rate:	**11.0000**	**%**
Amortization Rate:	**10.4500**	**%**
Interest Only:	**False**	
Yearly Payment:	**321,425**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,691,934**	**12.8745**
20% ROE(2):	**672,984**	**0.7364**
Insurance Cost(3):	**15,397**	**1.1295**
Taxes Cost(3):	**13,309**	**0.9763**
Home Office(3):	**14,563**	**1.0683**
Replacement(3&4):	**1,664**	**0.0000**
Total FRVS PD:		**16.7850**

(1) 80% Capital ($2,691,934) amortized at 10.4500% for 20 years Principal & Interest of $321,425 divided by annual available days (27,740) divided by Occup. Adj. (0.9000) = $12.8745

(2) 20% ROE ($672,984) times the ROE factor (0.027320) divided by annual available days (27,740) divided by Occup. Adj. (0.9000) = $0.7364

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1988**	Used Per Bed Standard:	**29,646**
Comparison Bed	**76**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,253,096**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.2616**	**48.2616**	**0.4210**	**47.8406**	
Patient Care					
Direct Care	**94.3422**	**94.3422**	**0.8230**	**93.5192**	
Indirect Care	**61.8421**	**61.8421**	**0.5395**	**61.3026**	
Property	**13.6500**	**16.7850**	**0.1464**	**16.6386**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.1766**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**218.0959**	**221.2309**	**1.9299**	**244.0747**	

***Medicaid Trend Adjustment :**

0 005850-00 - 2011/01

219.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heritage Park

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
37135 Coleman Avenue		**12/04/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Dade City FL 33525		Days In CR	**209**	Maximum:	**25,080**	Standard:	**181**
County:	**Pasco[51]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**23,951**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,106**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**15,875**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1983**						
Acquired Date:	**1/1/1983**						
Entered Medicaid	**1/1/1983**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**214132**						

Medicaid Utilization	**66.28116%**
Occupancy:	**95.49841%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.03862%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	611,174	1,463,308	756,184	365,919	0	3,196,585
1a	Audit Adjustments						
2	Cost Per Diem	38.4991	92.1769	47.6336	**23.0500**		201.3596
3	Cost Per Diem Inflated	40.2560	94.9290	49.8074			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.2560**	**94.9290**	**49.8074**	**23.0500**		208.0424
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.2786		48.2505			
7	Provider Target Rate	**42.3162**		**49.4634**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**43.2589**		**50.4658**			
10b	Base for line 10a	42.1982		49.2284			
11	Lesser of 5,7,8,10, 10a	**40.2560**	**94.9290**	**49.4634**	**13.6500**		198.2984
12/13	Medicaid Adjustment Rate		1.7387	0.9060			
14	Prospective Per Diem 11	**40.2560**	**96.6677**	**50.3694**	**13.6500**		**200.9431**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005850-00 - 2011/01

219.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heritage Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**3,757,188**
FRVS Base Asset:	**2,122,271**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**5,455,094.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.6872**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.6872**	**%**
Interest Only:	**False**	
Yearly Payment:	**294,712**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,005,750**	**7.4762**
20% ROE(2):	**751,438**	**0.5208**
Insurance Cost(3):	**25,944**	**1.0832**
Taxes Cost(3):	**35,339**	**1.4755**
Home Office(3):	**26,221**	**1.0948**
Replacement(3&4):	**14,262**	**0.0000**
Total FRVS PD:		**11.6505**

(1) 80% Capital ($3,005,750) amortized at 7.6872% for 20 years Principal & Interest of $294,712 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.4762

(2) 20% ROE ($751,438) times the ROE factor (0.027320) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5208

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.2560**	**40.2560**	**0.3512**	**39.9048**	
Patient Care					
Direct Care	**96.6677**	**96.6677**	**0.8433**	**95.8244**	
Indirect Care	**50.3694**	**50.3694**	**0.4394**	**49.9300**	
Property	**13.6500**	**11.6505**	**0.1016**	**11.5489**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.8157**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**200.9431**	**198.9436**	**1.7355**	**219.6209**	

***Medicaid Trend Adjustment :**

0 005851-00 - 2011/01

221.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lake Eustis Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
411 W. Woodward Avenue		**12/04/2008-06/30/2009**		Number of Beds:	**90**	Superior:	**0**
Eustis FL 32726		Days In CR	**209**	Maximum:	**18,810**	Standard:	**181**
County:	**Lake[35]**	First Used:	**2011/01**	Max Annualized:	**32,850**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**17,583**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,601**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**11,300**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1983**						
Acquired Date:	**1/1/1983**						
Entered Medicaid	**2/1/1982**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**213870**						

Medicaid Utilization	**64.26662%**
Occupancy:	**93.47687%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.49761%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	427,613	981,264	631,371	304,874	0	2,345,122
1a	Audit Adjustments						
2	Cost Per Diem	37.8419	86.8375	55.8735	**26.9800**		207.5329
3	Cost Per Diem Inflated	39.5688	89.4302	58.4233			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.5688**	**89.4302**	**58.4233**	**26.9800**		214.4023
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.1905		56.0048			
7	Provider Target Rate	**43.2510**		**57.4126**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation	**44.2234**		**58.6453**			
10b	Base for line 10a	43.1390		57.2073			
11	Lesser of 5,7,8,10, 10a	**39.5688**	**89.4302**	**57.4126**	**13.6500**		200.0616
12/13	Medicaid Adjustment Rate		1.4354	0.9215			
14	Prospective Per Diem 11	**39.5688**	**90.8656**	**58.3341**	**13.6500**		**202.4185**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005851-00 - 2011/01

221.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lake Eustis Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**3,061,246**
FRVS Base Asset:	**1,010,008**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**2,624,895.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.5350**	**%**
Chase Rate:	**7.2500**	**%**
Amortization Rate:	**9.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**269,155**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,448,997**	**9.1038**
20% ROE(2):	**612,249**	**0.5658**
Insurance Cost(3):	**17,537**	**0.9974**
Taxes Cost(3):	**18,091**	**1.0289**
Home Office(3):	**19,675**	**1.1190**
Replacement(3&4):	**19,094**	**0.0000**
Total FRVS PD:		**12.8149**

(1) 80% Capital ($2,448,997) amortized at 9.2500% for 20 years Principal & Interest of $269,155 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $9.1038

(2) 20% ROE ($612,249) times the ROE factor (0.027320) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $0.5658

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.5688**	**39.5688**	**0.3452**	**39.2236**	
Patient Care					
Direct Care	**90.8656**	**90.8656**	**0.7927**	**90.0729**	
Indirect Care	**58.3341**	**58.3341**	**0.5089**	**57.8252**	
Property	**13.6500**	**12.8149**	**0.1118**	**12.7031**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.9027**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**202.4185**	**201.5834**	**1.7586**	**221.3246**	

***Medicaid Trend Adjustment :**

0 006339-00 - 2011/01

211.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lake Placid Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
125 Tomoka Boulevard South		**12/04/2008-06/30/2009**		Number of Beds:	**180**	Superior:	**0**
Lake Placid FL 33852		Days In CR	**209**	Maximum:	**37,620**	Standard:	**181**
County:	**Highlands[28]**	First Used:	**2011/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**33,864**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,606**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,556**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1984**						
Acquired Date:	**1/1/1984**						
Entered Medicaid	**1/1/1984**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**214124**						

Medicaid Utilization	**66.60761%**
Occupancy:	**90.01595%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.14734%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	773,120	1,963,155	1,127,470	621,643	0	4,485,388
1a	Audit Adjustments						
2	Cost Per Diem	34.2756	87.0347	49.9854	**27.5600**		198.8557
3	Cost Per Diem Inflated	35.8398	89.6333	52.2665			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.8398**	**89.6333**	**52.2665**	**27.5600**		205.2996
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.5066		47.8317			
7	Provider Target Rate	**41.5248**		**49.0340**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**42.5139**		**50.1144**			
10b	Base for line 10a	41.4714		48.8856			
11	Lesser of 5,7,8,10, 10a	**35.8398**	**89.6333**	**49.0340**	**13.6500**		188.1571
12/13	Medicaid Adjustment Rate		1.6747	0.9161			
14	Prospective Per Diem 11	**35.8398**	**91.3080**	**49.9501**	**13.6500**		**190.7479**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 006339-00 - 2011/01

211.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Lake Placid Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**7,766,553**
FRVS Base Asset:	**2,984,578**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information

Amount:	**8,129,560.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.6872**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.6872**	**%**
Interest Only:	**False**	
Yearly Payment:	**609,205**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**6,213,242**	**10.3028**
20% ROE(2):	**1,553,311**	**0.7177**
Insurance Cost(3):	**34,640**	**1.0229**
Taxes Cost(3):	**59,735**	**1.7640**
Home Office(3):	**36,201**	**1.0690**
Replacement(3&4):	**6,353**	**0.0000**
Total FRVS PD:		**14.8764**

(1) 80% Capital ($6,213,242) amortized at 7.6872% for 20 years Principal & Interest of $609,205 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $10.3028
(2) 20% ROE ($1,553,311) times the ROE factor (0.027320) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.7177
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.8398**	**35.8398**	**0.3126**	**35.5272**	
Patient Care					
Direct Care	**91.3080**	**91.3080**	**0.7965**	**90.5115**	
Indirect Care	**49.9501**	**49.9501**	**0.4357**	**49.5144**	
Property	**13.6500**	**14.8764**	**0.1298**	**14.7466**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.0447**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**190.7479**	**191.9743**	**1.6746**	**211.9415**	

***Medicaid Trend Adjustment :**

0 006340-00 - 2011/01

216.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Windsor Manor

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
602 East Laura Street		**12/04/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Starke FL 32091		Days In CR	**209**	Maximum:	**25,080**	Standard:	**181**
County:	**Bradford[4]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**22,481**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,050**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**15,183**	FY Index:	**1.18857853**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**67.53703%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**89.63716%**	Cost:	**1.04563563**
Open Date:	**6/25/1990**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**6/25/1990**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15550000**
Entered Medicaid	**7/2/1990**	Low Occupancy Adjustment Factor:			**112.67121%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**12/4/2008**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02985720**
Previous Med #	**213888**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	561,384	1,305,686	721,931	492,385	0	3,081,386
1a	Audit Adjustments						
2	Cost Per Diem	36.9745	85.9966	47.5486	**32.4300**		202.9497
3	Cost Per Diem Inflated	38.6619	88.5642	49.7185			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.6619**	**88.5642**	**49.7185**	**32.4300**		209.3746
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.7406		47.5529			
7	Provider Target Rate	**39.7144**		**48.7482**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation	**40.6438**		**49.7855**			
10b	Base for line 10a	39.6472		48.5647			
11	Lesser of 5,7,8,10, 10a	**38.6619**	**88.5642**	**48.7482**	**13.6500**		189.6243
12/13	Medicaid Adjustment Rate		1.7473	0.9618			
14	Prospective Per Diem 11	**38.6619**	**90.3115**	**49.7100**	**13.6500**		**192.3334**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 006340-00 - 2011/01

216.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Windsor Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/2/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/01**
Indexed Asset Value	**5,333,683**
FRVS Base Asset:	**3,595,587**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**2,618,667.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**546,048**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,266,946**	**13.8521**
20% ROE(2):	**1,066,737**	**0.7393**
Insurance Cost(3):	**19,542**	**0.8693**
Taxes Cost(3):	**25,957**	**1.1546**
Home Office(3):	**23,469**	**1.0439**
Replacement(3&4):	**7,476**	**0.0000**
Total FRVS PD:		**17.6592**

(1) 80% Capital ($4,266,946) amortized at 11.5000% for 20 years Principal & Interest of $546,048 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.8521
(2) 20% ROE ($1,066,737) times the ROE factor (0.027320) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7393
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.6619**	**38.6619**	**0.3373**	**38.3246**	
Patient Care					
Direct Care	**90.3115**	**90.3115**	**0.7878**	**89.5237**	
Indirect Care	**49.7100**	**49.7100**	**0.4336**	**49.2764**	
Property	**13.6500**	**17.6592**	**0.1540**	**17.5052**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.6001**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**192.3334**	**196.3426**	**1.7127**	**216.8271**	

***Medicaid Trend Adjustment :**

0 006408-00 - 2011/01

232.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Rehabilitation Center of St. Pete

Type of Cost Report:Cost Settled Interim CHOW[5] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
435 42nd Avenue S		**01/01/2009-06/30/2009**		Number of Beds:	**159**	Superior:	**0**
St. Petersburg FL 33705		Days In CR	**181**	Maximum:	**28,779**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2009/01**	Max Annualized:	**58,035**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**22,969**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,929**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**17,187**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1984**						
Acquired Date:	**9/1/1984**						
Entered Medicaid	**9/1/1984**						
Med # Active Date:	**1/1/2009**						
Previous Med #	**228362**						

Medicaid Utilization	**74.82694%**
Occupancy:	**79.81167%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**100.32086%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	797,066	1,672,091	916,876	312,975	0	3,699,008
1a	Audit Adjustments						
2	Cost Per Diem	46.3761	97.2881	53.3471	**18.2100**		215.2213
3	Cost Per Diem Inflated	48.4925	100.1929	55.7816			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.4925**	**100.1929**	**55.7816**	**18.2100**		222.6770
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.4655		54.6003			
7	Provider Target Rate	**48.6586**		**55.9728**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**45.1893**		**51.0814**			
10b	Base for line 10a	44.0812		49.8289			
11	Lesser of 5,7,8,10, 10a	**45.1893**	**95.7090**	**51.0814**	**13.6500**		205.6297
12/13	Medicaid Adjustment Rate		2.6732	1.4267			
14	Prospective Per Diem 11	**45.1893**	**98.3822**	**52.5081**	**13.6500**		**209.7296**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 006408-00 - 2011/01

232.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Rehabilitation Center of St. Pete

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**3,062,561**
FRVS Base Asset:	**1,587,729**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027290**

Mortgage Information		
Amount:	**5,800,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.9728**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.9728**	**%**
Interest Only:	**False**	
Yearly Payment:	**210,174**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,450,049**	**4.0239**
20% ROE(2):	**612,512**	**0.3200**
Insurance Cost(3):	**44,648**	**1.9438**
Taxes Cost(3):	**30,212**	**1.3153**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**7.6030**

(1) 80% Capital ($2,450,049) amortized at 5.9728% for 20 years Principal & Interest of $210,174 divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = $4.0239

(2) 20% ROE ($612,512) times the ROE factor (0.027290) divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = $0.3200

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**159**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,531,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.1893**	**45.1893**	**0.3942**	**44.7951**	
Patient Care					
Direct Care	**98.3822**	**98.3822**	**0.8582**	**97.5240**	
Indirect Care	**52.5081**	**52.5081**	**0.4580**	**52.0501**	
Property	**13.6500**	**7.6030**	**0.1191**	**13.5309**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2486**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**209.7296**	**203.6826**	**1.8295**	**232.7458**	

***Medicaid Trend Adjustment :**

0 006483-00 - 2011/01

227.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Salerno Bay Manor

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4801 S.E. Cove Road		**12/04/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Stuart FL 34997		Days In CR	**209**	Maximum:	**25,080**	Standard:	**181**
County:	**Martin[43]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**21,546**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,944**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**13,712**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1985**						
Acquired Date:	**6/1/1985**						
Entered Medicaid	**7/1/1985**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**214141**						

Medicaid Utilization	**63.64058%**
Occupancy:	**85.90909%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**107.98514%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	551,495	1,198,245	732,473	394,494	0	2,876,707
1a	Audit Adjustments						
2	Cost Per Diem	40.2199	87.3866	53.4184	**28.7700**		209.7949
3	Cost Per Diem Inflated	42.0554	89.9957	55.8562			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.0554**	**89.9957**	**55.8562**	**28.7700**		216.6773
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.3497		54.2885			
7	Provider Target Rate	**45.4645**		**55.6531**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation	**46.0569**		**56.8399**			
10b	Base for line 10a	44.9276		55.4462			
11	Lesser of 5,7,8,10, 10a	**42.0554**	**89.9957**	**55.6531**	**13.6500**		201.3542
12/13	Medicaid Adjustment Rate		1.3810	0.8540			
14	Prospective Per Diem 11	**42.0554**	**91.3767**	**56.5071**	**13.6500**		**203.5892**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 006483-00 - 2011/01

227.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Salerno Bay Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**5,252,988**
FRVS Base Asset:	**3,321,973**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**5,162,740.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.6872**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.6872**	**%**
Interest Only:	**False**	
Yearly Payment:	**412,042**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,202,390**	**10.4526**
20% ROE(2):	**1,050,598**	**0.7281**
Insurance Cost(3):	**21,529**	**0.9992**
Taxes Cost(3):	**58,253**	**2.7037**
Home Office(3):	**23,954**	**1.1118**
Replacement(3&4):	**587**	**0.0000**
Total FRVS PD:		**15.9954**

(1) 80% Capital ($4,202,390) amortized at 7.6872% for 20 years Principal & Interest of $412,042 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.4526
(2) 20% ROE ($1,050,598) times the ROE factor (0.027320) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7281
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.0554**	**42.0554**	**0.3669**	**41.6885**	
Patient Care					
Direct Care	**91.3767**	**91.3767**	**0.7971**	**90.5796**	
Indirect Care	**56.5071**	**56.5071**	**0.4929**	**56.0142**	
Property	**13.6500**	**15.9954**	**0.1395**	**15.8559**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.2571**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**203.5892**	**205.9346**	**1.7964**	**227.9924**	

***Medicaid Trend Adjustment :**

0 006489-00 - 2011/01

233.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Roval Manor

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
600 Business Parkway		**12/04/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Royal Palm Beach FL 33411		Days In CR	**209**	Maximum:	**25,080**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**22,286**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,479**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**13,077**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**2/1/1985**						
Acquired Date:	**2/1/1985**						
Entered Medicaid	**2/1/1985**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**214108**						

Medicaid Utilization	**58.67809%**
Occupancy:	**88.85965%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**111.69391%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	554,273	1,225,922	695,160	407,087	0	2,882,442
1a	Audit Adjustments						
2	Cost Per Diem	42.3853	93.7464	53.1590	**31.1300**		220.4207
3	Cost Per Diem Inflated	44.3196	96.5454	55.5849			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.3196**	**96.5454**	**55.5849**	**31.1300**		227.5799
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.1934		51.6569			
7	Provider Target Rate	**45.3043**		**52.9554**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation	**46.3176**		**54.2082**			
10b	Base for line 10a	45.1819		52.8790			
11	Lesser of 5,7,8,10, 10a	**44.3196**	**96.5454**	**52.9554**	**13.6500**		207.4704
12/13	Medicaid Adjustment Rate		0.9426	0.5170			
14	Prospective Per Diem 11	**44.3196**	**97.4880**	**53.4724**	**13.6500**		**208.9300**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 006489-00 - 2011/01

233.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Roval Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**5,792,172**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**5,446,928.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.6872**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.6872**	**%**
Interest Only:	**False**	
Yearly Payment:	**454,335**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,633,738**	**11.5255**
20% ROE(2):	**1,158,434**	**0.8029**
Insurance Cost(3):	**25,038**	**1.1235**
Taxes Cost(3):	**57,656**	**2.5871**
Home Office(3):	**26,267**	**1.1786**
Replacement(3&4):	**2,539**	**0.0000**
Total FRVS PD:		**17.2176**

(1) 80% Capital ($4,633,738) amortized at 7.6872% for 20 years Principal & Interest of $454,335 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.5255

(2) 20% ROE ($1,158,434) times the ROE factor (0.027320) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8029

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.3196**	**44.3196**	**0.3866**	**43.9330**	
Patient Care					
Direct Care	**97.4880**	**97.4880**	**0.8504**	**96.6376**	
Indirect Care	**53.4724**	**53.4724**	**0.4665**	**53.0059**	
Property	**13.6500**	**17.2176**	**0.1502**	**17.0674**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.0456**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**208.9300**	**212.4976**	**1.8537**	**233.2866**	

***Medicaid Trend Adjustment :**

0 006767-00 - 2011/01

235.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Oakbrook of LaBelle

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
250 Broward Avenue	**12/04/2008-06/30/2009**	Number of Beds: **93**	Superior: **0**
Labelle FL 33935	Days In CR **209**	Maximum: **19,437**	Standard: **181**
County: **Hendry[26]**	First Used: **2011/01**	Max Annualized: **33,945**	Conditional: **0**
Region: **South[2]** Area: **8**	Last Used: **2011/01**	Total Patient: **17,195**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **3,228**	
Current Class **South Small [3]**	Initial CR? **False**	Medicaid: **10,428**	
Class at 1/94: **South Small [3]**			
Operating Ex **> 18 months [1]**			
Open Date: **11/1/1986**			
Acquired Date: **11/1/1986**			
Entered Medicaid **11/25/1986**			
Med # Active Date: **12/4/2008**			
Previous Med # **213497**			

Medicaid Utilization	**60.64554%**
Occupancy:	**88.46530%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**111.19821%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	436,946	941,625	580,513	232,127	0	2,191,211
1a	Audit Adjustments						
2	Cost Per Diem	41.9012	90.2978	55.6687	**22.2600**		210.1277
3	Cost Per Diem Inflated	43.8134	92.9938	58.2092			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.8134**	**92.9938**	**58.2092**	**22.2600**		217.2764
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.2285		55.8329			
7	Provider Target Rate	**49.4408**		**58.5755**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation	**50.6346**		**58.5755**			
10b	Base for line 10a	49.3930		57.0513			
11	Lesser of 5,7,8,10, 10a	**43.8134**	**92.9938**	**58.2092**	**13.6500**		208.6664
12/13	Medicaid Adjustment Rate		1.1137	0.6971			
14	Prospective Per Diem 11	**43.8134**	**94.1075**	**58.9063**	**13.6500**		**210.4772**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 006767-00 - 2011/01

235.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Oakbrook of LaBelle

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/07**
Indexed Asset Value	**3,805,174**
FRVS Base Asset:	**1,397,653**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027320**

Mortgage Information		
Amount:	**4,700,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**389,563**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,044,139**	**12.7514**
20% ROE(2):	**761,035**	**0.6806**
Insurance Cost(3):	**18,846**	**1.0960**
Taxes Cost(3):	**36,866**	**2.1440**
Home Office(3):	**19,335**	**1.1245**
Replacement(3&4):	**7,135**	**0.0000**
Total FRVS PD:		**17.7965**

(1) 80% Capital ($3,044,139) amortized at 11.5000% for 20 years Principal & Interest of $389,563 divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = $12.7514

(2) 20% ROE ($761,035) times the ROE factor (0.027320) divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = $0.6806

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1986**	Used Per Bed Standard:	**28,737**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,724,220**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.8134**	**43.8134**	**0.3822**	**43.4312**	
Patient Care					
Direct Care	**94.1075**	**94.1075**	**0.8209**	**93.2866**	
Indirect Care	**58.9063**	**58.9063**	**0.5139**	**58.3924**	
Property	**13.6500**	**17.7965**	**0.1552**	**17.6413**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.2951**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**210.4772**	**214.6237**	**1.8722**	**235.6437**	

***Medicaid Trend Adjustment :**

0 007012-00 - 2011/01

219.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Crosswinds Health & Rehab Center

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
U.S. Hwy 90 E.		**04/01/2009-03/31/2010**		Number of Beds:	**58**	Superior:	**0**
Greenville FL 32331		Days In CR	**365**	Maximum:	**21,170**	Standard:	**181**
County:	**Madison[40]**	First Used:	**2009/01**	Max Annualized:	**21,170**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2011/01**	Total Patient:	**18,980**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,825**	**Inflation**	
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**16,790**	FY Index:	**1.19858405**
Class at 1/94:	**North Small [1]**	Medicaid Utilization			**88.46154%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**89.65517%**	Cost:	**1.00000000**
Open Date:	**6/1/1983**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**6/1/1983**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16300000**
Entered Medicaid	**6/1/1983**	Low Occupancy Adjustment Factor:			**112.69386%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**4/1/2009**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**214019**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	738,894	1,621,854	894,773	294,665	0	3,550,186
1a	Audit Adjustments						
2	Cost Per Diem	44.0080	96.5964	53.2920	**17.5500**		211.4464
3	Cost Per Diem Inflated	44.0080	96.5964	53.2920			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.0080**	**96.5964**	**53.2920**	**17.5500**		211.4464
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation	**45.1174**		**54.7412**			
10b	Base for line 10a	44.0111		53.3989			
11	Lesser of 5,7,8,10, 10a	**44.0080**	**91.4056**	**53.2920**	**13.6500**		202.3556
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.0080**	**91.4056**	**53.2920**	**13.6500**		**202.3556**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 007012-00 - 2011/01

219.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Crosswinds Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**1,655,261**
FRVS Base Asset:	**721,404**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**116,148**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,324,209**	**6.0960**
20% ROE(2):	**331,052**	**0.5503**
Insurance Cost(3):	**21,100**	**1.1117**
Taxes Cost(3):	**12,000**	**0.6322**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**8.3902**

(1) 80% Capital ($1,324,209) amortized at 6.2500% for 20 years Principal & Interest of $116,148 divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = $6.0960
(2) 20% ROE ($331,052) times the ROE factor (0.031670) divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = $0.5503
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**58**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,653,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.0080**	**44.0080**	**0.3839**	**43.6241**	
Patient Care					
Direct Care	**91.4056**	**91.4056**	**0.7974**	**90.6082**	
Indirect Care	**53.2920**	**53.2920**	**0.4649**	**52.8271**	
Property	**13.6500**	**8.3902**	**0.0732**	**8.3170**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.0194**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**202.3556**	**197.0958**	**1.7194**	**219.9929**	

***Medicaid Trend Adjustment :**

0 007014-00 - 2011/01

223.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Cross Landings Health & Rehab Center

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1780 N. Jefferson St.		**04/01/2009-03/31/2010**		Number of Beds:	**60**	Superior:	**0**
Monticello FL 32344		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County: **Jefferson[33]**		First Used:	**2009/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2011/01**	Total Patient:	**21,170**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**1,885**	Inflation	
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**15,635**	FY Index:	**1.19858405**
Class at 1/94: **North Small [1]**		Medicaid Utilization			**73.85451%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**96.66666%**	Cost:	**1.00000000**
Open Date:	**5/1/1980**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**5/1/1980**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16300000**
Entered Medicaid	**5/1/1980**	Low Occupancy Adjustment Factor:			**121.50708%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**4/1/2009**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**214001**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	687,029	1,510,250	819,960	248,127	0	3,265,366
1a	Audit Adjustments						
2	Cost Per Diem	43.9417	96.5942	52.4439	**15.8700**		208.8498
3	Cost Per Diem Inflated	43.9417	96.5942	52.4439			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.9417**	**96.5942**	**52.4439**	**15.8700**		208.8498
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation	**45.1174**		**53.8685**			
10b	Base for line 10a	44.0111		52.5476			
11	Lesser of 5,7,8,10, 10a	**43.9417**	**91.4056**	**52.4439**	**13.6500**		201.4412
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**43.9417**	**91.4056**	**52.4439**	**13.6500**		**201.4412**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 007014-00 - 2011/01

223.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Cross Landings Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/2009**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/01**
Indexed Asset Value	**2,808,704**
FRVS Base Asset:	**752,956**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**197,084**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,246,963**	**9.9992**
20% ROE(2):	**561,741**	**0.9026**
Insurance Cost(3):	**19,200**	**0.9069**
Taxes Cost(3):	**16,800**	**0.7936**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.6023**

(1) 80% Capital ($2,246,963) amortized at 6.2500% for 20 years Principal & Interest of $197,084 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $9.9992
(2) 20% ROE ($561,741) times the ROE factor (0.031670) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.9026
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.9417**	**43.9417**	**0.3833**	**43.5584**	
Patient Care					
Direct Care	**91.4056**	**91.4056**	**0.7974**	**90.6082**	
Indirect Care	**52.4439**	**52.4439**	**0.4575**	**51.9864**	
Property	**13.6500**	**12.6023**	**0.1099**	**12.4924**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.1534**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**201.4412**	**200.3935**	**1.7481**	**223.3959**	

***Medicaid Trend Adjustment :**

0 008793-00 - 2011/01

229.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Manatee Springs Care and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5627 9th Street East		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Bradenton FL 34203		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Manatee[41]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**37,265**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,178**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**20,927**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1985**						
Acquired Date:	**8/1/1985**						
Entered Medicaid	**8/1/1985**						
Med # Active Date:	**7/1/2007**						
Previous Med #	**316610**						

Medicaid Utilization	**56.15725%**
Occupancy:	**85.07991%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**106.94288%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	802,620	1,945,565	956,228	1,078,996	0	4,783,409
1a	Audit Adjustments						
2	Cost Per Diem	38.3533	92.9691	45.6935	**51.5600**		228.5759
3	Cost Per Diem Inflated	39.9256	95.4146	47.5667			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.9256**	**95.4146**	**47.5667**	**51.5600**		234.4669
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.4584		47.0726			
7	Provider Target Rate	**44.5508**		**48.2559**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**49.4062**		**54.2030**			
10b	Base for line 10a	48.1947		52.8739			
11	Lesser of 5,7,8,10, 10a	**39.9256**	**95.4146**	**47.5667**	**13.6500**		196.5569
12/13	Medicaid Adjustment Rate		0.6609	0.3295			
14	Prospective Per Diem 11	**39.9256**	**96.0755**	**47.8962**	**13.6500**		**197.5473**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 008793-00 - 2011/01

229.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Manatee Springs Care and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**7,067,335**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,800,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.2450**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**13.2450**	**%**
Interest Only:	**False**	
Yearly Payment:	**806,743**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,653,868**	**20.4653**
20% ROE(2):	**1,413,467**	**1.0459**
Insurance Cost(3):	**55,690**	**1.4944**
Taxes Cost(3):	**90,045**	**2.4163**
Home Office(3):	**9,651**	**0.2590**
Replacement(3&4):	**2,651**	**0.0000**
Total FRVS PD:		**25.6809**

(1) 80% Capital ($5,653,868) amortized at 13.2450% for 20 years Principal & Interest of $806,743 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $20.4653

(2) 20% ROE ($1,413,467) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $1.0459

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.9256**	**39.9256**	**0.3483**	**39.5773**	
Patient Care					
Direct Care	**96.0755**	**96.0755**	**0.8381**	**95.2374**	
Indirect Care	**47.8962**	**47.8962**	**0.4178**	**47.4784**	
Property	**13.6500**	**25.6809**	**0.2240**	**25.4569**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.1924**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**197.5473**	**209.5782**	**1.8282**	**229.5395**	

***Medicaid Trend Adjustment :**

0 010082-00 - 2011/01

210.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Courtyard Gardens Rehabilitation Center, LLC

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
17781 Thelma Avenue		**06/01/2009-05/31/2010**		Number of Beds:	**120**	Superior:	**0**
Jupiter FL 33458		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2009/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**37,488**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,732**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**23,616**	FY Index:	**1.20371855**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**62.99616%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**85.58904%**	Cost:	**1.00000000**
Open Date:	**10/1/1984**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**10/1/1984**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16533216**
Entered Medicaid	**7/8/1986**	Low Occupancy Adjustment Factor:			**107.58284%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**6/1/2009**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**224928**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	940,625	2,118,931	1,066,860	303,466	0	4,429,882
1a	Audit Adjustments						
2	Cost Per Diem	39.8300	89.7244	45.1753	**12.8500**		187.5797
3	Cost Per Diem Inflated	39.8300	89.7244	45.1753			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.8300**	**89.7244**	**45.1753**	**12.8500**		187.5797
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation	**45.6516**		**52.8405**			
10b	Base for line 10a	44.5322		51.5448			
11	Lesser of 5,7,8,10, 10a	**39.8300**	**89.7244**	**45.1753**	**12.8500**		187.5797
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**39.8300**	**89.7244**	**45.1753**	**12.8500**		**187.5797**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 010082-00 - 2011/01

210.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Courtyard Gardens Rehabilitation Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/8/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,405,703**
FRVS Base Asset:	**3,289,560**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information

Amount:	**4,580,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.0000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**342,482**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,324,562**	**8.6880**
20% ROE(2):	**1,081,141**	**0.8686**
Insurance Cost(3):	**38,600**	**1.0297**
Taxes Cost(3):	**66,900**	**1.7846**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.3709**

(1) 80% Capital ($4,324,562) amortized at 5.0000% for 20 years Principal & Interest of $342,482 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.6880
(2) 20% ROE ($1,081,141) times the ROE factor (0.031670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8686
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**1/1/1984**	Used Per Bed Standard:	**27,413**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,289,560**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.8300**	**39.8300**	**0.3475**	**39.4825**	
Patient Care					
Direct Care	**89.7244**	**89.7244**	**0.7827**	**88.9417**	
Indirect Care	**45.1753**	**45.1753**	**0.3941**	**44.7812**	
Property	**12.8500**	**12.3709**	**0.1079**	**12.2630**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9554**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**187.5797**	**187.1006**	**1.6322**	**210.0209**	

***Medicaid Trend Adjustment :**

0 010453-00 - 2011/01

211.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heartland Health Care and Rehabilitation Center -

Type of Cost Report:Interim New Facility [2] Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: New Provider[2]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5401 Sawyer Road		**01/01/2009-12/31/2009**		Number of Beds:	**140**	Superior:	**0**
Sarasota FL 34233		Days In CR	**365**	Maximum:	**51,100**	Standard:	**181**
County: **Sarasota[58]**		First Used:	**2009/07**	Max Annualized:	**51,100**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2011/01**	Total Patient:	**35,933**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**16,731**		
Current Class **South Large [4]**		Initial CR?	**True**	Medicaid:	**3,664**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date:	**7/10/2009**						
Acquired Date:	**7/10/2009**						
Entered Medicaid	**7/10/2009**						
Med # Active Date:	**7/10/2009**						
Previous Med #							

Medicaid Utilization	**10.19676%**
Occupancy:	**70.31898%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**88.38885%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.00000000**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.00000000**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	225,373	316,126	184,673	73,170	12,058	811,400
1a	Audit Adjustments						
2	Cost Per Diem	61.5101	86.2789	50.4020	**19.9700**	**3.2909**	221.4519
3	Cost Per Diem Inflated	61.5101	86.2789	50.4020			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**61.5101**	**86.2789**	**50.4020**	**19.9700**	**3.2909**	221.4519
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation	**46.4838**		**53.0694**			
10b	Base for line 10a	45.3440		51.7681			
11	Lesser of 5,7,8,10, 10a	**46.4838**	**86.2789**	**50.4020**	**13.6500**	**3.2909**	200.1056
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.4838**	**86.2789**	**50.4020**	**13.6500**	**3.2909**	**200.1056**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 010453-00 - 2011/01

211.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Heartland Health Care and Rehabilitation Center -

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/10/2009**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2009/07**
Indexed Asset Value	**6,666,380**
FRVS Base Asset:	**6,666,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**7,959,885.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.1400**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**3.1400**	**%**
Interest Only:	**False**	
Yearly Payment:	**359,429**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,333,104**	**7.8154**
20% ROE(2):	**1,333,276**	**0.8457**
Insurance Cost(3):	**7,692**	**0.2141**
Taxes Cost(3):	**82,528**	**2.2967**
Home Office(3):	**27,538**	**0.7664**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**11.9383**

(1) 80% Capital ($5,333,104) amortized at 3.1400% for 20 years Principal & Interest of $359,429 divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = $7.8154
(2) 20% ROE ($1,333,276) times the ROE factor (0.029170) divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = $0.8457
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2009**	Used Per Bed Standard:	**47,617**
Comparison Bed	**140**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**6,666,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.4838**	**46.4838**	**0.4055**	**46.0783**	
Patient Care					
Direct Care	**86.2789**	**86.2789**	**0.7526**	**85.5263**	
Indirect Care	**50.4020**	**50.4020**	**0.4397**	**49.9623**	
Property	**13.6500**	**11.9383**	**0.1041**	**11.8342**	
ROE	**3.2909**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.0624**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**200.1056**	**195.1030**	**1.7019**	**211.0606**	

***Medicaid Trend Adjustment :**

0 011997-00 - 2011/01

209.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heartland Health & Rehab of Boca Raton

Type of Cost Report:Interim New Facility [2] Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: New Provider[2]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
7225 Boca Del Mar Drive		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Boca Raton FL 33433		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Palm Beach[50]**		First Used:	**2009/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **9**	Last Used:	**2011/01**	Total Patient:	**30,080**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**18,927**	**Inflation**	
Current Class **South Large [4]**		Initial CR?	**True**	Medicaid:	**2,444**	FY Index:	**1.19387802**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**8.12500%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**68.67580%**	Cost:	**1.00000000**
Open Date:	**8/5/2009**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**8/5/2009**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**8/5/2009**	Low Occupancy Adjustment Factor:			**86.32341%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**8/5/2009**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	142,094	204,266	140,824	66,917	7,854	561,955
1a	Audit Adjustments						
2	Cost Per Diem	58.1399	83.5786	57.6203	**27.3801**	**3.2136**	229.9325
3	Cost Per Diem Inflated	58.1399	83.5786	57.6203			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.1399**	**83.5786**	**57.6203**	**27.3801**	**3.2136**	229.9325
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation	**47.1862**		**52.7238**			
10b	Base for line 10a	46.0292		51.4310			
11	Lesser of 5,7,8,10, 10a	**47.1862**	**83.5786**	**52.7238**	**13.6500**	**3.2136**	200.3522
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.1862**	**83.5786**	**52.7238**	**13.6500**	**3.2136**	**200.3522**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 011997-00 - 2011/01

209.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Heartland Health & Rehab of Boca Raton

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/5/2009**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2009/07**
Indexed Asset Value	**5,714,040**
FRVS Base Asset:	**5,714,040**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030000**

Mortgage Information		
Amount:	**12,580,755.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.1400**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**3.1400**	**%**
Interest Only:	**False**	
Yearly Payment:	**308,082**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,571,232**	**7.8154**
20% ROE(2):	**1,142,808**	**0.8697**
Insurance Cost(3):	**4,773**	**0.1587**
Taxes Cost(3):	**101,768**	**3.3832**
Home Office(3):	**25,171**	**0.8368**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.0638**

(1) 80% Capital ($4,571,232) amortized at 3.1400% for 20 years Principal & Interest of $308,082 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.8154
(2) 20% ROE ($1,142,808) times the ROE factor (0.030000) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8697
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2009**	Used Per Bed Standard:	**47,617**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,714,040**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.1862**	**47.1862**	**0.4116**	**46.7746**	
Patient Care					
Direct Care	**83.5786**	**83.5786**	**0.7291**	**82.8495**	
Indirect Care	**52.7238**	**52.7238**	**0.4599**	**52.2639**	
Property	**13.6500**	**13.0638**	**0.1140**	**12.9498**	
ROE	**3.2136**	**0.2001**	**0.0017**	**0.1984**	
ROE Adjustment	**-0.2001**	**-0.2001**	**-0.0017**	**-0.1984**	
Quality Assess-Medicaid Share				**$6.9817**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**200.1521**	**196.5524**	**1.7146**	**209.4166**	

***Medicaid Trend Adjustment :**

0 011998-00 - 2011/01

204.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Roval Palm Healthcare & Rehabilitation Center

Type of Cost Report:Interim New Facility [2] Type of Cost:Estimated[1] Type of Rate:Interim[2]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: New Provider[2]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2180 10th Avenue		**04/01/2009-03/31/2010**		Number of Beds:	**72**	Superior:	**0**
Vero Beach FL 32960		Days In CR	**365**	Maximum:	**26,280**	Standard:	**147**
County:	**Indian River[31]**	First Used:	**2009/01**	Max Annualized:	**26,280**	Conditional:	**34**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**22,600**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,185**		
Current Class	**South Small [3]**	Initial CR?	**True**	Medicaid:	**1,825**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/7/2009**						
Acquired Date:	**3/7/2009**						
Entered Medicaid	**3/7/2009**						
Med # Active Date:	**3/7/2009**						
Previous Med #							

Medicaid Utilization	**8.07522%**
Occupancy:	**85.99696%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**108.09559%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19858405**
Semester Index:	**1.24282006**
Cost:	**1.00000000**
Target:	**1.01759574**
DC FY Index:	**1.16300000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.00000000**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	84,119	136,623	100,026	52,962	0	373,730
1a	Audit Adjustments						
2	Cost Per Diem	46.0926	74.8619	54.8088	**29.0203**		204.7836
3	Cost Per Diem Inflated	46.0926	74.8619	54.8088			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.0926**	**74.8619**	**54.8088**	**29.0203**		204.7836
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation	**60.2065**		**66.7815**			
10b	Base for line 10a	58.7302		65.1440			
11	Lesser of 5,7,8,10, 10a	**46.0926**	**74.8619**	**54.8088**	**13.6500**		189.4133
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.0926**	**74.8619**	**54.8088**	**13.6500**		**189.4133**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 011998-00 - 2011/01

204.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Roval Palm Healthcare & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/7/2009**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2009/01**
Indexed Asset Value	**3,278,229**
FRVS Base Asset:	**3,278,229**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030000**

Mortgage Information		
Amount:	**3,500,207.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.0000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**212,066**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,622,583**	**8.9661**
20% ROE(2):	**655,646**	**0.8316**
Insurance Cost(3):	**12,180**	**0.5389**
Taxes Cost(3):	**39,324**	**1.7400**
Home Office(3):	**5,287**	**0.2339**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.3105**

(1) 80% Capital ($2,622,583) amortized at 5.2500% for 20 years Principal & Interest of $212,066 divided by annual available days (26,280) divided by Occup. Adj. (0.9000) = $8.9661

(2) 20% ROE ($655,646) times the ROE factor (0.030000) divided by annual available days (26,280) divided by Occup. Adj. (0.9000) = $0.8316

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2008**	Used Per Bed Standard:	**46,993**
Comparison Bed	**72**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,383,496**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.0926**	**46.0926**	**0.4021**	**45.6905**	
Patient Care					
Direct Care	**74.8619**	**74.8619**	**0.6531**	**74.2088**	
Indirect Care	**54.8088**	**54.8088**	**0.4781**	**54.3307**	
Property	**13.6500**	**12.3105**	**0.1074**	**12.2031**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.3440**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.4133**	**188.0738**	**1.6407**	**204.3742**	

***Medicaid Trend Adjustment :**

0 015613-00 - 2011/01

225.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

St. James Health & Rehabilitation Center

Type of Cost Report:Interim New Facility [2] Type of Cost:Estimated[1] Type of Rate:Interim[2]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: New Provider[2]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
239 Crooked River Road		**07/01/2009-06/30/2010**		Number of Beds:	**90**	Superior:	**0**
Carrabelle FL 32322		Days In CR	**365**	Maximum:	**32,850**	Standard:	**181**
County:	**Franklin[19]**	First Used:	**2009/01**	Max Annualized:	**32,850**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2011/01**	Total Patient:	**20,042**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,425**		
Current Class	**North Small [1]**	Initial CR?	**True**	Medicaid:	**12,005**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/26/2009**						
Acquired Date:	**5/26/2009**						
Entered Medicaid	**5/26/2009**						
Med # Active Date:	**5/26/2009**						
Previous Med #							

Medicaid Utilization	**59.89921%**
Occupancy:	**61.01065%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**76.68855%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.00000000**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.00000000**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	541,369	1,176,521	639,939	625,340	0	2,983,169
1a	Audit Adjustments						
2	Cost Per Diem	45.0953	98.0026	53.3060	**52.0900**		248.4939
3	Cost Per Diem Inflated	45.0953	98.0026	53.3060			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.0953**	**98.0026**	**53.3060**	**52.0900**		248.4939
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation	**44.8618**		**52.6281**			
10b	Base for line 10a	43.7618		51.3376			
11	Lesser of 5,7,8,10, 10a	**44.8618**	**91.4056**	**52.6281**	**13.6500**		202.5455
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.8618**	**91.4056**	**52.6281**	**13.6500**		**202.5455**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 015613-00 - 2011/01

225.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

St. James Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/26/2009**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2009/01**
Indexed Asset Value	**4,249,744**
FRVS Base Asset:	**4,229,370**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030000**

Mortgage Information		
Amount:	**7,799,191.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**2.7341**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**2.7341**	**%**
Interest Only:	**False**	
Yearly Payment:	**220,870**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,399,795**	**7.4707**
20% ROE(2):	**849,949**	**0.8625**
Insurance Cost(3):	**60,000**	**2.9937**
Taxes Cost(3):	**67,397**	**3.3628**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.6897**

(1) 80% Capital ($3,399,795) amortized at 2.7341% for 20 years Principal & Interest of $220,870 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $7.4707
(2) 20% ROE ($849,949) times the ROE factor (0.030000) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $0.8625
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2008**	Used Per Bed Standard:	**46,993**
Comparison Bed	**90**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,229,370**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.8618**	**44.8618**	**0.3913**	**44.4705**	
Patient Care					
Direct Care	**91.4056**	**91.4056**	**0.7974**	**90.6082**	
Indirect Care	**52.6281**	**52.6281**	**0.4591**	**52.1690**	
Property	**13.6500**	**14.6897**	**0.1281**	**14.5616**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5516**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**202.5455**	**203.5852**	**1.7759**	**225.9580**	

***Medicaid Trend Adjustment :**

0 016016-00 - 2011/01

224.33

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Whitehall Boca Raton

Type of Cost Report:Interim New Facility [2] Type of Cost:Estimated[1] Type of Rate:Interim[2]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: New Provider[2]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
7300 Del Prado		**11/01/2009-10/31/2010**		Number of Beds:	**154**	Superior:	**0**
Boca Raton FL 33433		Days In CR	**365**	Maximum:	**56,210**	Standard:	**181**
County: **Palm Beach[50]**		First Used:	**2009/07**	Max Annualized:	**56,210**	Conditional:	**0**
Region: **South[2]**	Area: **9**	Last Used:	**2011/01**	Total Patient:	**52,050**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**36,734**		
Current Class **South Large [4]**		Initial CR?	**True**	Medicaid:	**2,556**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date:	**12/1/2009**						
Acquired Date:	**12/1/2009**						
Entered Medicaid	**12/1/2009**						
Med # Active Date:	**12/1/2009**						
Previous Med #							

Medicaid Utilization	**4.91066%**
Occupancy:	**92.59918%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.39439%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21686969**
Semester Index:	**1.24282006**
Cost:	**1.00000000**
Target:	**1.01759574**
DC FY Index:	**1.17149915**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.00000000**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	133,116	323,726	232,206	69,268	0	758,316
1a	Audit Adjustments						
2	Cost Per Diem	52.0798	126.6534	90.8474	**27.1002**		296.6808
3	Cost Per Diem Inflated	52.0798	126.6534	90.8474			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.0798**	**126.6534**	**90.8474**	**27.1002**		296.6808
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation	**47.1862**		**52.6717**			
10b	Base for line 10a	46.0292		51.3802			
11	Lesser of 5,7,8,10, 10a	**47.1862**	**96.5967**	**52.6717**	**13.6500**		210.1046
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.1862**	**96.5967**	**52.6717**	**13.6500**		**210.1046**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 016016-00 - 2011/01

224.33

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Whitehall Boca Raton

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/2009**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2009/07**
Indexed Asset Value	**7,333,018**
FRVS Base Asset:	**7,333,018**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030000**

Mortgage Information		
Amount:	**9,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**514,551**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,866,414**	**10.1712**
20% ROE(2):	**1,466,604**	**0.8697**
Insurance Cost(3):	**105,300**	**2.0231**
Taxes Cost(3):	**183,600**	**3.5274**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**16.5914**

(1) 80% Capital ($5,866,414) amortized at 6.2500% for 20 years Principal & Interest of $514,551 divided by annual available days (56,210) divided by Occup. Adj. (0.9000) = $10.1712
(2) 20% ROE ($1,466,604) times the ROE factor (0.030000) divided by annual available days (56,210) divided by Occup. Adj. (0.9000) = $0.8697
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2009**	Used Per Bed Standard:	**47,617**
Comparison Bed	**154**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**7,333,018**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.1862**	**47.1862**	**0.4116**	**46.7746**	
Patient Care					
Direct Care	**96.5967**	**96.5967**	**0.8427**	**95.7540**	
Indirect Care	**52.6717**	**52.6717**	**0.4595**	**52.2122**	
Property	**13.6500**	**16.5914**	**0.1447**	**16.4467**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$5.5408**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**210.1046**	**213.0460**	**1.8585**	**224.3254**	

***Medicaid Trend Adjustment :**

0 017221-00 - 2011/01

195.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bayside Manor

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4343 Langley Avenue		**11/01/2008-10/31/2009**		Number of Beds:	**120**	Superior:	**0**
Pensacola FL 32504-8511		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Escambia[17]**		First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **1**	Last Used:	**2011/01**	Total Patient:	**42,245**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**11,680**	Inflation	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**25,598**	FY Index:	**1.19034241**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**60.59415%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**96.44977%**	Cost:	**1.00000000**
Open Date:	**10/1/1979**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**10/1/1979**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15683180**
Entered Medicaid	**10/1/1979**	Low Occupancy Adjustment Factor:			**121.23446%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/2010**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**213853**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	991,434	2,054,931	1,179,509	692,170	0	4,918,044
1a	Audit Adjustments						
2	Cost Per Diem	38.7309	80.2770	46.0782	**27.0400**		192.1261
3	Cost Per Diem Inflated	38.7309	80.2770	46.0782			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.7309**	**80.2770**	**46.0782**	**27.0400**		192.1261
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation	**40.3477**		**49.0996**			
10b	Base for line 10a	39.3584		47.8957			
11	Lesser of 5,7,8,10, 10a	**38.7309**	**80.2770**	**46.0782**	**13.6500**		178.7361
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.7309**	**80.2770**	**46.0782**	**13.6500**		**178.7361**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 017221-00 - 2011/01

195.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Bayside Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/1/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/07**
Indexed Asset Value	**2,924,371**
FRVS Base Asset:	**1,740,980**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030000**

Mortgage Information		
Amount:	**2,652,500.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**299,389**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,339,497**	**7.5949**
20% ROE(2):	**584,874**	**0.4451**
Insurance Cost(3):	**72,600**	**1.7185**
Taxes Cost(3):	**58,000**	**1.3729**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**11.1314**

(1) 80% Capital ($2,339,497) amortized at 11.5000% for 20 years Principal & Interest of $299,389 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.5949
(2) 20% ROE ($584,874) times the ROE factor (0.030000) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4451
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.7309**	**38.7309**	**0.3379**	**38.3930**	
Patient Care					
Direct Care	**80.2770**	**80.2770**	**0.7003**	**79.5767**	
Indirect Care	**46.0782**	**46.0782**	**0.4020**	**45.6762**	
Property	**13.6500**	**11.1314**	**0.0971**	**11.0343**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.6238**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**178.7361**	**176.2175**	**1.5373**	**195.9011**	

***Medicaid Trend Adjustment :**

0 017222-00 - 2011/01

215.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Margate Health Care Center

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5951 Colonial Drive		**11/01/2008-10/31/2009**		Number of Beds:	**170**	Superior:	**0**
Margate FL 33063		Days In CR	**365**	Maximum:	**62,050**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2010/01**	Max Annualized:	**62,050**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2011/01**	Total Patient:	**56,987**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,033**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**30,798**	FY Index:	**1.19034241**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**54.04390%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**91.84045%**	Cost:	**1.00000000**
Open Date:	**6/10/1985**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**6/10/1985**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15683180**
Entered Medicaid	**6/10/1985**	Low Occupancy Adjustment Factor:			**115.44068%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/2010**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**214931**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,322,972	2,394,360	1,551,456	1,375,439	0	6,644,227
1a	Audit Adjustments						
2	Cost Per Diem	42.9564	77.7440	50.3752	**44.6600**		215.7356
3	Cost Per Diem Inflated	42.9564	77.7440	50.3752			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.9564**	**77.7440**	**50.3752**	**44.6600**		215.7356
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation	**42.8277**		**51.3094**			
10b	Base for line 10a	41.7775		50.0513			
11	Lesser of 5,7,8,10, 10a	**42.8277**	**77.7440**	**50.3752**	**13.6500**		184.5969
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.8277**	**77.7440**	**50.3752**	**13.6500**		**184.5969**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 017222-00 - 2011/01

215.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Margate Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/1/2005**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**7,885,316**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030000**

Mortgage Information		
Amount:	**13,125,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.7500**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**768,519**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,308,253**	**13.7616**
20% ROE(2):	**1,577,063**	**0.8472**
Insurance Cost(3):	**161,700**	**2.8375**
Taxes Cost(3):	**339,900**	**5.9645**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**23.4108**

(1) 80% Capital ($6,308,253) amortized at 10.7500% for 20 years Principal & Interest of $768,519 divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = $13.7616
(2) 20% ROE ($1,577,063) times the ROE factor (0.030000) divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = $0.8472
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.8277**	**42.8277**	**0.3736**	**42.4541**	
Patient Care					
Direct Care	**77.7440**	**77.7440**	**0.6782**	**77.0658**	
Indirect Care	**50.3752**	**50.3752**	**0.4394**	**49.9358**	
Property	**13.6500**	**23.4108**	**0.2042**	**23.2066**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.8540**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**184.5969**	**194.3577**	**1.6954**	**215.1134**	

***Medicaid Trend Adjustment :**

0

0 017223-00 - 2011/01

199.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Rosewood Manor

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3107 North H Street		**11/01/2008-10/31/2009**		Number of Beds:	**155**	Superior:	**0**
Pensacola FL 32501		Days In CR	**365**	Maximum:	**56,575**	Standard:	**181**
County:	**Escambia[17]**	First Used:	**2010/01**	Max Annualized:	**56,575**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2011/01**	Total Patient:	**55,179**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,514**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**41,693**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1970**						
Acquired Date:	**1/1/1970**						
Entered Medicaid	**1/1/1970**						
Med # Active Date:	**1/1/2010**						
Previous Med #	**211842**						

Medicaid Utilization	**75.55954%**
Occupancy:	**97.53248%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**122.59539%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19034241**
Semester Index:	**1.24282006**
Cost:	**1.00000000**
Target:	**1.01759574**
DC FY Index:	**1.15683180**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.00000000**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,620,407	3,516,392	1,927,204	835,945	0	7,899,948
1a	Audit Adjustments						
2	Cost Per Diem	38.8652	84.3401	46.2237	**20.0500**		189.4790
3	Cost Per Diem Inflated	38.8652	84.3401	46.2237			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.8652**	**84.3401**	**46.2237**	**20.0500**		189.4790
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation	**39.6216**		**48.8534**			
10b	Base for line 10a	38.6501		47.6555			
11	Lesser of 5,7,8,10, 10a	**38.8652**	**84.3401**	**46.2237**	**13.6500**		183.0790
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.8652**	**84.3401**	**46.2237**	**13.6500**		**183.0790**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 017223-00 - 2011/01

199.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Rosewood Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**3,201,643**
FRVS Base Asset:	**1,485,746**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030000**

Mortgage Information		
Amount:	**3,487,500.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0000**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**9.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**276,538**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,561,314**	**5.4311**
20% ROE(2):	**640,329**	**0.3773**
Insurance Cost(3):	**72,300**	**1.3103**
Taxes Cost(3):	**28,300**	**0.5129**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**7.6316**

(1) 80% Capital ($2,561,314) amortized at 9.0000% for 20 years Principal & Interest of $276,538 divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = $5.4311
(2) 20% ROE ($640,329) times the ROE factor (0.030000) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = $0.3773
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**155**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,417,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.8652**	**38.8652**	**0.3390**	**38.5262**	
Patient Care					
Direct Care	**84.3401**	**84.3401**	**0.7357**	**83.6044**	
Indirect Care	**46.2237**	**46.2237**	**0.4032**	**45.8205**	
Property	**13.6500**	**7.6316**	**0.0666**	**7.5650**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.9246**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**183.0790**	**177.0606**	**1.5445**	**199.0378**	

***Medicaid Trend Adjustment :**

1

0 017225-00 - 2011/01

216.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bay Breeze Nursing & Retirement Center

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3387 Gulf Breeze Parkway		**11/01/2008-10/31/2009**		Number of Beds:	**120**	Superior:	**0**
Gulf Breeze FL 32563		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Santa Rosa[57]**	First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2011/01**	Total Patient:	**39,798**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,486**	Inflation	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**19,913**	FY Index:	**1.19034241**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**50.03518%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.86301%**	Cost:	**1.00000000**
Open Date:	**8/1/1984**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**8/1/1984**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15683180**
Entered Medicaid	**8/1/1984**	Low Occupancy Adjustment Factor:			**114.21207%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/2010**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**213861**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	773,034	1,876,370	931,220	605,953	0	4,186,577
1a	Audit Adjustments						
2	Cost Per Diem	38.8206	94.2284	46.7644	**30.4300**		210.2434
3	Cost Per Diem Inflated	38.8206	94.2284	46.7644			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.8206**	**94.2284**	**46.7644**	**30.4300**		210.2434
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation	**38.7275**		**49.0996**			
10b	Base for line 10a	37.7779		47.8957			
11	Lesser of 5,7,8,10, 10a	**38.7275**	**94.2284**	**46.7644**	**13.6500**		193.3703
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.7275**	**94.2284**	**46.7644**	**13.6500**		**193.3703**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 017225-00 - 2011/01

216.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bay Breeze Nursing & Retirement Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/30/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**4,760,464**
FRVS Base Asset:	**1,698,423**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030000**

Mortgage Information		
Amount:	**3,767,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**487,363**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,808,371**	**12.3633**
20% ROE(2):	**952,093**	**0.7246**
Insurance Cost(3):	**58,881**	**1.4795**
Taxes Cost(3):	**44,386**	**1.1153**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**15.6827**

(1) 80% Capital ($3,808,371) amortized at 11.5000% for 20 years Principal & Interest of $487,363 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.3633

(2) 20% ROE ($952,093) times the ROE factor (0.030000) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7246

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.7275**	**38.7275**	**0.3378**	**38.3897**	
Patient Care					
Direct Care	**94.2284**	**94.2284**	**0.8220**	**93.4064**	
Indirect Care	**46.7644**	**46.7644**	**0.4079**	**46.3565**	
Property	**13.6500**	**15.6827**	**0.1368**	**15.5459**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.2881**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**193.3703**	**195.4030**	**1.7045**	**216.5837**	

***Medicaid Trend Adjustment :**

0 017230-00 - 2011/01

211.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Silvercrest Manor

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
910 Brookmeade Drive		**11/01/2008-10/31/2009**		Number of Beds:	**60**	Superior:	**0**
Crestview FL 32539		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County: **Okaloosa[46]**		First Used:	**2010/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **North [1]**	Area: **1**	Last Used:	**2011/01**	Total Patient:	**19,876**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**5,768**	**Inflation**	
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**11,978**	FY Index:	**1.19034241**
Class at 1/94: **North Small [1]**		Medicaid Utilization			**60.26363%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**90.75799%**	Cost:	**1.00000000**
Open Date:	**7/1/1988**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**7/1/1988**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15683180**
Entered Medicaid	**8/1/1988**	Low Occupancy Adjustment Factor:			**114.08006%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/2010**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**213926**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	528,181	939,148	605,526	430,010	0	2,502,865
1a	Audit Adjustments						
2	Cost Per Diem	44.0959	78.4061	50.5532	**35.9000**		208.9552
3	Cost Per Diem Inflated	44.0959	78.4061	50.5532			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.0959**	**78.4061**	**50.5532**	**35.9000**		208.9552
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation	**44.9330**		**53.6249**			
10b	Base for line 10a	43.8312		52.3100			
11	Lesser of 5,7,8,10, 10a	**44.0959**	**78.4061**	**50.5532**	**13.6500**		186.7052
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.0959**	**78.4061**	**50.5532**	**13.6500**		**186.7052**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 017230-00 - 2011/01

211.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Silvercrest Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/07**
Indexed Asset Value	**2,745,427**
FRVS Base Asset:	**1,779,720**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030000**

Mortgage Information		
Amount:	**1,309,333.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**281,069**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,196,342**	**14.2602**
20% ROE(2):	**549,085**	**0.8357**
Insurance Cost(3):	**48,700**	**2.4502**
Taxes Cost(3):	**26,700**	**1.3433**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**18.8894**

(1) 80% Capital ($2,196,342) amortized at 11.5000% for 20 years Principal & Interest of $281,069 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $14.2602
(2) 20% ROE ($549,085) times the ROE factor (0.030000) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.8357
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1988**	Used Per Bed Standard:	**29,662**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,779,720**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.0959**	**44.0959**	**0.3847**	**43.7112**	
Patient Care					
Direct Care	**78.4061**	**78.4061**	**0.6840**	**77.7221**	
Indirect Care	**50.5532**	**50.5532**	**0.4410**	**50.1122**	
Property	**13.6500**	**18.8894**	**0.1648**	**18.7246**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.3655**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**186.7052**	**191.9446**	**1.6745**	**211.2327**	

***Medicaid Trend Adjustment :**

0 017236-00 - 2011/01

216.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Specialty Center of Pensacola

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
6984 Pine Forest Road		**11/01/2008-10/31/2009**		Number of Beds:	**120**	Superior:	**0**
Pensacola FL 32526		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Escambia[17]**	First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2011/01**	Total Patient:	**42,260**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,243**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**24,939**	FY Index:	**1.19034241**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**59.01325%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**96.48402%**	Cost:	**1.00000000**
Open Date:	**12/9/1991**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**12/9/1991**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15683180**
Entered Medicaid	**12/16/1991**	Low Occupancy Adjustment Factor:			**121.27750%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/2010**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**213918**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	976,635	2,322,644	1,175,886	707,270	0	5,182,435
1a	Audit Adjustments						
2	Cost Per Diem	39.1610	93.1330	47.1505	**28.3600**		207.8045
3	Cost Per Diem Inflated	39.1610	93.1330	47.1505			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.1610**	**93.1330**	**47.1505**	**28.3600**		207.8045
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation	**40.3477**		**49.1042**			
10b	Base for line 10a	39.3584		47.9001			
11	Lesser of 5,7,8,10, 10a	**39.1610**	**93.1330**	**47.1505**	**13.6500**		193.0945
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**39.1610**	**93.1330**	**47.1505**	**13.6500**		**193.0945**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 017236-00 - 2011/01

216.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Specialty Center of Pensacola

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/16/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/07**
Indexed Asset Value	**5,164,221**
FRVS Base Asset:	**3,576,837**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030000**

Mortgage Information		
Amount:	**2,652,500.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**528,699**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,131,377**	**13.4119**
20% ROE(2):	**1,032,844**	**0.7860**
Insurance Cost(3):	**76,600**	**1.8126**
Taxes Cost(3):	**38,400**	**0.9087**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**16.9192**

(1) 80% Capital ($4,131,377) amortized at 11.5000% for 20 years Principal & Interest of $528,699 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.4119
(2) 20% ROE ($1,032,844) times the ROE factor (0.030000) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7860
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1991**	Used Per Bed Standard:	**30,530**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,663,600**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.1610**	**39.1610**	**0.3416**	**38.8194**	
Patient Care					
Direct Care	**93.1330**	**93.1330**	**0.8124**	**92.3206**	
Indirect Care	**47.1505**	**47.1505**	**0.4113**	**46.7392**	
Property	**13.6500**	**16.9192**	**0.1476**	**16.7716**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.2660**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**193.0945**	**196.3637**	**1.7129**	**216.5139**	

***Medicaid Trend Adjustment :**

0 017242-00 - 2011/01

219.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Health Care Center of Destin

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
138 Sandestin Lane		**11/01/2008-10/31/2009**		Number of Beds:	**97**	Superior:	**181**
Destin FL 32550		Days In CR	**365**	Maximum:	**35,405**	Standard:	**0**
County:	**Walton[66]**	First Used:	**2010/01**	Max Annualized:	**35,405**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2011/01**	Total Patient:	**30,779**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,157**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**17,496**		
Class at 1/94:	**North Small [1]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.19034241**
Open Date:	**2/24/1988**					Semester Index:	**1.24282006**
Acquired Date:	**2/24/1988**					Cost:	**1.00000000**
Entered Medicaid	**2/24/1988**					Target:	**1.01759574**
Med # Active Date:	**1/1/2010**					**DC FY Index:**	**1.15683180**
Previous Med #	**211621**					**DC Sem Index:**	**1.19000000**
						DC Inflation:	**1.00000000**
						PS Target:	**1.02513678**

Medicaid Utilization	**56.84395%**	
Occupancy:	**86.93405%**	
Statewide Low Occupancy Threshold:	**79.55640%**	
Medicaid Low Occupancy Threshold:	**41.59470%**	
Low Occupancy Adjustment Factor:	**109.27348%**	
Weighted Low Occ Adjustment Factor:	**100.00000%**	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	738,314	1,525,009	921,597	655,050	0	3,839,970
1a	Audit Adjustments						
2	Cost Per Diem	42.1990	87.1633	52.6747	**37.4400**		219.4770
3	Cost Per Diem Inflated	42.1990	87.1633	52.6747			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.1990**	**87.1633**	**52.6747**	**37.4400**		219.4770
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation	**43.4856**		**53.9093**			
10b	Base for line 10a	42.4193		52.5874			
11	Lesser of 5,7,8,10, 10a	**42.1990**	**87.1633**	**52.6747**	**13.6500**		195.6870
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.1990**	**87.1633**	**52.6747**	**13.6500**		**195.6870**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 017242-00 - 2011/01

219.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Health Care Center of Destin

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/24/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**4,571,088**
FRVS Base Asset:	**1,765,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030000**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**438,114**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,656,870**	**13.7493**
20% ROE(2):	**914,218**	**0.8607**
Insurance Cost(3):	**34,927**	**1.1348**
Taxes Cost(3):	**22,310**	**0.7248**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**16.4696**

(1) 80% Capital ($3,656,870) amortized at 10.5000% for 20 years Principal & Interest of $438,114 divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = $13.7493
(2) 20% ROE ($914,218) times the ROE factor (0.030000) divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = $0.8607
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,765,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.1990**	**42.1990**	**0.3681**	**41.8309**	
Patient Care					
Direct Care	**87.1633**	**87.1633**	**0.7604**	**86.4029**	
Indirect Care	**52.6747**	**52.6747**	**0.4595**	**52.2152**	
Property	**13.6500**	**16.4696**	**0.1437**	**16.3259**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.0633**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**195.6870**	**198.5066**	**1.7317**	**219.4353**	

***Medicaid Trend Adjustment :**

0 017301-00 - 2011/01

223.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lake Bennett Health & Rehabilitation Center

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1901 Kelton Ave.		**01/01/2010-12/31/2010**		Number of Beds:	**120**	Superior:	**0**
Ocoee FL 34761		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**41,245**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,899**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**21,860**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/6/1997**						
Acquired Date:	**9/8/1997**						
Entered Medicaid	**9/8/1997**						
Med # Active Date:	**1/1/2010**						
Previous Med #	**318761**						

Medicaid Utilization	**53.00036%**
Occupancy:	**94.16667%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.36467%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.22091934**
Semester Index:	**1.24282006**
Cost:	**1.00000000**
Target:	**1.01759574**
DC FY Index:	**1.17350000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.00000000**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	905,686	2,174,123	1,176,290	61,645	0	4,317,744
1a	Audit Adjustments						
2	Cost Per Diem	41.4312	99.4567	53.8102	**2.8200**		197.5181
3	Cost Per Diem Inflated	41.4312	99.4567	53.8102			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.4312**	**99.4567**	**53.8102**	**2.8200**		197.5181
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**41.2589**		**53.2942**			
10b	Base for line 10a	40.2472		51.9874			
11	Lesser of 5,7,8,10, 10a	**41.2589**	**95.7090**	**53.2942**	**2.8200**		193.0821
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**41.2589**	**95.7090**	**53.2942**	**2.8200**		**193.0821**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 017301-00 - 2011/01

223.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lake Bennett Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/8/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/07**
Indexed Asset Value	**5,219,769**
FRVS Base Asset:	**4,407,879**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**6,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.9000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**7.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**388,501**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,175,815**	**9.8554**
20% ROE(2):	**1,043,954**	**0.8443**
Insurance Cost(3):	**83,398**	**2.0220**
Taxes Cost(3):	**32,725**	**0.7934**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.5151**

(1) 80% Capital ($4,175,815) amortized at 7.0000% for 20 years Principal & Interest of $388,501 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.8554

(2) 20% ROE ($1,043,954) times the ROE factor (0.031880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8443

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1997**	Used Per Bed Standard:	**37,041**
Comparison Bed	**119**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,407,879**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.2589**	**41.2589**	**0.3599**	**40.8990**	
Patient Care					
Direct Care	**95.7090**	**95.7090**	**0.8349**	**94.8741**	
Indirect Care	**53.2942**	**53.2942**	**0.4649**	**52.8293**	
Property	**2.8200**	**13.5151**	**0.1179**	**13.3972**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.3107**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**193.0821**	**203.7772**	**1.7776**	**223.9074**	

***Medicaid Trend Adjustment :**

0 018066-00 - 2011/01

220.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Park Summit at Coral Springs

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
8500 Royal Palm Blvd.		**07/01/2009-06/30/2010**		Number of Beds:	**35**	Superior:	**0**
Coral Springs FL 33065		Days In CR	**365**	Maximum:	**12,775**	Standard:	**181**
County: **Broward[6]**		First Used:	**2011/01**	Max Annualized:	**12,775**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2011/01**	Total Patient:	**11,665**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**5,460**		
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**4,694**		
Class at 1/94: **South Small [3]**							
Operating Ex **> 18 months [1]**							
Open Date: **6/1/1986**							
Acquired Date: **6/1/1986**							
Entered Medicaid **6/1/1986**							
Med # Active Date: **1/1/2010**							
Previous Med # **254134**							

Medicaid Utilization	**40.24003%**
Occupancy:	**91.31116%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.77537%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	211,894	396,131	459,537	88,013	0	1,155,575
1a	Audit Adjustments						
2	Cost Per Diem	45.1415	84.3909	97.8988	**18.7501**		246.1813
3	Cost Per Diem Inflated	46.5084	86.0910	100.8631			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.5084**	**86.0910**	**100.8631**	**18.7501**		252.2126
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	109.5582		95.8281			
7	Provider Target Rate	**112.3121**		**98.2369**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.5084**	**86.0910**	**70.2905**	**13.6500**		216.5399
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.5084**	**86.0910**	**70.2905**	**13.6500**		**216.5399**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 018066-00 - 2011/01

220.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Park Summit at Coral Springs

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/1/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/01**
Indexed Asset Value	**1,298,721**
FRVS Base Asset:	**997,500**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**97,920**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,038,977**	**8.5166**
20% ROE(2):	**259,744**	**0.7130**
Insurance Cost(3):	**6,108**	**0.5236**
Taxes Cost(3):	**23,990**	**2.0566**
Home Office(3):	**2,312**	**0.1982**
Replacement(3&4):	**1,464,196**	**0.0000**
Total FRVS PD:		**12.0080**

(1) 80% Capital ($1,038,977) amortized at 9.5000% for 20 years Interest of $97,920 divided by annual available days (12,775) divided by Occup. Adj. (0.9000) = $8.5166
(2) 20% ROE ($259,744) times the ROE factor (0.031560) divided by annual available days (12,775) divided by Occup. Adj. (0.9000) = $0.7130
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**35**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**997,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.5084**	**46.5084**	**0.4057**	**46.1027**	
Patient Care					
Direct Care	**86.0910**	**86.0910**	**0.7510**	**85.3400**	
Indirect Care	**70.2905**	**70.2905**	**0.6132**	**69.6773**	
Property	**13.6500**	**12.0080**	**0.1048**	**11.9032**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**216.5399**	**214.8979**	**1.8747**	**220.6203**	

***Medicaid Trend Adjustment :**

0 018777-00 - 2011/01

225.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bay Village of Sarasota

Type of Cost Report:Interim New Facility [2] Type of Cost:Estimated[1] Type of Rate:Interim[2]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: New Provider[2]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8400 Vamo Road	**01/01/2010-12/31/2010**	Number of Beds: **95**	Superior: **0**
Sarasota FL 34231-7899	Days In CR **365**	Maximum: **34,675**	Standard: **181**
County: **Sarasota[58]**	First Used: **2010/01**	Max Annualized: **34,675**	Conditional: **0**
Region: **South[2]** Area: **8**	Last Used: **2011/01**	Total Patient: **26,590**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **1,132**	
Current Class **South Small [3]**	Initial CR? **True**	Medicaid: **3,828**	
Class at 1/94: **South Small [3]**			
Operating Ex **> 18 months [1]**			
Open Date: **12/5/1975**			
Acquired Date: **12/5/1975**			
Entered Medicaid **2/22/2010**			
Med # Active Date: **2/22/2010**			
Previous Med #			

Medicaid Utilization	**14.39639%**
Occupancy:	**76.68349%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**96.38884%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.22091934**
Semester Index:	**1.24282006**
Cost:	**1.00000000**
Target:	**1.01759574**
DC FY Index:	**1.17350000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.00000000**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	175,552	404,146	235,408	62,396	0	877,502
1a	Audit Adjustments						
2	Cost Per Diem	45.8600	105.5763	61.4963	**16.2999**		229.2325
3	Cost Per Diem Inflated	45.8600	105.5763	61.4963			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.8600**	**105.5763**	**61.4963**	**16.2999**		229.2325
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation	**53.7315**		**64.4308**			
10b	Base for line 10a	52.4140		62.8509			
11	Lesser of 5,7,8,10, 10a	**45.8600**	**102.1952**	**61.4963**	**13.6500**		223.2015
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.8600**	**102.1952**	**61.4963**	**13.6500**		**223.2015**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

8

0 018777-00 - 2011/01

225.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bay Village of Sarasota

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/22/2010**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1975/07**
Indexed Asset Value	**4,554,585**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**12,300,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**4.2150**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**4.2150**	**%**
Interest Only:	**False**	
Yearly Payment:	**269,939**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,643,668**	**8.6498**
20% ROE(2):	**910,917**	**0.9305**
Insurance Cost(3):	**5,000**	**0.1880**
Taxes Cost(3):	**22,063**	**0.8297**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**10.5980**

(1) 80% Capital ($3,643,668) amortized at 4.2150% for 20 years Principal & Interest of $269,939 divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = $8.6498

(2) 20% ROE ($910,917) times the ROE factor (0.031880) divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = $0.9305

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2009**	Used Per Bed Standard:	**47,943**
Comparison Bed	**95**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,554,585**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.8600**	**45.8600**	**0.4001**	**45.4599**	
Patient Care					
Direct Care	**102.1952**	**102.1952**	**0.8915**	**101.3037**	
Indirect Care	**61.4963**	**61.4963**	**0.5365**	**60.9598**	
Property	**13.6500**	**10.5980**	**0.0925**	**10.5055**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**223.2015**	**220.1495**	**1.9206**	**225.8260**	

***Medicaid Trend Adjustment :**

0 019085-00 - 2011/01

212.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Golfview Healthcare Center

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3636 10 AVENUE NORTH		**04/01/2010-03/31/2011**		Number of Beds:	**56**	Superior:	**0**
St. Petersburg FL 33713		Days In CR	**365**	Maximum:	**20,440**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2010/01**	Max Annualized:	**20,440**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**17,312**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,142**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**9,938**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/1/1980**						
Acquired Date:	**12/15/1986**						
Entered Medicaid	**12/15/1986**						
Med # Active Date:	**4/1/2010**						
Previous Med #	**262722**						

Medicaid Utilization	**57.40527%**
Occupancy:	**84.69667%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**106.46117%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.22739370**
Semester Index:	**1.24282006**
Cost:	**1.00000000**
Target:	**1.01759574**
DC FY Index:	**1.17750000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.00000000**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	616,238	790,491	459,758	222,909	0	2,089,396
1a	Audit Adjustments						
2	Cost Per Diem	62.0083	79.5423	46.2626	**22.4300**		210.2432
3	Cost Per Diem Inflated	62.0083	79.5423	46.2626			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**62.0083**	**79.5423**	**46.2626**	**22.4300**		210.2432
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation	**50.0243**		**54.0975**			
10b	Base for line 10a	48.7977		52.7710			
11	Lesser of 5,7,8,10, 10a	**50.0243**	**79.5423**	**46.2626**	**13.6500**		189.4792
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.0243**	**79.5423**	**46.2626**	**13.6500**		**189.4792**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 019085-00 - 2011/01

212.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Golfview Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/15/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/07**
Indexed Asset Value	**1,715,933**
FRVS Base Asset:	**1,114,559**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**0.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**0.0000**	**%**
Chase Rate:	**0.0000**	**%**
Amortization Rate:	**13.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**177,559**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,372,746**	**9.6520**
20% ROE(2):	**343,187**	**0.5947**
Insurance Cost(3):	**29,105**	**1.6812**
Taxes Cost(3):	**42,054**	**2.4292**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.3571**

(1) 80% Capital ($1,372,746) amortized at 13.0000% for 20 years Interest of $177,559 divided by annual available days (20,440) divided by Occup. Adj. (0.9000) = $9.6520

(2) 20% ROE ($343,187) times the ROE factor (0.031880) divided by annual available days (20,440) divided by Occup. Adj. (0.9000) = $0.5947

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1979**	Used Per Bed Standard:	**20,572**
Comparison Bed	**56**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,152,032**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.0243**	**50.0243**	**0.4364**	**49.5879**	
Patient Care					
Direct Care	**79.5423**	**79.5423**	**0.6939**	**78.8484**	
Indirect Care	**46.2626**	**46.2626**	**0.4036**	**45.8590**	
Property	**13.6500**	**14.3571**	**0.1252**	**14.2319**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5002**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.4792**	**190.1863**	**1.6591**	**212.6245**	

***Medicaid Trend Adjustment :**

0 019282-00 - 2011/01

199.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Southern Pines Healthcare Center

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
6140 Congress Street		**04/01/2010-03/31/2011**		Number of Beds:	**120**	Superior:	**0**
New Port Richey FL 34653		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pasco[51]**	First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**27,281**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,363**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**18,419**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/1/1980**						
Acquired Date:	**3/1/1980**						
Entered Medicaid	**3/1/1980**						
Med # Active Date:	**4/1/2010**						
Previous Med #	**262706**						

Medicaid Utilization	**67.51585%**
Occupancy:	**62.28539%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**78.29086%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.22739370**
Semester Index:	**1.24282006**
Cost:	**1.00000000**
Target:	**1.01759574**
DC FY Index:	**1.17750000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.00000000**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,040,364	1,485,194	759,078	574,489	0	3,859,125
1a	Audit Adjustments						
2	Cost Per Diem	56.4832	80.6338	41.2117	**31.1900**		209.5187
3	Cost Per Diem Inflated	56.4832	80.6338	41.2117			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.4832**	**80.6338**	**41.2117**	**31.1900**		209.5187
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**42.2535**		**45.5938**			
10b	Base for line 10a	41.2174		44.4758			
11	Lesser of 5,7,8,10, 10a	**42.2535**	**80.6338**	**41.2117**	**13.6500**		177.7490
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.2535**	**80.6338**	**41.2117**	**13.6500**		**177.7490**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 019282-00 - 2011/01

199.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Southern Pines Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/01**
Indexed Asset Value	**3,092,067**
FRVS Base Asset:	**1,765,696**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**0.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**0.0000**	**%**
Chase Rate:	**0.0000**	**%**
Amortization Rate:	**13.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**319,957**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,473,654**	**8.1166**
20% ROE(2):	**618,413**	**0.5001**
Insurance Cost(3):	**43,789**	**1.6051**
Taxes Cost(3):	**63,271**	**2.3192**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.5410**

(1) 80% Capital ($2,473,654) amortized at 13.0000% for 20 years Interest of $319,957 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.1166

(2) 20% ROE ($618,413) times the ROE factor (0.031880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5001

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.2535**	**42.2535**	**0.3686**	**41.8849**	
Patient Care					
Direct Care	**80.6338**	**80.6338**	**0.7034**	**79.9304**	
Indirect Care	**41.2117**	**41.2117**	**0.3595**	**40.8522**	
Property	**13.6500**	**12.5410**	**0.1094**	**12.4316**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.1990**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**177.7490**	**176.6400**	**1.5409**	**199.8952**	

***Medicaid Trend Adjustment :**

0 019284-00 - 2011/01

194.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Cedar Hills Healthcare Center

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2061 Hyde Park Road		**04/01/2010-03/31/2011**		Number of Beds:	**180**	Superior:	**0**
Jacksonville FL 32210		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County: **Duval[16]**		First Used:	**2010/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**53,434**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**3,804**	**Inflation**	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**46,003**	FY Index:	**1.22739370**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**86.09312%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**81.33029%**	Cost:	**1.00000000**
Open Date:	**7/1/1972**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**7/1/1972**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.17750000**
Entered Medicaid	**7/1/1972**	Low Occupancy Adjustment Factor:			**102.22973%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**4/1/2010**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**262714**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,715,912	3,661,324	1,857,486	1,032,307	0	8,267,029
1a	Audit Adjustments						
2	Cost Per Diem	37.3000	79.5888	40.3775	**22.4400**		179.7063
3	Cost Per Diem Inflated	37.3000	79.5888	40.3775			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.3000**	**79.5888**	**40.3775**	**22.4400**		179.7063
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation	**38.1678**		**43.6966**			
10b	Base for line 10a	37.2319		42.6251			
11	Lesser of 5,7,8,10, 10a	**37.3000**	**79.5888**	**40.3775**	**13.6500**		170.9163
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**37.3000**	**79.5888**	**40.3775**	**13.6500**		**170.9163**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 019284-00 - 2011/01

194.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Cedar Hills Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1972/07**
Indexed Asset Value	**5,195,685**
FRVS Base Asset:	**2,853,841**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**0.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**0.0000**	**%**
Chase Rate:	**0.0000**	**%**
Amortization Rate:	**13.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**537,632**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,156,548**	**9.0924**
20% ROE(2):	**1,039,137**	**0.5603**
Insurance Cost(3):	**84,632**	**1.5839**
Taxes Cost(3):	**122,285**	**2.2885**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.5251**

(1) 80% Capital ($4,156,548) amortized at 13.0000% for 20 years Interest of $537,632 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.0924
(2) 20% ROE ($1,039,137) times the ROE factor (0.031880) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.5603
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.3000**	**37.3000**	**0.3254**	**36.9746**	
Patient Care					
Direct Care	**79.5888**	**79.5888**	**0.6943**	**78.8945**	
Indirect Care	**40.3775**	**40.3775**	**0.3522**	**40.0253**	
Property	**13.6500**	**13.5251**	**0.1180**	**13.4071**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.4895**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**170.9163**	**170.7914**	**1.4899**	**194.3881**	

***Medicaid Trend Adjustment :**

0 019287-00 - 2011/01

207.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Golfcrest Healthcare Center

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
600 North 17th Avenue		**04/01/2010-03/31/2011**		Number of Beds:	**67**	Superior:	**0**
Hollywood FL 33020		Days In CR	**365**	Maximum:	**24,455**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2010/01**	Max Annualized:	**24,455**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2011/01**	Total Patient:	**22,471**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,703**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**14,404**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/1/1980**						
Acquired Date:	**3/1/1980**						
Entered Medicaid	**3/1/1980**						
Med # Active Date:	**4/1/2010**						
Previous Med #	**262064**						

Medicaid Utilization	**64.10040%**
Occupancy:	**91.88714%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.49937%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.22739370**
Semester Index:	**1.24282006**
Cost:	**1.00000000**
Target:	**1.01759574**
DC FY Index:	**1.17750000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.00000000**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	866,831	1,087,361	646,505	350,593	0	2,951,290
1a	Audit Adjustments						
2	Cost Per Diem	60.1799	75.4902	44.8837	**24.3400**		204.8938
3	Cost Per Diem Inflated	60.1799	75.4902	44.8837			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**60.1799**	**75.4902**	**44.8837**	**24.3400**		204.8938
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation	**50.1382**		**58.5755**			
10b	Base for line 10a	48.9088		56.1408			
11	Lesser of 5,7,8,10, 10a	**50.1382**	**75.4902**	**44.8837**	**13.6500**		184.1621
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.1382**	**75.4902**	**44.8837**	**13.6500**		**184.1621**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 019287-00 - 2011/01

207.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Golfcrest Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/2003**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/01**
Indexed Asset Value	**1,983,567**
FRVS Base Asset:	**1,178,716**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**0.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**0.0000**	**%**
Chase Rate:	**0.0000**	**%**
Amortization Rate:	**13.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**205,253**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,586,854**	**9.3257**
20% ROE(2):	**396,713**	**0.5746**
Insurance Cost(3):	**43,240**	**1.9243**
Taxes Cost(3):	**62,477**	**2.7803**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.6049**

(1) 80% Capital ($1,586,854) amortized at 13.0000% for 20 years Interest of $205,253 divided by annual available days (24,455) divided by Occup. Adj. (0.9000) = $9.3257

(2) 20% ROE ($396,713) times the ROE factor (0.031880) divided by annual available days (24,455) divided by Occup. Adj. (0.9000) = $0.5746

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**67**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,909,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.1382**	**50.1382**	**0.4374**	**49.7008**	
Patient Care					
Direct Care	**75.4902**	**75.4902**	**0.6585**	**74.8317**	
Indirect Care	**44.8837**	**44.8837**	**0.3915**	**44.4922**	
Property	**13.6500**	**14.6049**	**0.1274**	**14.4775**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5650**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**184.1621**	**185.1170**	**1.6148**	**207.6643**	

***Medicaid Trend Adjustment :**

0 021261-00 - 2011/01

207.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Coastal Health & Rehab Center

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
820 North Clyde Morris Blvd.		**01/01/2010-12/31/2010**		Number of Beds:	**120**	Superior:	**0**
Daytona Beach FL 32117		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Volusia[64]**		First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**40,880**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**6,133**	Inflation	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**31,474**	FY Index:	**1.22091934**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**76.99119%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**93.33333%**	Cost:	**1.00000000**
Open Date:	**2/5/1987**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**2/5/1987**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.17350000**
Entered Medicaid	**2/6/1987**	Low Occupancy Adjustment Factor:			**117.31719%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/10/2010**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**283134**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,317,629	2,830,973	1,506,844	82,147	0	5,737,593
1a	Audit Adjustments						
2	Cost Per Diem	41.8640	89.9464	47.8758	**2.6100**		182.2962
3	Cost Per Diem Inflated	41.8640	89.9464	47.8758			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.8640**	**89.9464**	**47.8758**	**2.6100**		182.2962
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation	**39.0565**		**49.3003**			
10b	Base for line 10a	38.0988		48.0914			
11	Lesser of 5,7,8,10, 10a	**39.0565**	**89.9464**	**47.8758**	**2.6100**		179.4887
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**39.0565**	**89.9464**	**47.8758**	**2.6100**		**179.4887**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 021261-00 - 2011/01

207.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Coastal Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/19/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/01**
Indexed Asset Value	**5,282,329**
FRVS Base Asset:	**2,020,491**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**5.2500**	**%**
Chase Rate:	**5.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**218,931**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,225,863**	**5.5538**
20% ROE(2):	**1,056,466**	**0.8544**
Insurance Cost(3):	**33,023**	**0.8078**
Taxes Cost(3):	**73,565**	**1.7995**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**9.0155**

(1) 80% Capital ($4,225,863) amortized at 5.2500% for 20 years Interest of $218,931 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.5538
(2) 20% ROE ($1,056,466) times the ROE factor (0.031880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8544
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**84**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,409,288**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.0565**	**39.0565**	**0.3407**	**38.7158**	
Patient Care					
Direct Care	**89.9464**	**89.9464**	**0.7846**	**89.1618**	
Indirect Care	**47.8758**	**47.8758**	**0.4176**	**47.4582**	
Property	**2.6100**	**9.0155**	**0.0786**	**8.9369**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.0050**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**179.4887**	**185.8942**	**1.6215**	**207.8748**	

***Medicaid Trend Adjustment :**

0 022138-00 - 2011/01

231.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Carlton Shores Health and Rehabilitation Center

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1350 South Nova Road		**05/01/2010-04/30/2011**		Number of Beds:	**84**	Superior:	**0**
Daytona Beach FL 32114		Days In CR	**365**	Maximum:	**30,660**	Standard:	**181**
County: **Volusia[64]**		First Used:	**2010/01**	Max Annualized:	**30,660**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**28,071**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**6,625**	Inflation	
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**18,526**	FY Index:	**1.22986394**
Class at 1/94: **North Small [1]**		Medicaid Utilization			**65.99694%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**91.55577%**	Cost:	**1.00000000**
Open Date:	**2/1/1983**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**2/1/1983**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.17966269**
Entered Medicaid	**7/1/1987**	Low Occupancy Adjustment Factor:			**115.08285%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**5/1/2010**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**223905**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,150,855	1,790,671	1,092,960	582,087	0	4,616,573
1a	Audit Adjustments						
2	Cost Per Diem	62.1211	96.6572	58.9960	**31.4200**		249.1943
3	Cost Per Diem Inflated	62.1211	96.6572	58.9960			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**62.1211**	**96.6572**	**58.9960**	**31.4200**		249.1943
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation	**48.8152**		**57.8343**			
10b	Base for line 10a	47.6182		56.4162			
11	Lesser of 5,7,8,10, 10a	**48.4247**	**91.4056**	**57.8343**	**13.6500**		211.3146
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**48.4247**	**91.4056**	**57.8343**	**13.6500**		**211.3146**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 022138-00 - 2011/01

231.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Carlton Shores Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**3,324,068**
FRVS Base Asset:	**813,756**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**6,750,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.2500**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**233,247**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,659,254**	**8.4528**
20% ROE(2):	**664,814**	**0.7681**
Insurance Cost(3):	**44,868**	**1.5984**
Taxes Cost(3):	**72,000**	**2.5649**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.3842**

(1) 80% Capital ($2,659,254) amortized at 6.2500% for 20 years Principal & Interest of $233,247 divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = $8.4528

(2) 20% ROE ($664,814) times the ROE factor (0.031880) divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = $0.7681

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1982**	Used Per Bed Standard:	**25,365**
Comparison Bed	**55**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,395,075**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.4247**	**48.4247**	**0.4224**	**48.0023**	
Patient Care					
Direct Care	**91.4056**	**91.4056**	**0.7974**	**90.6082**	
Indirect Care	**57.8343**	**57.8343**	**0.5045**	**57.3298**	
Property	**13.6500**	**13.3842**	**0.1168**	**13.2674**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.3860**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**211.3146**	**211.0488**	**1.8411**	**231.1908**	

***Medicaid Trend Adjustment :**

0 022293-00 - 2011/01

210.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

San Marco Terrace Rehabilitation and Care

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
189 San Marco Avenue		**06/01/2010-05/31/2011**		Number of Beds:	**68**	Superior:	**0**
St. Augustine FL 32084		Days In CR	**365**	Maximum:	**24,820**	Standard:	**181**
County: **St Johns[55]**		First Used:	**2010/01**	Max Annualized:	**24,820**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**21,383**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**4,617**	**Inflation**	
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**11,247**	FY Index:	**1.23233916**
Class at 1/94: **North Small [1]**		Medicaid Utilization			**52.59786%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**86.15230%**	Cost:	**1.00000000**
Open Date:	**1/1/1983**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/1/1983**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.18182936**
Entered Medicaid	**1/1/1983**	Low Occupancy Adjustment Factor:			**108.29084%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**6/1/2010**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**316601**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	524,449	1,071,051	520,336	244,510	0	2,360,346
1a	Audit Adjustments						
2	Cost Per Diem	46.6301	95.2299	46.2644	**21.7400**		209.8644
3	Cost Per Diem Inflated	46.6301	95.2299	46.2644			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.6301**	**95.2299**	**46.2644**	**21.7400**		209.8644
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation	**43.5967**		**48.7271**			
10b	Base for line 10a	42.5277		45.9720			
11	Lesser of 5,7,8,10, 10a	**43.5967**	**91.4056**	**46.2644**	**13.6500**		194.9167
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**43.5967**	**91.4056**	**46.2644**	**13.6500**		**194.9167**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 022293-00 - 2011/01

210.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

San Marco Terrace Rehabilitation and Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**1,227,929**
FRVS Base Asset:	**722,452**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**0.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**0.0000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**3.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**31,401**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**982,343**	**1.4057**
20% ROE(2):	**245,586**	**0.3505**
Insurance Cost(3):	**75,700**	**3.5402**
Taxes Cost(3):	**43,400**	**2.0296**
Home Office(3):	**30,000**	**1.4030**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**8.7290**

(1) 80% Capital ($982,343) amortized at 3.2500% for 20 years Interest of $31,401 divided by annual available days (24,820) divided by Occup. Adj. (0.9000) = $1.4057
(2) 20% ROE ($245,586) times the ROE factor (0.031880) divided by annual available days (24,820) divided by Occup. Adj. (0.9000) = $0.3505
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**68**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,938,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.5967**	**43.5967**	**0.3803**	**43.2164**	
Patient Care					
Direct Care	**91.4056**	**91.4056**	**0.7974**	**90.6082**	
Indirect Care	**46.2644**	**46.2644**	**0.4036**	**45.8608**	
Property	**13.6500**	**8.7290**	**0.0761**	**8.6529**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.7642**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**194.9167**	**189.9957**	**1.6574**	**210.6996**	

***Medicaid Trend Adjustment :**

0 022994-00 - 2011/01

212.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Home Association, Inc

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1203 22nd Avenue		**03/01/2009-02/28/2010**		Number of Beds:	**96**	Superior:	**0**
Tampa FL 33605		Days In CR	**365**	Maximum:	**35,040**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2009/01**	Max Annualized:	**35,040**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**32,646**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,774**	**Inflation**	
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**22,599**	FY Index:	**1.19701332**
Class at 1/94:	**North Small [1]**	Medicaid Utilization			**69.22441%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**93.16781%**	Cost:	**1.00000000**
Open Date:	**1/1/1970**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/1/1970**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16183216**
Entered Medicaid	**1/1/1970**	Low Occupancy Adjustment Factor:			**117.10913%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**3/1/2009**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**201154**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,282,554	2,039,585	822,341	317,968	0	4,462,448
1a	Audit Adjustments						
2	Cost Per Diem	56.7527	90.2511	36.3884	**14.0700**		197.4622
3	Cost Per Diem Inflated	56.7527	90.2511	36.3884			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.7527**	**90.2511**	**36.3884**	**14.0700**		197.4622
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation	**54.3488**		**57.9734**			
10b	Base for line 10a	53.0161		56.5519			
11	Lesser of 5,7,8,10, 10a	**54.3488**	**90.2511**	**36.3884**	**13.6500**		194.6383
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.3488**	**90.2511**	**36.3884**	**13.6500**		**194.6383**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 022994-00 - 2011/01

212.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Home Association, Inc

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**2,353,058**
FRVS Base Asset:	**1,040,889**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**234,040**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,882,446**	**7.4214**
20% ROE(2):	**470,612**	**0.4757**
Insurance Cost(3):	**5,025**	**0.1539**
Taxes Cost(3):	**1,500**	**0.0459**
Home Office(3):	**32,567**	**0.9976**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**9.0945**

(1) 80% Capital ($1,882,446) amortized at 12.5000% for 20 years Interest of $234,040 divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = $7.4214

(2) 20% ROE ($470,612) times the ROE factor (0.031880) divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = $0.4757

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**96**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,736,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.3488**	**54.3488**	**0.4741**	**53.8747**	
Patient Care					
Direct Care	**90.2511**	**90.2511**	**0.7873**	**89.4638**	
Indirect Care	**36.3884**	**36.3884**	**0.3174**	**36.0710**	
Property	**13.6500**	**9.0945**	**0.0793**	**9.0152**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6532**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**194.6383**	**190.0828**	**1.6581**	**212.6750**	

***Medicaid Trend Adjustment :**

0 023067-00 - 2011/01

227.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Okeechobee Health Care Facility

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1646 Highway 441 North	**10/01/2008-09/30/2009**	Number of Beds: **180**	Superior: **0**
Okeechobee FL 34972	Days In CR **365**	Maximum: **65,700**	Standard: **181**
County: **Okeechobee[47]**	First Used: **2010/01**	Max Annualized: **65,700**	Conditional: **0**
Region: **South[2]** Area: **9**	Last Used: **2011/01**	Total Patient: **62,345**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **14,002**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **45,360**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **12/1/1984**			
Acquired Date: **12/1/1984**			
Entered Medicaid **12/1/1984**			
Med # Active Date: **4/1/2009**			
Previous Med # **009495**			

Medicaid Utilization	**72.75644%**
Occupancy:	**94.89346%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.27822%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,293,563	3,869,033	2,274,406	718,956	0	9,155,958
1a	Audit Adjustments						
2	Cost Per Diem	50.5636	85.2961	50.1412	**15.8500**		201.8509
3	Cost Per Diem Inflated	52.8711	87.8428	52.4294			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.8711**	**87.8428**	**52.4294**	**15.8500**		208.9933
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.5763		46.7809			
7	Provider Target Rate	**55.9482**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**87.8428**	**47.9568**	**13.6500**		199.7874
12/13	Medicaid Adjustment Rate		2.2489	1.2277			
14	Prospective Per Diem 11	**50.3378**	**90.0917**	**49.1845**	**13.6500**		**203.2640**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 023067-00 - 2011/01

227.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Okeechobee Health Care Facility

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/1/2005**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**7,290,329**
FRVS Base Asset:	**2,565,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**746,364**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,832,263**	**12.6224**
20% ROE(2):	**1,458,066**	**0.7422**
Insurance Cost(3):	**82,986**	**1.3311**
Taxes Cost(3):	**95,858**	**1.5375**
Home Office(3):	**61,657**	**0.9890**
Replacement(3&4):	**60,711**	**0.0000**
Total FRVS PD:		**17.2222**

(1) 80% Capital ($5,832,263) amortized at 11.5000% for 20 years Principal & Interest of $746,364 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $12.6224

(2) 20% ROE ($1,458,066) times the ROE factor (0.030100) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.7422

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**90**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,565,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**90.0917**	**90.0917**	**0.7859**	**89.3058**	
Indirect Care	**49.1845**	**49.1845**	**0.4291**	**48.7554**	
Property	**13.6500**	**17.2222**	**0.1502**	**17.0720**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.6010**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**203.2640**	**206.8362**	**1.8043**	**227.2300**	

***Medicaid Trend Adjustment :**

0 200107-00 - 2011/01

221.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bon Secours Maria Manor

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
10300 4th Street North		**09/01/2008-08/31/2009**		Number of Beds:	**274**	Superior:	**0**
St. Petersburg FL 33716		Days In CR	**365**	Maximum:	**100,010**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**100,010**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**94,057**	Total:	**181**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**14,624**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**59,963**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1975**						
Acquired Date:	**1/1/1975**						
Entered Medicaid	**1/1/1975**						
Med # Active Date:	**12/15/1988**						
Previous Med #	**204501**						

Medicaid Utilization	**63.75177%**
Occupancy:	**94.04759%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.21499%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18697094**
Semester Index:	**1.24282006**
Cost:	**1.04705180**
Target:	**1.01759574**
DC FY Index:	**1.15383092**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03134695**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,499,630	5,918,636	3,065,536	797,508	0	13,281,310
1a	Audit Adjustments						
2	Cost Per Diem	58.3632	98.7048	51.1238	**13.3000**		221.4918
3	Cost Per Diem Inflated	61.1093	101.7989	53.5293			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**61.1093**	**101.7989**	**53.5293**	**13.3000**		229.7375
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.0611		49.7576			
7	Provider Target Rate	**50.2943**		**51.0083**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**95.7090**	**51.0083**	**13.3000**		207.8094
12/13	Medicaid Adjustment Rate		1.4807	0.7891			
14	Prospective Per Diem 11	**47.7921**	**97.1897**	**51.7974**	**13.3000**		**210.0792**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200107-00 - 2011/01

221.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Bon Secours Maria Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1975/01**
Indexed Asset Value	**11,987,468**
FRVS Base Asset:	**4,922,814**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**1,646,500.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**7.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**1,192,297**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**9,589,974**	**13.2464**
20% ROE(2):	**2,397,494**	**0.8159**
Insurance Cost(3):	**44,698**	**0.4752**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**65,436**	**0.6957**
Replacement(3&4):	**221,519**	**0.0000**
Total FRVS PD:		**15.2332**

(1) 80% Capital ($9,589,974) amortized at 12.5000% for 20 years Interest of $1,192,297 divided by annual available days (100,010) divided by Occup. Adj. (0.9000) = $13.2464
(2) 20% ROE ($2,397,494) times the ROE factor (0.030630) divided by annual available days (100,010) divided by Occup. Adj. (0.9000) = $0.8159
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**274**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**7,809,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**97.1897**	**97.1897**	**0.8478**	**96.3419**	
Indirect Care	**51.7974**	**51.7974**	**0.4518**	**51.3456**	
Property	**13.3000**	**15.2332**	**0.1329**	**15.1003**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.2936**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**210.0792**	**212.0124**	**1.8494**	**221.0537**	

***Medicaid Trend Adjustment :**

0 200409-00 - 2011/01

195.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Westminster Oaks

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4449 Meandering Way		**04/01/2009-03/31/2010**		Number of Beds:	**120**	Superior:	**0**
Tallahassee FL 32308		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Leon[37]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2011/01**	Total Patient:	**42,828**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,727**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**12,671**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/1/1983**						
Acquired Date:	**4/1/1983**						
Entered Medicaid	**10/21/1988**						
Med # Active Date:	**10/21/1988**						
Previous Med #							

Medicaid Utilization	**29.58579%**
Occupancy:	**97.78082%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**122.90756%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19858405**
Semester Index:	**1.24282006**
Cost:	**1.03690689**
Target:	**1.01759574**
DC FY Index:	**1.16300000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02321582**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	588,600	942,661	873,924	302,330	0	2,707,515
1a	Audit Adjustments						
2	Cost Per Diem	46.4525	74.3952	68.9704	**23.8600**		213.6781
3	Cost Per Diem Inflated	48.1669	76.1223	71.5159			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.1669**	**76.1223**	**71.5159**	**23.8600**		219.6651
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.9102		65.6671			
7	Provider Target Rate	**47.0642**		**67.3178**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**76.1223**	**53.4956**	**13.6500**		188.5142
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.2463**	**76.1223**	**53.4956**	**13.6500**		**188.5142**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200409-00 - 2011/01

195.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Westminster Oaks

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/21/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**4,795,849**
FRVS Base Asset:	**1,521,900**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030830**

Mortgage Information		
Amount:	**1,558,322.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**9.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**414,235**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,836,679**	**10.5082**
20% ROE(2):	**959,170**	**0.7502**
Insurance Cost(3):	**101,225**	**2.3635**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**24,021**	**0.5609**
Replacement(3&4):	**2,914,662**	**0.0000**
Total FRVS PD:		**14.1828**

(1) 80% Capital ($3,836,679) amortized at 9.0000% for 20 years Principal & Interest of $414,235 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.5082

(2) 20% ROE ($959,170) times the ROE factor (0.030830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7502

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1982**	Used Per Bed Standard:	**25,365**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,521,900**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**76.1223**	**76.1223**	**0.6640**	**75.4583**	
Indirect Care	**53.4956**	**53.4956**	**0.4667**	**53.0289**	
Property	**13.6500**	**14.1828**	**0.1237**	**14.0591**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**188.5142**	**189.0470**	**1.6491**	**194.9950**	

***Medicaid Trend Adjustment :**

0 200425-00 - 2011/01

229.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Floridean Nursing & Rehab

Type of Cost Report:Prospective with Interim Component[8] Type of Cost:Actual with Interim Component[3] Type of Rate:Prospective[1] Interim Component effective date :12/12/2008

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
47 NW 32nd Place		**07/01/2008-06/30/2009**		Number of Beds:	**90**	Superior:	**0**
Miami FL 33125		Days In CR	**365**	Maximum:	**28,650**	Standard:	**181**
County: **Dade[13]**		First Used:	**2010/07**	Max Annualized:	**32,850**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2011/01**	Total Patient:	**24,985**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**11,314**	Inflation	
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**7,327**	FY Index:	**1.18376228**
Class at 1/94: **South Small [3]**		Medicaid Utilization			**29.32560%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**87.20768%**	Cost:	**1.04988990**
Open Date:	**1/1/1970**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/1/1970**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15050000**
Entered Medicaid	**1/1/1970**	Low Occupancy Adjustment Factor:			**109.61742%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/1970**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03433290**
Previous Med #		Interim Component Effective date:			**12/12/2008**	**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	365,626	593,664	489,864	192,260	0	1,641,414
1a	Audit Adjustments						
2	Cost Per Diem	49.9012	81.0242	66.8574	**26.2399**		224.0227
3	Cost Per Diem Inflated	52.3908	83.8060	70.1929			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.3908**	**83.8060**	**70.1929**	**26.2399**		232.6296
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7966		56.1408			
7	Provider Target Rate	**50.0232**		**58.5755**			
7a	Interim Adjustment	1.5189		2.3154	**1.6577**		
7b	Interim Adjusted Provider Target Rate	**51.5421**		**60.8909**			
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**15.3077**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.5421**	**83.8060**	**60.8909**	**15.3077**		211.5467
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.5421**	**83.8060**	**60.8909**	**15.3077**		**211.5467**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200425-00 - 2011/01

229.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Floridean Nursing & Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**3,723,944**
FRVS Base Asset:	**88,069**
Occup Adj Factor:	**0.8500**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**5,200,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.1423**	**%**
Chase Rate:	**5.1538**	**%**
Amortization Rate:	**6.1423**	**%**
Interest Only:	**False**	
Yearly Payment:	**259,067**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,979,155**	**9.2781**
20% ROE(2):	**744,789**	**0.8447**
Insurance Cost(3):	**109,368**	**4.3773**
Taxes Cost(3):	**76,018**	**3.0425**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**16,620**	**0.0000**
Total FRVS PD:		**17.5426**

(1) 80% Capital ($2,979,155) amortized at 6.1423% for 20 years Principal & Interest of $259,067 divided by annual available days (32,850) divided by Occup. Adj. (0.8500) = $9.2781
(2) 20% ROE ($744,789) times the ROE factor (0.031670) divided by annual available days (32,850) divided by Occup. Adj. (0.8500) = $0.8447
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**47**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,339,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5421**	**51.5421**	**0.4496**	**51.0925**	
Patient Care					
Direct Care	**83.8060**	**83.8060**	**0.7311**	**83.0749**	
Indirect Care	**60.8909**	**60.8909**	**0.5312**	**60.3597**	
Property	**15.3077**	**17.5426**	**0.1530**	**17.3896**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.3032**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**211.5467**	**213.7816**	**1.8649**	**229.8170**	

***Medicaid Trend Adjustment :**

0 200506-00 - 2011/01

229.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Miami Jewish Home & Hospital for the Aged, Inc.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5200 N.E. 2nd Avenue		**07/01/2008-06/30/2009**		Number of Beds:	**462**	Superior:	**0**
Miami FL 33137		Days In CR	**365**	Maximum:	**168,630**	Standard:	**181**
County: **Dade[13]**		First Used:	**2010/07**	Max Annualized:	**168,630**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2011/01**	Total Patient:	**155,584**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**21,791**	Inflation	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**92,135**	FY Index:	**1.18376228**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**59.21881%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**92.26354%**	Cost:	**1.04988990**
Open Date:	**1/1/1970**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/1/1970**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15050000**
Entered Medicaid	**1/1/1970**	Low Occupancy Adjustment Factor:			**115.97248%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/1970**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03433290**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	8,011,352	10,911,484	6,630,752	1,851,914	104,968	27,510,470
1a	Audit Adjustments						
2	Cost Per Diem	86.9523	118.4293	71.9678	**20.1000**	**1.1393**	298.5887
3	Cost Per Diem Inflated	91.2903	122.4953	75.5583			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**91.2903**	**122.4953**	**75.5583**	**20.1000**	**1.1393**	310.5832
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	89.0528		66.0172			
7	Provider Target Rate	**91.2913**		**67.6767**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**96.5967**	**56.8989**	**13.6500**	**1.1393**	218.6227
12/13	Medicaid Adjustment Rate		1.0018	0.5901			
14	Prospective Per Diem 11	**50.3378**	**97.5985**	**57.4890**	**13.6500**	**1.1393**	**220.2146**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200506-00 - 2011/01

229.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Miami Jewish Home & Hospital for the Aged, Inc.

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**26,351,148**
FRVS Base Asset:	**9,462,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**9,999,999.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.4410**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**6.4410**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,877,307**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**21,080,918**	**12.3697**
20% ROE(2):	**5,270,230**	**1.0998**
Insurance Cost(3):	**180,118**	**1.1577**
Taxes Cost(3):	**5,127**	**0.0330**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**1,408,727**	**0.0000**
Total FRVS PD:		**14.6602**

(1) 80% Capital ($21,080,918) amortized at 6.4410% for 20 years Principal & Interest of $1,877,307 divided by annual available days (168,630) divided by Occup. Adj. (0.9000) = $12.3697
(2) 20% ROE ($5,270,230) times the ROE factor (0.031670) divided by annual available days (168,630) divided by Occup. Adj. (0.9000) = $1.0998
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**332**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**9,462,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**97.5985**	**97.5985**	**0.8514**	**96.7471**	
Indirect Care	**57.4890**	**57.4890**	**0.5015**	**56.9875**	
Property	**13.6500**	**14.6602**	**0.1191**	**13.5309**	
ROE	**1.1393**	**0.0000**	**0.0099**	**1.1294**	
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.3538**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**220.2146**	**220.0855**	**1.9210**	**229.2445**	

***Medicaid Trend Adjustment :**

0 200620-00 - 2011/01

244.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Pines Nursing Home

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
301 NE 141st Street North		**01/01/2009-12/31/2009**		Number of Beds:	**46**	Superior:	**0**
North Miami Beach FL 33161		Days In CR	**365**	Maximum:	**16,790**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2011/01**	Max Annualized:	**16,790**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**15,383**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,018**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**13,810**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1978**						
Acquired Date:	**1/1/1978**						
Entered Medicaid	**1/1/1978**						
Med # Active Date:	**1/1/1978**						
Previous Med #							

Medicaid Utilization	**89.77443%**
Occupancy:	**91.62001%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.16359%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,049,422	1,053,735	903,996	158,125	0	3,165,278
1a	Audit Adjustments						
2	Cost Per Diem	75.9900	76.3023	65.4595	**11.4500**		229.2018
3	Cost Per Diem Inflated	79.1051	78.3094	68.1430			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**79.1051**	**78.3094**	**68.1430**	**11.4500**		237.0075
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.9797		80.2628			
7	Provider Target Rate	**60.4623**		**82.2803**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**59.5230**	**78.3094**	**68.1430**	**11.4500**		217.4254
12/13	Medicaid Adjustment Rate		3.5041	3.0491			
14	Prospective Per Diem 11	**59.5230**	**81.8135**	**71.1921**	**11.4500**		**223.9786**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200620-00 - 2011/01

244.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Pines Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1978/01**
Indexed Asset Value	**910,569**
FRVS Base Asset:	**533,635**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**315,414.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**90,567**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**728,455**	**5.9934**
20% ROE(2):	**182,114**	**0.3515**
Insurance Cost(3):	**16,740**	**1.0882**
Taxes Cost(3):	**14,124**	**0.9182**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**33,860**	**0.0000**
Total FRVS PD:		**8.3513**

(1) 80% Capital ($728,455) amortized at 12.5000% for 20 years Interest of $90,567 divided by annual available days (16,790) divided by Occup. Adj. (0.9000) = $5.9934
(2) 20% ROE ($182,114) times the ROE factor (0.029170) divided by annual available days (16,790) divided by Occup. Adj. (0.9000) = $0.3515
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**46**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,311,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**59.5230**	**59.5230**	**0.5192**	**59.0038**	
Patient Care					
Direct Care	**81.8135**	**81.8135**	**0.7137**	**81.0998**	
Indirect Care	**71.1921**	**71.1921**	**0.6210**	**70.5711**	
Property	**11.4500**	**8.3513**	**0.0729**	**8.2784**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.5839**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**223.9786**	**220.8799**	**1.9268**	**244.1341**	

***Medicaid Trend Adjustment :**

0 200735-00 - 2011/01

212.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

All Saints Catholic Nursing Home & R.C. Inc.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5888 Blanding Boulevard		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32244		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Duval[16]**		First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**41,622**	Total:	**181**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**3,278**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**26,754**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date: **1/1/1970**							
Acquired Date: **1/1/1970**							
Entered Medicaid **1/1/1970**							
Med # Active Date: **1/1/1970**							
Previous Med #							

Medicaid Utilization	**64.27851%**
Occupancy:	**95.02740%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.44658%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	938,731	2,589,990	1,100,426	211,624	10,926	4,851,697
1a	Audit Adjustments						
2	Cost Per Diem	35.0875	96.8076	41.1313	**7.9100**	**0.4084**	181.3448
3	Cost Per Diem Inflated	36.5259	99.3541	42.8174			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.5259**	**99.3541**	**42.8174**	**7.9100**	**0.4084**	187.0158
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1628**	**94.8213**	**42.8174**	**7.9100**	**0.4084**	182.1199
12/13	Medicaid Adjustment Rate		1.5231	0.6878			
14	Prospective Per Diem 11	**36.1628**	**96.3444**	**43.5052**	**7.9100**	**0.4084**	**184.3308**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200735-00 - 2011/01

212.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

All Saints Catholic Nursing Home & R.C. Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**5,654,490**
FRVS Base Asset:	**1,411,227**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,750,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**8.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**454,046**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,523,592**	**11.5182**
20% ROE(2):	**1,130,898**	**0.8368**
Insurance Cost(3):	**23,419**	**0.5627**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**47,861**	**0.0000**
Total FRVS PD:		**12.9177**

(1) 80% Capital ($4,523,592) amortized at 8.0000% for 20 years Principal & Interest of $454,046 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.5182
(2) 20% ROE ($1,130,898) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8368
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1628**	**36.1628**	**0.3155**	**35.8473**	
Patient Care					
Direct Care	**96.3444**	**96.3444**	**0.8405**	**95.5039**	
Indirect Care	**43.5052**	**43.5052**	**0.3795**	**43.1257**	
Property	**7.9100**	**12.9177**	**0.1127**	**12.8050**	
ROE	**0.4084**	**0.2081**	**0.0018**	**0.2063**	
ROE Adjustment	**-0.2081**	**-0.2081**	**-0.0018**	**-0.2063**	
Quality Assess-Medicaid Share				**$17.3470**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**184.1227**	**188.9301**	**1.6482**	**212.2260**	

***Medicaid Trend Adjustment :**

0 200859-00 - 2011/01

232.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

River Garden Hebrew Home

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
11401 Old St. Augustine Rd.		**01/01/2009-12/31/2009**		Number of Beds:	**180**	Superior:	**181**
Jacksonville FL 32258		Days In CR	**365**	Maximum:	**65,700**	Standard:	**0**
County:	**Duval[16]**	First Used:	**2011/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**62,573**	Total:	**181**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**12,393**	Inflation	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**33,144**	FY Index:	**1.19387802**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**52.96853%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**95.24049%**	Cost:	**1.04099417**
Open Date:	**1/1/1970**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/1/1970**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**1/1/1970**	Low Occupancy Adjustment Factor:			**119.71443%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/1970**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,761,740	3,211,080	1,928,696	476,279	0	7,377,795
1a	Audit Adjustments						
2	Cost Per Diem	53.1541	96.8827	58.1914	**14.3700**		222.5982
3	Cost Per Diem Inflated	55.3331	99.4311	60.5769			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.3331**	**99.4311**	**60.5769**	**14.3700**		229.7111
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.8935		58.9433			
7	Provider Target Rate	**61.3990**		**60.4249**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**94.8213**	**53.4956**	**13.6500**		207.2132
12/13	Medicaid Adjustment Rate		0.3167	0.1787			
14	Prospective Per Diem 11	**45.2463**	**95.1380**	**53.6743**	**13.6500**		**207.7086**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200859-00 - 2011/01

232.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

River Garden Hebrew Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**8,546,026**
FRVS Base Asset:	**5,372,016**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information

Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**850,004**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**6,836,821**	**14.3752**
20% ROE(2):	**1,709,205**	**0.8432**
Insurance Cost(3):	**118,775**	**1.8982**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**3,383**	**0.0541**
Replacement(3&4):	**192,162**	**0.0000**
Total FRVS PD:		**17.1707**

(1) 80% Capital ($6,836,821) amortized at 12.5000% for 20 years Interest of $850,004 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $14.3752
(2) 20% ROE ($1,709,205) times the ROE factor (0.029170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.8432
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**192**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,472,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**95.1380**	**95.1380**	**0.8299**	**94.3081**	
Indirect Care	**53.6743**	**53.6743**	**0.4682**	**53.2061**	
Property	**13.6500**	**17.1707**	**0.1498**	**17.0209**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.1006**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**207.7086**	**211.2293**	**1.8426**	**232.0844**	

***Medicaid Trend Adjustment :**

0 200913-00 - 2011/01

222.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

AVANTE AT JACKSONVILLE BEACH

Type of Cost Report:Prospective with Interim Component[8] Type of Cost:Actual with Interim Component[3] Type of Rate:Prospective[1] Interim Component effective date :07/01/2010

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1504 Seabreeze Avenue		**06/01/2009-05/31/2010**		Number of Beds:	**165**	Superior:	**0**
Jacksonville Beach FL 32250-		Days In CR	**365**	Maximum:	**60,225**	Standard:	**181**
County: **Duval[16]**		First Used:	**2011/01**	Max Annualized:	**60,225**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**51,724**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**11,827**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**28,874**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date: **7/1/1974**							
Acquired Date: **7/1/1974**							
Entered Medicaid **10/1/1980**							
Med # Active Date: **7/1/1989**							
Previous Med # **205982**							

Medicaid Utilization	**55.82322%**
Occupancy:	**85.88460%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**107.95436%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
Interim Component Effective date:	**7/1/2010**

Inflation	
FY Index:	**1.20371855**
Semester Index:	**1.24282006**
Cost:	**1.03248393**
Target:	**1.01759574**
DC FY Index:	**1.16533216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02116808**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,185,400	2,577,114	1,303,234	246,295	0	5,312,043
1a	Audit Adjustments						
2	Cost Per Diem	41.0542	89.2538	45.1352	**8.5300**		183.9732
3	Cost Per Diem Inflated	42.3878	91.1431	46.6014			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.3878**	**91.1431**	**46.6014**	**8.5300**		188.6623
5a	Interim Adjustment			7.1300			
5b	Interim Adjusted Per Diem			**53.7314**			
6	Prior Semester: Provider Target Base	42.6004		51.4641			
7	Provider Target Rate	**43.6712**		**52.7577**			
7a	Interim Adjustment			7.1300			
7b	Interim Adjusted Provider Target Rate			**59.8877**			
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.3878**	**91.1431**	**53.4956**	**8.5300**		195.5565
12/13	Medicaid Adjustment Rate		0.5971	0.3505			
14	Prospective Per Diem 11	**42.3878**	**91.7402**	**53.8461**	**8.5300**		**196.5041**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200913-00 - 2011/01

222.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

AVANTE AT JACKSONVILLE BEACH

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1974/07**
Indexed Asset Value	**5,053,954**
FRVS Base Asset:	**1,747,238**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**806,723.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**13.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**502,676**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,043,163**	**9.2740**
20% ROE(2):	**1,010,791**	**0.5945**
Insurance Cost(3):	**97,680**	**1.8885**
Taxes Cost(3):	**56,321**	**1.0889**
Home Office(3):	**55,178**	**1.0668**
Replacement(3&4):	**84,229**	**0.0000**
Total FRVS PD:		**13.9127**

(1) 80% Capital ($4,043,163) amortized at 12.5000% for 20 years Interest of $502,676 divided by annual available days (60,225) divided by Occup. Adj. (0.9000) = $9.2740
(2) 20% ROE ($1,010,791) times the ROE factor (0.031880) divided by annual available days (60,225) divided by Occup. Adj. (0.9000) = $0.5945
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.3878**	**42.3878**	**0.3698**	**42.0180**	
Patient Care					
Direct Care	**91.7402**	**91.7402**	**0.8003**	**90.9399**	
Indirect Care	**53.8461**	**53.8461**	**0.4697**	**53.3764**	
Property	**8.5300**	**13.9127**	**0.1214**	**13.7913**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.5244**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**196.5041**	**201.8868**	**1.7612**	**222.2471**	

***Medicaid Trend Adjustment :**

0 200956-00 - 2011/01

238.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

COMPREHENSIVE HEALTHCARE OF CLEA

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2055 PALMETTO STREET		**09/01/2008-08/31/2009**		Number of Beds:	**150**	Superior:	**181**
Clearwater FL 34625		Days In CR	**365**	Maximum:	**54,750**	Standard:	**0**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**54,750**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**46,147**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,853**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**33,082**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/1/1983**						
Acquired Date:	**4/1/1983**						
Entered Medicaid	**12/1/1983**						
Med # Active Date:	**12/1/1988**						
Previous Med #							

Medicaid Utilization	**71.68830%**
Occupancy:	**84.28676%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**105.94591%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18697094**
Semester Index:	**1.24282006**
Cost:	**1.04705180**
Target:	**1.01759574**
DC FY Index:	**1.15383092**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03134695**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,423,352	3,150,304	1,682,636	442,306	0	6,698,598
1a	Audit Adjustments						
2	Cost Per Diem	43.0250	95.2271	50.8626	**13.3700**		202.4847
3	Cost Per Diem Inflated	45.0494	98.2122	53.2558			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.0494**	**98.2122**	**53.2558**	**13.3700**		209.8874
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.3826		52.3502			
7	Provider Target Rate	**41.3977**		**53.6661**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.3977**	**95.7090**	**53.2558**	**13.3700**		203.7325
12/13	Medicaid Adjustment Rate		2.3352	1.2994			
14	Prospective Per Diem 11	**41.3977**	**98.0442**	**54.5552**	**13.3700**		**207.3671**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200956-00 - 2011/01

238.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

COMPREHENSIVE HEALTHCARE OF CLEA

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**7,256,678**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.3500**	**%**
Chase Rate:	**11.5000**	**%**
Amortization Rate:	**13.3500**	**%**
Interest Only:	**False**	
Yearly Payment:	**833,599**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,805,342**	**16.9173**
20% ROE(2):	**1,451,336**	**0.9022**
Insurance Cost(3):	**56,088**	**1.2154**
Taxes Cost(3):	**67,231**	**1.4569**
Home Office(3):	**12,316**	**0.2669**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**20.7587**

(1) 80% Capital ($5,805,342) amortized at 13.3500% for 20 years Principal & Interest of $833,599 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $16.9173
(2) 20% ROE ($1,451,336) times the ROE factor (0.030630) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $0.9022
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.3977**	**41.3977**	**0.3611**	**41.0366**	
Patient Care					
Direct Care	**98.0442**	**98.0442**	**0.8553**	**97.1889**	
Indirect Care	**54.5552**	**54.5552**	**0.4759**	**54.0793**	
Property	**13.3700**	**20.7587**	**0.1811**	**20.5776**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.6659**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**207.3671**	**214.7558**	**1.8734**	**238.1454**	

***Medicaid Trend Adjustment :**

0 201006-00 - 2011/01

237.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Memorial Manor Nursing Home

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
777 South Douglas Road		**05/01/2009-04/30/2010**		Number of Beds:	**120**	Superior:	**181**
Pembroke Pines FL 33025		Days In CR	**365**	Maximum:	**43,800**	Standard:	**0**
County: **Broward[6]**		First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2011/01**	Total Patient:	**42,335**	Total:	**181**
Control **Government Non-Prof**		**Unaudited [3]**		Medicare:	**7,841**	Inflation	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**20,872**	FY Index:	**1.20114856**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**49.30200%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**96.65525%**	Cost:	**1.03469304**
Open Date:	**7/14/1989**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**7/14/1989**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16416550**
Entered Medicaid	**7/14/1989**	Low Occupancy Adjustment Factor:			**121.49274%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**7/14/1989**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02219143**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,466,582	2,719,361	1,226,885	229,383	0	5,642,211
1a	Audit Adjustments						
2	Cost Per Diem	70.2655	130.2875	58.7814	**10.9900**		270.3244
3	Cost Per Diem Inflated	72.7032	133.1788	60.8207			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**72.7032**	**133.1788**	**60.8207**	**10.9900**		277.6927
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	70.1458		65.0820			
7	Provider Target Rate	**71.9090**		**66.7180**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**96.5967**	**56.8989**	**10.9900**		214.8234
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.3378**	**96.5967**	**56.8989**	**10.9900**		**214.8234**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 201006-00 - 2011/01

237.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Memorial Manor Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/14/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/07**
Indexed Asset Value	**5,411,445**
FRVS Base Asset:	**2,534,785**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**10.5000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**451,385**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,329,156**	**11.4507**
20% ROE(2):	**1,082,289**	**0.8665**
Insurance Cost(3):	**18,876**	**0.4459**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**61,442**	**0.0000**
Total FRVS PD:		**12.7631**

(1) 80% Capital ($4,329,156) amortized at 10.5000% for 20 years Interest of $451,385 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.4507
(2) 20% ROE ($1,082,289) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8665
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**85**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,534,785**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**96.5967**	**96.5967**	**0.8427**	**95.7540**	
Indirect Care	**56.8989**	**56.8989**	**0.4964**	**56.4025**	
Property	**10.9900**	**12.7631**	**0.1113**	**12.6518**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.3424**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**214.8234**	**216.5965**	**1.8895**	**237.6465**	

***Medicaid Trend Adjustment :**

0 201120-00 - 2011/01

217.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Gulf Coast Village

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1333 Santa Barbara Blvd.		**01/01/2008-12/31/2008**		Number of Beds:	**85**	Superior:	**0**
Cape Coral FL 33991		Days In CR	**366**	Maximum:	**31,110**	Standard:	**181**
County: **Lee[36]**		First Used:	**2010/01**	Max Annualized:	**31,025**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2011/01**	Total Patient:	**29,132**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**11,832**		
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**7,709**		
Class at 1/94: **South Small [3]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.16972487**
Open Date:	**8/28/1989**					Semester Index:	**1.24282006**
Acquired Date:	**8/28/1989**					Cost:	**1.06248922**
Entered Medicaid	**8/28/1989**					Target:	**1.01759574**
Med # Active Date:	**8/28/1989**					**DC FY Index:**	**1.13550000**
Previous Med #						**DC Sem Index:**	**1.19000000**
						DC Inflation:	**1.04799648**
						PS Target:	**1.02513678**

Medicaid Utilization		**26.46231%**
Occupancy:		**93.64191%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**117.70507%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	248,605	689,256	499,063	141,460	0	1,578,384
1a	Audit Adjustments						
2	Cost Per Diem	32.2487	89.4093	64.7377	**18.3500**		204.7457
3	Cost Per Diem Inflated	34.2639	93.7006	68.7831			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.2639**	**93.7006**	**68.7831**	**18.3500**		215.0976
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7966		74.3599			
7	Provider Target Rate	**50.0232**		**76.2291**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.2639**	**93.7006**	**68.7831**	**13.6500**		210.3976
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**34.2639**	**93.7006**	**68.7831**	**13.6500**		**210.3976**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 201120-00 - 2011/01

217.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Gulf Coast Village

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/28/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/07**
Indexed Asset Value	**3,838,878**
FRVS Base Asset:	**1,789,260**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.036350**

Mortgage Information		
Amount:	**6,269,266.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.0909**	**%**
Chase Rate:	**9.1909**	**%**
Amortization Rate:	**7.0909**	**%**
Interest Only:	**False**	
Yearly Payment:	**287,736**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,071,102**	**10.3048**
20% ROE(2):	**767,776**	**0.9995**
Insurance Cost(3):	**55,149**	**1.8931**
Taxes Cost(3):	**40,289**	**1.3830**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**9,655**	**0.0000**
Total FRVS PD:		**14.5804**

(1) 80% Capital ($3,071,102) amortized at 7.0909% for 20 years Principal & Interest of $287,736 divided by annual available days (31,025) divided by Occup. Adj. (0.9000) = $10.3048

(2) 20% ROE ($767,776) times the ROE factor (0.036350) divided by annual available days (31,025) divided by Occup. Adj. (0.9000) = $0.9995

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,789,260**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.2639**	**34.2639**	**0.2989**	**33.9650**	
Patient Care					
Direct Care	**93.7006**	**93.7006**	**0.8174**	**92.8832**	
Indirect Care	**68.7831**	**68.7831**	**0.6000**	**68.1831**	
Property	**13.6500**	**14.5804**	**0.1272**	**14.4532**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**210.3976**	**211.3280**	**1.8435**	**217.0816**	

***Medicaid Trend Adjustment :**

0 201545-00 - 2011/01

217.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Hobe Sound Geriatric Village, Inc.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
9555 SE Federal Highway		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Hobe Sound FL 33455		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Martin[43]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**40,930**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,061**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**26,982**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1970**						
Acquired Date:	**1/1/1970**						
Entered Medicaid	**1/1/1970**						
Med # Active Date:	**1/1/1970**						
Previous Med #							

Medicaid Utilization	**65.92231%**
Occupancy:	**93.44749%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.46068%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	982,145	2,447,068	1,116,332	231,236	20,337	4,797,118
1a	Audit Adjustments						
2	Cost Per Diem	36.4000	90.6926	41.3732	**8.5700**	**0.7537**	177.7895
3	Cost Per Diem Inflated	37.8922	93.0782	43.0693			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.8922**	**93.0782**	**43.0693**	**8.5700**	**0.7537**	183.3634
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.1712		46.7809			
7	Provider Target Rate	**41.1810**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.8922**	**93.0782**	**43.0693**	**8.5700**	**0.7537**	183.3634
12/13	Medicaid Adjustment Rate		1.6673	0.7715			
14	Prospective Per Diem 11	**37.8922**	**94.7455**	**43.8408**	**8.5700**	**0.7537**	**185.8022**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 201545-00 - 2011/01

217.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Hobe Sound Geriatric Village, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**4,464,108**
FRVS Base Asset:	**2,482,470**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**1,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.7500**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**435,081**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,571,286**	**11.0371**
20% ROE(2):	**892,822**	**0.6607**
Insurance Cost(3):	**171,401**	**4.1877**
Taxes Cost(3):	**58,870**	**1.4383**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**88,055**	**0.0000**
Total FRVS PD:		**17.3238**

(1) 80% Capital ($3,571,286) amortized at 10.7500% for 20 years Principal & Interest of $435,081 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.0371

(2) 20% ROE ($892,822) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6607

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.8922**	**37.8922**	**0.3305**	**37.5617**	
Patient Care					
Direct Care	**94.7455**	**94.7455**	**0.8265**	**93.9190**	
Indirect Care	**43.8408**	**43.8408**	**0.3824**	**43.4584**	
Property	**8.5700**	**17.3238**	**0.1511**	**17.1727**	
ROE	**0.7537**	**0.2480**	**0.0022**	**0.2458**	
ROE Adjustment	**-0.2480**	**-0.2480**	**-0.0022**	**-0.2458**	
Quality Assess-Medicaid Share				**$17.4218**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**185.5542**	**193.8023**	**1.6905**	**217.1307**	

***Medicaid Trend Adjustment :**

0 201588-00 - 2011/01

194.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Mary Lee Depugh Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
559 West Morse Boulevard		**01/01/2009-12/31/2009**		Number of Beds:	**40**	Superior:	**0**
Winter Park FL 32789		Days In CR	**365**	Maximum:	**14,600**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2010/07**	Max Annualized:	**14,600**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**12,375**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**587**	Inflation	
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**9,876**	FY Index:	**1.19387802**
Class at 1/94:	**North Small [1]**					Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**					Cost:	**1.04099417**
Open Date:	**1/1/1970**					Target:	**1.01759574**
Acquired Date:	**1/1/1970**					**DC FY Index:**	**1.15950000**
Entered Medicaid	**1/1/1970**					**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/1970**					**DC Inflation:**	**1.02630444**
Previous Med #						**PS Target:**	**1.02513678**

Medicaid Utilization	**79.80606%**
Occupancy:	**84.76027%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**106.54111%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	558,511	661,162	527,813	233,765	0	1,981,251
1a	Audit Adjustments						
2	Cost Per Diem	56.5523	66.9463	53.4440	**23.6700**		200.6126
3	Cost Per Diem Inflated	58.8706	68.7073	55.6349			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.8706**	**68.7073**	**55.6349**	**23.6700**		206.8828
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4035		51.4890			
7	Provider Target Rate	**45.5197**		**53.6513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.5197**	**68.7073**	**53.6513**	**13.6500**		181.5283
12/13	Medicaid Adjustment Rate		2.3039	1.7990			
14	Prospective Per Diem 11	**45.5197**	**71.0112**	**55.4503**	**13.6500**		**185.6312**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 201588-00 - 2011/01

194.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Mary Lee Depugh Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**1,807,354**
FRVS Base Asset:	**1,037,356**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**125,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**9.0000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**179,763**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,445,883**	**13.6806**
20% ROE(2):	**361,471**	**0.8024**
Insurance Cost(3):	**20,858**	**1.6855**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**136,814**	**0.0000**
Total FRVS PD:		**16.1685**

(1) 80% Capital ($1,445,883) amortized at 12.5000% for 20 years Interest of $179,763 divided by annual available days (14,600) divided by Occup. Adj. (0.9000) = $13.6806
(2) 20% ROE ($361,471) times the ROE factor (0.029170) divided by annual available days (14,600) divided by Occup. Adj. (0.9000) = $0.8024
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**40**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,140,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.5197**	**45.5197**	**0.3971**	**45.1226**	
Patient Care					
Direct Care	**71.0112**	**71.0112**	**0.6195**	**70.3917**	
Indirect Care	**55.4503**	**55.4503**	**0.4837**	**54.9666**	
Property	**13.6500**	**16.1685**	**0.1410**	**16.0275**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**185.6312**	**188.1497**	**1.6413**	**194.1055**	

***Medicaid Trend Adjustment :**

0 201651-00 - 2011/01

219.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Guardian Care Nursing & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2500 West Church Street		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32805		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**35,782**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,858**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**28,054**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1970**						
Acquired Date:	**1/1/1970**						
Entered Medicaid	**1/1/1970**						
Med # Active Date:	**1/1/1970**						
Previous Med #							

Medicaid Utilization	**78.40255%**
Occupancy:	**81.69407%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**102.68698%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,522,208	2,152,951	1,729,367	310,838	0	5,715,364
1a	Audit Adjustments						
2	Cost Per Diem	54.2599	76.7431	61.6442	**11.0800**		203.7272
3	Cost Per Diem Inflated	55.9029	78.2891	63.5108			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.9029**	**78.2891**	**63.5108**	**11.0800**		208.7828
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.0013		49.1572			
7	Provider Target Rate	**54.3336**		**50.3929**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**78.2891**	**50.3929**	**11.0800**		187.5541
12/13	Medicaid Adjustment Rate		2.5016	1.6102			
14	Prospective Per Diem 11	**47.7921**	**80.7907**	**52.0031**	**11.0800**		**191.6659**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 201651-00 - 2011/01

219.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Guardian Care Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**5,483,381**
FRVS Base Asset:	**1,168,156**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**545,388**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,386,705**	**13.8353**
20% ROE(2):	**1,096,676**	**0.8780**
Insurance Cost(3):	**74,684**	**2.0872**
Taxes Cost(3):	**2,576**	**0.0720**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**56,632**	**0.0000**
Total FRVS PD:		**16.8725**

(1) 80% Capital ($4,386,705) amortized at 12.5000% for 20 years Interest of $545,388 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.8353

(2) 20% ROE ($1,096,676) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8780

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**76**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,166,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**80.7907**	**80.7907**	**0.7048**	**80.0859**	
Indirect Care	**52.0031**	**52.0031**	**0.4536**	**51.5495**	
Property	**11.0800**	**16.8725**	**0.1472**	**16.7253**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.2735**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**191.6659**	**197.4584**	**1.7225**	**219.6065**	

***Medicaid Trend Adjustment :**

0 202011-00 - 2011/01

218.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Westchester Gardens Rehabilitation & Care Cente

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3301 McMullen Booth Road		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
Clearwater FL 33761		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**40,286**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,493**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**19,874**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1989**						
Acquired Date:	**7/1/1989**						
Entered Medicaid	**9/1/1989**						
Med # Active Date:	**1/5/1990**						
Previous Med #	**201201**						

Medicaid Utilization	**49.33227%**
Occupancy:	**91.97717%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.61253%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	810,445	1,773,013	973,102	243,457	0	3,800,017
1a	Audit Adjustments						
2	Cost Per Diem	40.7792	89.2127	48.9636	**12.2500**		191.2055
3	Cost Per Diem Inflated	42.0140	91.0100	50.4462			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.0140**	**91.0100**	**50.4462**	**12.2500**		195.7202
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.3128		44.9838			
7	Provider Target Rate	**48.5021**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.0140**	**91.0100**	**46.1145**	**12.2500**		191.3885
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.0140**	**91.0100**	**46.1145**	**12.2500**		**191.3885**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 202011-00 - 2011/01

218.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Westchester Gardens Rehabilitation & Care Cente

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/07**
Indexed Asset Value	**5,897,880**
FRVS Base Asset:	**3,578,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information

Amount:	**4,320,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**603,809**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,718,304**	**15.3173**
20% ROE(2):	**1,179,576**	**0.9444**
Insurance Cost(3):	**54,773**	**1.3596**
Taxes Cost(3):	**59,298**	**1.4719**
Home Office(3):	**24,230**	**0.6014**
Replacement(3&4):	**107,852**	**0.0000**
Total FRVS PD:		**19.6946**

(1) 80% Capital ($4,718,304) amortized at 11.5000% for 20 years Principal & Interest of $603,809 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.3173
(2) 20% ROE ($1,179,576) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9444
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,578,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.0140**	**42.0140**	**0.3665**	**41.6475**	
Patient Care					
Direct Care	**91.0100**	**91.0100**	**0.7939**	**90.2161**	
Indirect Care	**46.1145**	**46.1145**	**0.4023**	**45.7122**	
Property	**12.2500**	**19.6946**	**0.1718**	**19.5228**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.4581**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**191.3885**	**198.8331**	**1.7345**	**218.1538**	

***Medicaid Trend Adjustment :**

0 202533-00 - 2011/01

236.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Rohr Home

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2135 Marshall Edwards Drive		**10/01/2008-09/30/2009**		Number of Beds:	**60**	Superior:	**181**
Bartow FL 33830		Days In CR	**365**	Maximum:	**21,900**	Standard:	**0**
County:	**Polk[53]**	First Used:	**2010/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**21,029**	Total:	**181**
Control	**Government Non-Prof**	**Unaudited [3]**		Medicare:	**2,272**	Inflation	
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**16,128**	FY Index:	**1.18857853**
Class at 1/94:	**South Small [3]**					Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**					Cost:	**1.04563563**
Open Date:	**1/1/1970**					Target:	**1.01759574**
Acquired Date:	**1/1/1970**					**DC FY Index:**	**1.15550000**
Entered Medicaid	**1/1/1970**					**DC Sem Index:**	**1.19000000**
Med # Active Date:	**10/10/1970**					**DC Inflation:**	**1.02985720**
Previous Med #						**PS Target:**	**1.02513678**

Medicaid Utilization	**76.69409%**	Statewide Low Occupancy Threshold:	**79.55640%**
Occupancy:	**96.02283%**	Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.69781%**	Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	803,174	1,855,096	796,626	47,739	0	3,502,635
1a	Audit Adjustments						
2	Cost Per Diem	49.8000	115.0233	49.3940	**2.9600**		217.1773
3	Cost Per Diem Inflated	52.0727	118.4576	51.6481			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.0727**	**118.4576**	**51.6481**	**2.9600**		225.1384
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.6673		55.3582			
7	Provider Target Rate	**46.8152**		**56.7497**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.8152**	**96.8004**	**51.6481**	**2.9600**		198.2237
12/13	Medicaid Adjustment Rate		2.9070	1.5510			
14	Prospective Per Diem 11	**46.8152**	**99.7074**	**53.1991**	**2.9600**		**202.6817**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 202533-00 - 2011/01

236.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Rohr Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**2,610,396**
FRVS Base Asset:	**570,711**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**259,635**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,088,317**	**13.1728**
20% ROE(2):	**522,079**	**0.7973**
Insurance Cost(3):	**0**	**0.0000**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**12,906**	**0.0000**
Total FRVS PD:		**13.9701**

(1) 80% Capital ($2,088,317) amortized at 12.5000% for 20 years Interest of $259,635 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $13.1728
(2) 20% ROE ($522,079) times the ROE factor (0.030100) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.7973
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.8152**	**46.8152**	**0.4084**	**46.4068**	
Patient Care					
Direct Care	**99.7074**	**99.7074**	**0.8698**	**98.8376**	
Indirect Care	**53.1991**	**53.1991**	**0.4641**	**52.7350**	
Property	**2.9600**	**13.9701**	**0.1219**	**13.8482**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.7956**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**202.6817**	**213.6918**	**1.8642**	**236.2203**	

***Medicaid Trend Adjustment :**

0 202606-00 - 2011/01

221.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

SAMANTHA R. WILSON AT BAYVIEW

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
161 Maine Street		**10/01/2009-09/30/2010**		Number of Beds:	**120**	Superior:	**181**
St. Augustine FL 32084		Days In CR	**365**	Maximum:	**43,800**	Standard:	**0**
County: **St Johns[55]**		First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**40,291**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**12,163**	**Inflation**	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**19,790**	FY Index:	**1.21484990**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**49.11767%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**91.98859%**	Cost:	**1.02302355**
Open Date:	**1/1/1970**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/1/1970**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.17050000**
Entered Medicaid	**1/1/1970**	Low Occupancy Adjustment Factor:			**115.62688%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/1970**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.01665955**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,042,954	1,837,460	1,004,241	385,311	0	4,269,966
1a	Audit Adjustments						
2	Cost Per Diem	52.7011	92.8479	50.7449	**19.4700**		215.7639
3	Cost Per Diem Inflated	53.9145	94.3947	51.9132			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.9145**	**94.3947**	**51.9132**	**19.4700**		219.6924
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.2315		48.2228			
7	Provider Target Rate	**48.4187**		**49.4350**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**94.3947**	**49.4350**	**13.6500**		202.7260
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.2463**	**94.3947**	**49.4350**	**13.6500**		**202.7260**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 202606-00 - 2011/01

221.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

SAMANTHA R. WILSON AT BAYVIEW

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**5,319,312**
FRVS Base Asset:	**337,836**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029580**

Mortgage Information		
Amount:	**7,079,538.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**7.1000**	**%**
Interest Only:	**False**	
Yearly Payment:	**398,981**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,255,450**	**10.1213**
20% ROE(2):	**1,063,862**	**0.7983**
Insurance Cost(3):	**90,595**	**2.2485**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**6,908**	**0.0000**
Total FRVS PD:		**13.1681**

(1) 80% Capital ($4,255,450) amortized at 7.1000% for 20 years Principal & Interest of $398,981 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.1213
(2) 20% ROE ($1,063,862) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7983
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**51**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,453,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**94.3947**	**94.3947**	**0.8234**	**93.5713**	
Indirect Care	**49.4350**	**49.4350**	**0.4312**	**49.0038**	
Property	**13.6500**	**13.1681**	**0.1149**	**13.0532**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.1456**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**202.7260**	**202.2441**	**1.7642**	**221.2226**	

***Medicaid Trend Adjustment :**

0 202681-00 - 2011/01

233.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

JH FLOYD SUNSHINE MANOR, INC.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1755 18th Street		**07/01/2009-06/30/2010**		Number of Beds:	**101**	Superior:	**0**
Sarasota FL 34234		Days In CR	**365**	Maximum:	**36,865**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2011/01**	Max Annualized:	**36,865**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**24,367**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**1,444**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**20,853**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1970**						
Acquired Date:	**1/1/1970**						
Entered Medicaid	**1/1/1970**						
Med # Active Date:	**1/1/1970**						
Previous Med #							

Medicaid Utilization	**85.57886%**
Occupancy:	**66.09793%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**83.08311%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,156,048	1,922,373	1,143,705	179,753	0	4,401,879
1a	Audit Adjustments						
2	Cost Per Diem	55.4380	92.1869	54.8461	**8.6200**		211.0910
3	Cost Per Diem Inflated	57.1166	94.0441	56.5068			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.1166**	**94.0441**	**56.5068**	**8.6200**		216.2875
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.0621		46.7809			
7	Provider Target Rate	**48.2451**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.2451**	**94.0441**	**47.9568**	**8.6200**		198.8660
12/13	Medicaid Adjustment Rate		3.7642	1.9195			
14	Prospective Per Diem 11	**48.2451**	**97.8083**	**49.8763**	**8.6200**		**204.5497**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 202681-00 - 2011/01

233.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

JH FLOYD SUNSHINE MANOR, INC.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**4,130,979**
FRVS Base Asset:	**1,364,843**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**100.00**	
Type:	**Variable [3]**	
< 60% of Base:	**True**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**410,875**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,304,783**	**12.3838**
20% ROE(2):	**826,196**	**0.7859**
Insurance Cost(3):	**8,431**	**0.3460**
Taxes Cost(3):	**1,629**	**0.0669**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**43,830**	**0.0000**
Total FRVS PD:		**13.5826**

(1) 80% Capital ($3,304,783) amortized at 12.5000% for 20 years Interest of $410,875 divided by annual available days (36,865) divided by Occup. Adj. (0.9000) = $12.3838
(2) 20% ROE ($826,196) times the ROE factor (0.031560) divided by annual available days (36,865) divided by Occup. Adj. (0.9000) = $0.7859
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**68**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,938,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.2451**	**48.2451**	**0.4209**	**47.8242**	
Patient Care					
Direct Care	**97.8083**	**97.8083**	**0.8532**	**96.9551**	
Indirect Care	**49.8763**	**49.8763**	**0.4351**	**49.4412**	
Property	**8.6200**	**13.5826**	**0.1185**	**13.4641**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.7141**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**204.5497**	**209.5123**	**1.8277**	**232.9958**	

***Medicaid Trend Adjustment :**

0 202703-00 - 2011/01

248.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Pines of Sarasota

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1501 North Orange Avenue		**08/01/2008-07/31/2009**		Number of Beds:	**204**	Superior:	**0**
Sarasota FL 34236		Days In CR	**365**	Maximum:	**74,460**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2010/01**	Max Annualized:	**74,460**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**70,075**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,465**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**47,851**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1970**						
Acquired Date:	**1/1/1970**						
Entered Medicaid	**1/1/1970**						
Med # Active Date:	**1/1/1970**						
Previous Med #							

Medicaid Utilization	**68.28541%**
Occupancy:	**94.11093%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.29461%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,462,339	4,865,959	2,889,465	1,135,504	0	11,353,267
1a	Audit Adjustments						
2	Cost Per Diem	51.4585	101.6898	60.3846	**23.7300**		237.2629
3	Cost Per Diem Inflated	53.9527	105.0292	63.3114			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.9527**	**105.0292**	**63.3114**	**23.7300**		246.0233
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.2550		62.4316			
7	Provider Target Rate	**53.5685**		**64.0009**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**96.5967**	**56.8989**	**13.6500**		217.4834
12/13	Medicaid Adjustment Rate		1.9871	1.1705			
14	Prospective Per Diem 11	**50.3378**	**98.5838**	**58.0694**	**13.6500**		**220.6410**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 202703-00 - 2011/01

248.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Pines of Sarasota

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**9,868,330**
FRVS Base Asset:	**3,497,793**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**981,523**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,894,664**	**14.6465**
20% ROE(2):	**1,973,666**	**0.9174**
Insurance Cost(3):	**142,593**	**2.0349**
Taxes Cost(3):	**42,380**	**0.6048**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**1,092,351**	**0.0000**
Total FRVS PD:		**18.2036**

(1) 80% Capital ($7,894,664) amortized at 12.5000% for 20 years Interest of $981,523 divided by annual available days (74,460) divided by Occup. Adj. (0.9000) = $14.6465

(2) 20% ROE ($1,973,666) times the ROE factor (0.031150) divided by annual available days (74,460) divided by Occup. Adj. (0.9000) = $0.9174

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**204**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,814,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**98.5838**	**98.5838**	**0.8600**	**97.7238**	
Indirect Care	**58.0694**	**58.0694**	**0.5066**	**57.5628**	
Property	**13.6500**	**18.2036**	**0.1588**	**18.0448**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.3615**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**220.6410**	**225.1946**	**1.9645**	**248.1887**	

***Medicaid Trend Adjustment :**

0 202711-00 - 2011/01

258.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

SUNNYSIDE NURSING HOME

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5201 BAHIA VISTA ST		**07/01/2009-06/30/2010**		Number of Beds:	**60**	Superior:	**181**
Sarasota FL 34232		Days In CR	**365**	Maximum:	**21,900**	Standard:	**0**
County:	**Sarasota[58]**	First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**21,083**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,281**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**8,987**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1977**						
Acquired Date:	**8/1/1977**						
Entered Medicaid	**1/1/1970**						
Med # Active Date:	**1/1/1970**						
Previous Med #							

Medicaid Utilization	**42.62676%**
Occupancy:	**96.26940%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**121.00774%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	658,477	892,048	591,638	106,226	0	2,248,389
1a	Audit Adjustments						
2	Cost Per Diem	73.2699	99.2598	65.8326	**11.8200**		250.1823
3	Cost Per Diem Inflated	75.4885	101.2595	67.8260			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**75.4885**	**101.2595**	**67.8260**	**11.8200**		256.3940
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.8093		57.4567			
7	Provider Target Rate	**69.5138**		**58.9010**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**59.5230**	**101.2595**	**58.9010**	**11.8200**		231.5035
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**59.5230**	**101.2595**	**58.9010**	**11.8200**		**231.5035**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 202711-00 - 2011/01

258.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

SUNNYSIDE NURSING HOME

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1977/07**
Indexed Asset Value	**2,744,146**
FRVS Base Asset:	**706,660**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**2,418,670.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**8.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**220,350**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,195,317**	**11.1796**
20% ROE(2):	**548,829**	**0.8788**
Insurance Cost(3):	**88,546**	**4.1999**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**16,339**	**0.7750**
Replacement(3&4):	**70,553**	**0.0000**
Total FRVS PD:		**17.0333**

(1) 80% Capital ($2,195,317) amortized at 8.0000% for 20 years Principal & Interest of $220,350 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $11.1796
(2) 20% ROE ($548,829) times the ROE factor (0.031560) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.8788
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**59.5230**	**59.5230**	**0.5192**	**59.0038**	
Patient Care					
Direct Care	**101.2595**	**101.2595**	**0.8833**	**100.3762**	
Indirect Care	**58.9010**	**58.9010**	**0.5138**	**58.3872**	
Property	**11.8200**	**17.0333**	**0.1486**	**16.8847**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8996**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**231.5035**	**236.7168**	**2.0649**	**258.1486**	

***Medicaid Trend Adjustment :**

0 202789-00 - 2011/01

180.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Alliance Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
130 West Armstrong Avenue	**07/01/2009-06/30/2010**	Number of Beds: **130**	Superior: **0**
Deland FL 32720	Days In CR **365**	Maximum: **47,450**	Standard: **181**
County: **Volusia[64]**	First Used: **2011/01**	Max Annualized: **47,450**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2011/01**	Total Patient: **42,783**	Total: **181**
Control **Church Non-Profit [2]**	**Unaudited [3]**	Medicare: **4,951**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **25,434**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **8/1/1971**			
Acquired Date: **8/1/1971**			
Entered Medicaid **8/1/1971**			
Med # Active Date: **8/1/1971**			
Previous Med #			

Medicaid Utilization	**59.44885%**
Occupancy:	**90.16438%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.33392%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,018,295	1,959,908	1,084,177	262,225	0	4,324,605
1a	Audit Adjustments						
2	Cost Per Diem	40.0368	77.0586	42.6271	**10.3100**		170.0325
3	Cost Per Diem Inflated	41.2491	78.6110	43.9178			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.2491**	**78.6110**	**43.9178**	**10.3100**		174.0879
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.3813		45.2878			
7	Provider Target Rate	**39.3461**		**46.4262**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.3461**	**78.6110**	**43.9178**	**10.3100**		172.1849
12/13	Medicaid Adjustment Rate		0.8356	0.4668			
14	Prospective Per Diem 11	**39.3461**	**79.4466**	**44.3846**	**10.3100**		**173.4873**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 202789-00 - 2011/01

180.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Alliance Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**5,456,697**
FRVS Base Asset:	**458,153**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**11,015,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.4300**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**5.4300**	**%**
Interest Only:	**False**	
Yearly Payment:	**358,277**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,365,358**	**8.3896**
20% ROE(2):	**1,091,339**	**0.8065**
Insurance Cost(3):	**63,675**	**1.4883**
Taxes Cost(3):	**13,219**	**0.3090**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**97,800**	**0.0000**
Total FRVS PD:		**10.9934**

(1) 80% Capital ($4,365,358) amortized at 5.4300% for 20 years Principal & Interest of $358,277 divided by annual available days (47,450) divided by Occup. Adj. (0.9000) = $8.3896
(2) 20% ROE ($1,091,339) times the ROE factor (0.031560) divided by annual available days (47,450) divided by Occup. Adj. (0.9000) = $0.8065
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.3461**	**39.3461**	**0.3432**	**39.0029**	
Patient Care					
Direct Care	**79.4466**	**79.4466**	**0.6930**	**78.7536**	
Indirect Care	**44.3846**	**44.3846**	**0.3872**	**43.9974**	
Property	**10.3100**	**10.9934**	**0.0959**	**10.8975**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**173.4873**	**174.1707**	**1.5193**	**180.2485**	

***Medicaid Trend Adjustment :**

0 202941-00 - 2011/01

206.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MIRACLE HILL NURSING AND CONVALESCE

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1329 ABRAHAM ST.	**07/01/2008-06/30/2009**	Number of Beds: **120**	Superior: **0**
Tallahassee FL 32304	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Leon[37]**	First Used: **2010/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **2**	Last Used: **2011/01**	Total Patient: **42,728**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **3,747**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **36,473**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **1/1/1970**			
Acquired Date: **1/1/1970**			
Entered Medicaid **1/1/1970**			
Med # Active Date: **1/1/1970**			
Previous Med #			

Medicaid Utilization	**85.36089%**
Occupancy:	**97.55251%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**122.62057%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,543,792	2,840,207	1,504,670	527,400	0	6,416,069
1a	Audit Adjustments						
2	Cost Per Diem	42.3270	77.8715	41.2544	**14.4600**		175.9129
3	Cost Per Diem Inflated	44.4387	80.5451	43.3126			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.4387**	**80.5451**	**43.3126**	**14.4600**		182.7564
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.5877		43.1867			
7	Provider Target Rate	**39.5577**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.5577**	**80.5451**	**43.3126**	**13.6500**		177.0654
12/13	Medicaid Adjustment Rate		3.2042	1.7230			
14	Prospective Per Diem 11	**39.5577**	**83.7493**	**45.0356**	**13.6500**		**181.9926**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 202941-00 - 2011/01

206.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

MIRACLE HILL NURSING AND CONVALESCE

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**5,604,519**
FRVS Base Asset:	**835,478**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**5,759,900.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.2600**	**%**
Chase Rate:	**8.7400**	**%**
Amortization Rate:	**10.2600**	**%**
Interest Only:	**False**	
Yearly Payment:	**528,516**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,483,615**	**13.4073**
20% ROE(2):	**1,120,904**	**0.9005**
Insurance Cost(3):	**28,665**	**0.6709**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.9787**

(1) 80% Capital ($4,483,615) amortized at 10.2600% for 20 years Principal & Interest of $528,516 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.4073
(2) 20% ROE ($1,120,904) times the ROE factor (0.031670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9005
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.5577**	**39.5577**	**0.3451**	**39.2126**	
Patient Care					
Direct Care	**83.7493**	**83.7493**	**0.7306**	**83.0187**	
Indirect Care	**45.0356**	**45.0356**	**0.3929**	**44.6427**	
Property	**13.6500**	**14.9787**	**0.1307**	**14.8480**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.1787**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**181.9926**	**183.3213**	**1.5993**	**206.4978**	

***Medicaid Trend Adjustment :**

0 203122-00 - 2011/01

228.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

AVANTE AT LEESBURG

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2000 Edgewood Avenue	**06/01/2009-05/31/2010**	Number of Beds: **116**	Superior: **0**
Leesburg FL 34748	Days In CR **365**	Maximum: **42,340**	Standard: **181**
County: **Lake[35]**	First Used: **2011/01**	Max Annualized: **42,340**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2011/01**	Total Patient: **34,560**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **10,175**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **18,531**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **9/1/1965**			
Acquired Date: **9/1/1965**			
Entered Medicaid **4/1/1980**			
Med # Active Date: **1/1/1991**			
Previous Med # **206016**			

Medicaid Utilization	**53.61979%**
Occupancy:	**81.62494%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**102.60010%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20371855**
Semester Index:	**1.24282006**
Cost:	**1.03248393**
Target:	**1.01759574**
DC FY Index:	**1.16533216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02116808**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	882,914	1,768,745	1,090,763	132,867	0	3,875,289
1a	Audit Adjustments						
2	Cost Per Diem	47.6452	95.4479	58.8615	**7.1700**		209.1246
3	Cost Per Diem Inflated	49.1929	97.4683	60.7736			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.1929**	**97.4683**	**60.7736**	**7.1700**		214.6048
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.0744		58.7964			
7	Provider Target Rate	**45.1823**		**60.2744**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.1823**	**94.8213**	**53.4956**	**7.1700**		200.6692
12/13	Medicaid Adjustment Rate		0.3861	0.2178			
14	Prospective Per Diem 11	**45.1823**	**95.2074**	**53.7134**	**7.1700**		**201.2731**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203122-00 - 2011/01

228.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

AVANTE AT LEESBURG

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**3,963,044**
FRVS Base Asset:	**1,850,667**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**400,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**6.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**394,172**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,170,435**	**10.3441**
20% ROE(2):	**792,609**	**0.6631**
Insurance Cost(3):	**59,892**	**1.7330**
Taxes Cost(3):	**32,056**	**0.9275**
Home Office(3):	**41,775**	**1.2088**
Replacement(3&4):	**10,032**	**0.0000**
Total FRVS PD:		**14.8765**

(1) 80% Capital ($3,170,435) amortized at 12.5000% for 20 years Interest of $394,172 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $10.3441

(2) 20% ROE ($792,609) times the ROE factor (0.031880) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.6631

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**116**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,306,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.1823**	**45.1823**	**0.3941**	**44.7882**	
Patient Care					
Direct Care	**95.2074**	**95.2074**	**0.8305**	**94.3769**	
Indirect Care	**53.7134**	**53.7134**	**0.4686**	**53.2448**	
Property	**7.1700**	**14.8765**	**0.1298**	**14.7467**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.2862**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**201.2731**	**208.9796**	**1.8230**	**228.0399**	

***Medicaid Trend Adjustment :**

0 203165-00 - 2011/01

240.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Villa Maria Nursing & Rehabilitation

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1050 NE 125th Street		**10/01/2008-09/30/2009**		Number of Beds:	**212**	Superior:	**0**
North Miami FL 33161		Days In CR	**365**	Maximum:	**77,380**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2011/01**	Max Annualized:	**77,380**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**69,173**	Total:	**181**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**10,211**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**39,226**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/1/1970**						
Acquired Date:	**12/1/1970**						
Entered Medicaid	**12/1/1970**						
Med # Active Date:	**1/1/1970**						
Previous Med #							

Medicaid Utilization	**56.70710%**
Occupancy:	**89.39390%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**112.36545%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,960,040	3,929,543	2,334,987	788,443	0	9,013,013
1a	Audit Adjustments						
2	Cost Per Diem	49.9679	100.1770	59.5265	**20.1000**		229.7714
3	Cost Per Diem Inflated	52.2482	103.1680	62.2430			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.2482**	**103.1680**	**62.2430**	**20.1000**		237.7592
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.0959		68.8169			
7	Provider Target Rate	**52.3803**		**70.5467**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**96.5967**	**56.8989**	**13.6500**		217.4834
12/13	Medicaid Adjustment Rate		0.7289	0.4293			
14	Prospective Per Diem 11	**50.3378**	**97.3256**	**57.3282**	**13.6500**		**218.6416**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203165-00 - 2011/01

240.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Villa Maria Nursing & Rehabilitation

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**9,500,970**
FRVS Base Asset:	**5,676,585**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**6,375,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.5200**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**9.5200**	**%**
Interest Only:	**False**	
Yearly Payment:	**851,382**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,600,776**	**12.2251**
20% ROE(2):	**1,900,194**	**0.8213**
Insurance Cost(3):	**189,128**	**2.7341**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**83,769**	**1.2110**
Replacement(3&4):	**330,192**	**0.0000**
Total FRVS PD:		**16.9915**

(1) 80% Capital ($7,600,776) amortized at 9.5200% for 20 years Principal & Interest of $851,382 divided by annual available days (77,380) divided by Occup. Adj. (0.9000) = $12.2251

(2) 20% ROE ($1,900,194) times the ROE factor (0.030100) divided by annual available days (77,380) divided by Occup. Adj. (0.9000) = $0.8213

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**212**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**6,042,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**97.3256**	**97.3256**	**0.8490**	**96.4766**	
Indirect Care	**57.3282**	**57.3282**	**0.5001**	**56.8281**	
Property	**13.6500**	**16.9915**	**0.1191**	**13.5309**	
ROE	**0.0000**	**0.0870**			
ROE Adjustment	**0.0000**	**-0.0870**			
Quality Assess-Medicaid Share				**$16.0504**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**218.6416**	**221.9831**	**1.9073**	**240.3818**	

***Medicaid Trend Adjustment :**

0 203203-00 - 2011/01

219.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Glades Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
230 S. Barfield Highway		**03/01/2008-02/28/2009**		Number of Beds:	**120**	Superior:	**0**
Pahokee FL 33476		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**34,671**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,156**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**30,032**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1984**						
Acquired Date:	**9/1/1984**						
Entered Medicaid	**9/1/1984**						
Med # Active Date:	**10/15/1990**						
Previous Med #	**200158**						

Medicaid Utilization	**86.61994%**
Occupancy:	**79.15754%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**99.49864%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.17593706**
Semester Index:	**1.24282006**
Cost:	**1.05687634**
Target:	**1.01759574**
DC FY Index:	**1.14082709**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.04310286**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,405,990	2,478,577	1,317,472	403,630	3,192	5,608,861
1a	Audit Adjustments						
2	Cost Per Diem	46.8164	82.5312	43.8689	**13.4400**	**0.1063**	186.7628
3	Cost Per Diem Inflated	49.4791	86.0885	46.3640			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.4791**	**86.0885**	**46.3640**	**13.4400**	**0.1063**	195.4779
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.9657		50.3724			
7	Provider Target Rate	**45.0709**		**51.6386**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.0709**	**86.0885**	**46.3640**	**13.4400**	**0.1063**	191.0697
12/13	Medicaid Adjustment Rate		3.5466	1.9101			
14	Prospective Per Diem 11	**45.0709**	**89.6351**	**48.2741**	**13.4400**	**0.1063**	**196.5264**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203203-00 - 2011/01

219.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Glades Health Care Center

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**3,220,713**
FRVS Base Asset:	**1,991,976**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.034170**

Mortgage Information		
Amount:	**475,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**10.4400**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**255,738**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,576,570**	**6.4875**
20% ROE(2):	**644,143**	**0.5584**
Insurance Cost(3):	**95,213**	**2.7462**
Taxes Cost(3):	**7,701**	**0.2221**
Home Office(3):	**2,061**	**0.0594**
Replacement(3&4):	**1,605**	**0.0000**
Total FRVS PD:		**10.0736**

(1) 80% Capital ($2,576,570) amortized at 10.0000% for 20 years Interest of $255,738 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.4875
(2) 20% ROE ($644,143) times the ROE factor (0.034170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5584
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.0709**	**45.0709**	**0.3932**	**44.6777**	
Patient Care					
Direct Care	**89.6351**	**89.6351**	**0.7819**	**88.8532**	
Indirect Care	**48.2741**	**48.2741**	**0.4211**	**47.8530**	
Property	**13.4400**	**10.0736**	**0.1172**	**13.3228**	
ROE	**0.1063**	**0.5128**	**0.0009**	**0.1054**	
ROE Adjustment	**-0.1063**	**-0.5128**	**-0.0009**	**-0.1054**	
Quality Assess-Medicaid Share				**$17.1160**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**196.4201**	**193.0537**	**1.7134**	**219.4198**	

***Medicaid Trend Adjustment :**

0 203220-00 - 2011/01

220.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Avante At Inverness

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
304 South Citrus Avenue		**06/01/2009-05/31/2010**		Number of Beds:	**104**	Superior:	**0**
Inverness FL 34452-4753		Days In CR	**365**	Maximum:	**37,960**	Standard:	**145**
County: **Citrus[9]**		First Used:	**2011/01**	Max Annualized:	**37,960**	Conditional:	**36**
Region: **North [1]**	Area: **3**	Last Used:	**2011/01**	Total Patient:	**35,423**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**5,186**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**24,108**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**3/1/1968**						
Acquired Date:	**3/1/1968**						
Entered Medicaid	**1/1/1981**						
Med # Active Date:	**1/1/1991**						
Previous Med #	**205991**						

Medicaid Utilization	**68.05748%**
Occupancy:	**93.31665%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.29622%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20371855**
Semester Index:	**1.24282006**
Cost:	**1.03248393**
Target:	**1.01759574**
DC FY Index:	**1.16533216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02116808**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,041,051	1,997,702	1,230,330	149,711	0	4,418,794
1a	Audit Adjustments						
2	Cost Per Diem	43.1828	82.8647	51.0341	**6.2100**		183.2916
3	Cost Per Diem Inflated	44.5855	84.6188	52.6919			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.5855**	**84.6188**	**52.6919**	**6.2100**		188.1062
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.6079		53.1776			
7	Provider Target Rate	**51.8800**		**54.5143**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.5855**	**84.6188**	**52.6919**	**6.2100**		188.1062
12/13	Medicaid Adjustment Rate		1.3771	0.8575			
14	Prospective Per Diem 11	**44.5855**	**85.9959**	**53.5494**	**6.2100**		**190.3408**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203220-00 - 2011/01

220.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Avante At Inverness

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**3,224,054**
FRVS Base Asset:	**1,729,808**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information

Amount:	**785,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**9.7500**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**320,671**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**2,579,243**	**9.3862**
20% ROE(2):	**644,811**	**0.6017**
Insurance Cost(3):	**59,093**	**1.6682**
Taxes Cost(3):	**48,786**	**1.3772**
Home Office(3):	**36,246**	**1.0232**
Replacement(3&4):	**37,513**	**0.0000**
Total FRVS PD:		**14.0565**

(1) 80% Capital ($2,579,243) amortized at 12.5000% for 20 years Interest of $320,671 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $9.3862
(2) 20% ROE ($644,811) times the ROE factor (0.031880) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $0.6017
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**104**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,964,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.5855**	**44.5855**	**0.3889**	**44.1966**	
Patient Care					
Direct Care	**85.9959**	**85.9959**	**0.7502**	**85.2457**	
Indirect Care	**53.5494**	**53.5494**	**0.4671**	**53.0823**	
Property	**6.2100**	**14.0565**	**0.1226**	**13.9339**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.0732**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**190.3408**	**198.1873**	**1.7288**	**220.1288**	

***Medicaid Trend Adjustment :**

0 203238-00 - 2011/01

246.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Avante At Lake Worth, Inc.

Type of Cost Report:Prospective with Interim Component[8] Type of Cost:Actual with Interim Component[3] Type of Rate:Prospective[1] Interim Component effective date :12/01/2009

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2501 North A Street		**06/01/2009-05/31/2010**		Number of Beds:	**138**	Superior:	**0**
Lake Worth FL 33460-6013		Days In CR	**365**	Maximum:	**50,370**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2011/01**	Max Annualized:	**50,370**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**42,476**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,564**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**33,276**	FY Index:	**1.20371855**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**78.34071%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**84.32797%**	Cost:	**1.03248393**
Open Date:	**6/1/1969**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**6/1/1969**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16533216**
Entered Medicaid	**12/1/1980**	Low Occupancy Adjustment Factor:			**105.99772%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/1991**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02116808**
Previous Med #	**206008**	Interim Component Effective date:			**12/1/2009**	**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,648,369	3,189,192	1,857,712	295,491	0	6,990,764
1a	Audit Adjustments						
2	Cost Per Diem	49.5363	95.8406	55.8274	**8.8800**		210.0843
3	Cost Per Diem Inflated	51.1454	97.8694	57.6409			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.1454**	**97.8694**	**57.6409**	**8.8800**		215.5357
5a	Interim Adjustment			8.8152			
5b	Interim Adjusted Per Diem			**66.4561**			
6	Prior Semester: Provider Target Base	67.7058		46.7809			
7	Provider Target Rate	**69.4077**		**47.9568**			
7a	Interim Adjustment			8.8152			
7b	Interim Adjusted Provider Target Rate			**56.7720**			
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**96.5967**	**56.7720**	**8.8800**		212.5865
12/13	Medicaid Adjustment Rate		3.0798	1.8101			
14	Prospective Per Diem 11	**50.3378**	**99.6765**	**58.5821**	**8.8800**		**217.4764**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203238-00 - 2011/01

246.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Avante At Lake Worth, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**4,096,269**
FRVS Base Asset:	**2,132,820**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**407,423**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,277,015**	**8.9873**
20% ROE(2):	**819,254**	**0.5761**
Insurance Cost(3):	**77,011**	**1.8130**
Taxes Cost(3):	**103,708**	**2.4416**
Home Office(3):	**49,875**	**1.1742**
Replacement(3&4):	**38,942**	**0.0000**
Total FRVS PD:		**14.9922**

(1) 80% Capital ($3,277,015) amortized at 12.5000% for 20 years Interest of $407,423 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $8.9873
(2) 20% ROE ($819,254) times the ROE factor (0.031880) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $0.5761
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**162**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,617,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**99.6765**	**99.6765**	**0.8695**	**98.8070**	
Indirect Care	**58.5821**	**58.5821**	**0.5110**	**58.0711**	
Property	**8.8800**	**14.9922**	**0.1308**	**14.8614**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2500**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**217.4764**	**223.5886**	**1.9504**	**246.4853**	

***Medicaid Trend Adjustment :**

0 203327-00 - 2011/01

223.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Palace at Kendall Nursing and Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
11215 S.W. 84TH STREET		**08/01/2008-07/31/2009**		Number of Beds:	**180**	Superior:	**0**
Miami FL 33173		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2010/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**63,054**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**19,128**	Inflation	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**30,911**	FY Index:	**1.18536552**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**49.02306%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**95.97260%**	Cost:	**1.04846989**
Open Date:	**3/18/1991**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**3/18/1991**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15216426**
Entered Medicaid	**3/18/1991**	Low Occupancy Adjustment Factor:			**120.63468%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**3/18/1991**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03283884**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,345,347	2,484,429	1,626,818	686,842	0	6,143,436
1a	Audit Adjustments						
2	Cost Per Diem	43.5232	80.3736	52.6291	**22.2200**		198.7459
3	Cost Per Diem Inflated	45.6328	83.0130	55.1800			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.6328**	**83.0130**	**55.1800**	**22.2200**		206.0458
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.8136		55.0572			
7	Provider Target Rate	**52.0909**		**56.4412**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.6328**	**83.0130**	**55.1800**	**13.6500**		197.4758
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.6328**	**83.0130**	**55.1800**	**13.6500**		**197.4758**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203327-00 - 2011/01

223.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Palace at Kendall Nursing and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/18/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**7,992,379**
FRVS Base Asset:	**5,463,360**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**8,488,615.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.2500**	**%**
Chase Rate:	**10.5000**	**%**
Amortization Rate:	**9.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**702,716**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,393,903**	**11.8843**
20% ROE(2):	**1,598,476**	**0.8421**
Insurance Cost(3):	**207,898**	**3.2971**
Taxes Cost(3):	**126,325**	**2.0034**
Home Office(3):	**146,791**	**2.3280**
Replacement(3&4):	**23,623**	**0.0000**
Total FRVS PD:		**20.3549**

(1) 80% Capital ($6,393,903) amortized at 9.2500% for 20 years Principal & Interest of $702,716 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $11.8843
(2) 20% ROE ($1,598,476) times the ROE factor (0.031150) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.8421
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,463,360**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.6328**	**45.6328**	**0.3981**	**45.2347**	
Patient Care					
Direct Care	**83.0130**	**83.0130**	**0.7242**	**82.2888**	
Indirect Care	**55.1800**	**55.1800**	**0.4814**	**54.6986**	
Property	**13.6500**	**20.3549**	**0.1776**	**20.1773**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.1177**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**197.4758**	**204.1807**	**1.7813**	**223.1142**	

***Medicaid Trend Adjustment :**

0 203335-00 - 2011/01

213.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

TimberRidge Nursing & Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
9848 SW 110th Street		**08/01/2008-12/31/2009**		Number of Beds:	**180**	Superior:	**0**
Ocala FL 34481		Days In CR	**518**	Maximum:	**93,240**	Standard:	**181**
County: **Marion[42]**		First Used:	**2011/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region: **North [1]**	Area: **3**	Last Used:	**2011/01**	Total Patient:	**85,063**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**38,949**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**29,043**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**3/1/1991**						
Acquired Date:	**3/1/1991**						
Entered Medicaid	**3/1/1991**						
Med # Active Date:	**3/1/1991**						
Previous Med #							

Medicaid Utilization	**34.14293%**
Occupancy:	**91.23016%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.67357%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19034241**
Semester Index:	**1.24282006**
Cost:	**1.04408618**
Target:	**1.01759574**
DC FY Index:	**1.15683180**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02867158**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,038,838	2,676,980	1,785,889	374,364	0	5,876,071
1a	Audit Adjustments						
2	Cost Per Diem	35.7690	92.1730	61.4912	**12.8900**		202.3232
3	Cost Per Diem Inflated	37.3459	94.8157	64.2021			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.3459**	**94.8157**	**64.2021**	**12.8900**		209.2537
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.5333		54.9582			
7	Provider Target Rate	**44.6276**		**56.3397**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.3459**	**94.8157**	**53.4956**	**12.8900**		198.5472
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**37.3459**	**94.8157**	**53.4956**	**12.8900**		**198.5472**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203335-00 - 2011/01

213.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

TimberRidge Nursing & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**7,796,775**
FRVS Base Asset:	**1,699,712**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031030**

Mortgage Information		
Amount:	**4,695,614.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.2100**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**6.2100**	**%**
Interest Only:	**False**	
Yearly Payment:	**545,349**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,237,420**	**9.2229**
20% ROE(2):	**1,559,355**	**0.8183**
Insurance Cost(3):	**72,960**	**0.8577**
Taxes Cost(3):	**111,180**	**1.3070**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**153,131**	**0.0000**
Total FRVS PD:		**12.2059**

(1) 80% Capital ($6,237,420) amortized at 6.2100% for 20 years Principal & Interest of $545,349 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.2229

(2) 20% ROE ($1,559,355) times the ROE factor (0.031030) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.8183

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**56**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,699,712**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.3459**	**37.3459**	**0.3258**	**37.0201**	
Patient Care					
Direct Care	**94.8157**	**94.8157**	**0.8271**	**93.9886**	
Indirect Care	**53.4956**	**53.4956**	**0.4667**	**53.0289**	
Property	**12.8900**	**12.2059**	**0.1065**	**12.0994**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.2080**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**198.5472**	**197.8631**	**1.7261**	**213.9421**	

***Medicaid Trend Adjustment :**

0 203475-00 - 2011/01

201.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Marianna Health & Rehabilitation

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4295 5th Avenue		**10/01/2008-09/30/2009**		Number of Beds:	**180**	Superior:	**0**
Marianna FL 32447		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Jackson[32]**	First Used:	**2010/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2011/01**	Total Patient:	**60,215**	Total:	**181**
Control	**Government Non-Prof**	**Unaudited [3]**		Medicare:	**3,566**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**52,160**	FY Index:	**1.18857853**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**86.62293%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**91.65145%**	Cost:	**1.04563563**
Open Date:	**2/1/1971**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**2/1/1971**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15550000**
Entered Medicaid	**2/1/1971**	Low Occupancy Adjustment Factor:			**115.20311%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**2/1/1971**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02985720**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,090,254	4,419,357	1,537,063	220,637	0	8,267,311
1a	Audit Adjustments						
2	Cost Per Diem	40.0739	84.7269	29.4682	**4.2300**		158.4990
3	Cost Per Diem Inflated	41.9027	87.2566	30.8130			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.9027**	**87.2566**	**30.8130**	**4.2300**		164.2023
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.4685		43.1867			
7	Provider Target Rate	**41.4857**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.4857**	**87.2566**	**30.8130**	**4.2300**		163.7853
12/13	Medicaid Adjustment Rate		3.5950	1.2695			
14	Prospective Per Diem 11	**41.4857**	**90.8516**	**32.0825**	**4.2300**		**168.6498**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203475-00 - 2011/01

201.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Marianna Health & Rehabilitation

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**7,415,044**
FRVS Base Asset:	**4,379,259**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**737,515**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,932,035**	**12.4728**
20% ROE(2):	**1,483,009**	**0.7549**
Insurance Cost(3):	**24,968**	**0.4146**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**120,769**	**0.0000**
Total FRVS PD:		**13.6423**

(1) 80% Capital ($5,932,035) amortized at 12.5000% for 20 years Interest of $737,515 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $12.4728
(2) 20% ROE ($1,483,009) times the ROE factor (0.030100) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.7549
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.4857**	**41.4857**	**0.3619**	**41.1238**	
Patient Care					
Direct Care	**90.8516**	**90.8516**	**0.7925**	**90.0591**	
Indirect Care	**32.0825**	**32.0825**	**0.2799**	**31.8026**	
Property	**4.2300**	**13.6423**	**0.1190**	**13.5233**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.7149**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**168.6498**	**178.0621**	**1.5533**	**201.8208**	

***Medicaid Trend Adjustment :**

0 203599-00 - 2011/01

215.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Manor at Carpenter's

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1001 Carpenter's Way		**01/01/2009-12/31/2009**		Number of Beds:	**72**	Superior:	**0**
Lakeland FL 33809		Days In CR	**365**	Maximum:	**26,280**	Standard:	**181**
County:	**Polk[53]**	First Used:	**2011/01**	Max Annualized:	**26,280**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**25,661**	Total:	**181**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**4,505**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**4,451**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1989**						
Acquired Date:	**7/1/1989**						
Entered Medicaid	**6/1/1991**						
Med # Active Date:	**6/1/1991**						
Previous Med #							

Medicaid Utilization	**17.34539%**
Occupancy:	**97.64460%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**122.73632%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	208,618	396,315	232,590	59,821	0	897,344
1a	Audit Adjustments						
2	Cost Per Diem	46.8699	89.0395	52.2557	**13.4399**		201.6050
3	Cost Per Diem Inflated	48.7913	91.3816	54.3979			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.7913**	**91.3816**	**54.3979**	**13.4399**		208.0107
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.8872		55.3013			
7	Provider Target Rate	**55.2418**		**56.6914**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.7913**	**91.3816**	**54.3979**	**13.4399**		208.0107
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**48.7913**	**91.3816**	**54.3979**	**13.4399**		**208.0107**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203599-00 - 2011/01

215.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Manor at Carpenter's

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/07**
Indexed Asset Value	**3,247,659**
FRVS Base Asset:	**1,789,260**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,566,809.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**11.0000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**290,616**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,598,127**	**12.2872**
20% ROE(2):	**649,532**	**0.8011**
Insurance Cost(3):	**41,732**	**1.6263**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**11,629**	**0.0000**
Total FRVS PD:		**14.7146**

(1) 80% Capital ($2,598,127) amortized at 9.5000% for 20 years Principal & Interest of $290,616 divided by annual available days (26,280) divided by Occup. Adj. (0.9000) = $12.2872
(2) 20% ROE ($649,532) times the ROE factor (0.029170) divided by annual available days (26,280) divided by Occup. Adj. (0.9000) = $0.8011
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,789,260**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.7913**	**48.7913**	**0.4256**	**48.3657**	
Patient Care					
Direct Care	**91.3816**	**91.3816**	**0.7972**	**90.5844**	
Indirect Care	**54.3979**	**54.3979**	**0.4745**	**53.9234**	
Property	**13.4399**	**14.7146**	**0.1284**	**14.5862**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**208.0107**	**209.2854**	**1.8257**	**215.0568**	

***Medicaid Trend Adjustment :**

0 203670-00 - 2011/01

245.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Jackson Memorial Perdue Medical Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
19590 Old Cutler Road	**10/01/2007-09/30/2008**	Number of Beds: **163**	Superior: **0**
Miami FL 33157	Days In CR **366**	Maximum: **59,658**	Standard: **181**
County: **Dade[13]**	First Used: **2009/07**	Max Annualized: **59,495**	Conditional: **0**
Region: **South[2]** Area: **11**	Last Used: **2011/01**	Total Patient: **54,601**	Total: **181**
Control **Government Non-Prof**	**Unaudited [3]**	Medicare: **408**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **34,247**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **9/1/1971**			
Acquired Date: **9/1/1971**			
Entered Medicaid **9/1/1971**			
Med # Active Date: **9/1/1971**			
Previous Med #			

Medicaid Utilization	**62.72229%**
Occupancy:	**91.52335%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.04209%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.15516097**
Semester Index:	**1.24282006**
Cost:	**1.07588474**
Target:	**1.01759574**
DC FY Index:	**1.12700000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.05590062**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,188,724	4,319,756	2,899,938	189,728	0	9,598,146
1a	Audit Adjustments						
2	Cost Per Diem	63.9099	126.1353	84.6771	**5.5400**		280.2623
3	Cost Per Diem Inflated	68.7597	133.1863	91.1028			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**68.7597**	**133.1863**	**91.1028**	**5.5400**		298.5888
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.9828		85.5630			
7	Provider Target Rate	**68.6665**		**87.7138**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**96.5967**	**56.8989**	**5.5400**		209.3734
12/13	Medicaid Adjustment Rate		1.3825	0.8144			
14	Prospective Per Diem 11	**50.3378**	**97.9792**	**57.7133**	**5.5400**		**211.5703**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203670-00 - 2011/01

245.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Jackson Memorial Perdue Medical Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**7,581,542**
FRVS Base Asset:	**4,645,500**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.038750**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**754,075**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,065,234**	**14.0829**
20% ROE(2):	**1,516,308**	**1.0973**
Insurance Cost(3):	**0**	**0.0000**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**82,140**	**0.0000**
Total FRVS PD:		**15.1802**

(1) 80% Capital ($6,065,234) amortized at 12.5000% for 20 years Interest of $754,075 divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = $14.0829

(2) 20% ROE ($1,516,308) times the ROE factor (0.038750) divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = $1.0973

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**163**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,645,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**97.9792**	**97.9792**	**0.8547**	**97.1245**	
Indirect Care	**57.7133**	**57.7133**	**0.5035**	**57.2098**	
Property	**5.5400**	**15.1802**	**0.1324**	**15.0478**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.6893**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**211.5703**	**221.2105**	**1.9297**	**245.5672**	

***Medicaid Trend Adjustment :**

0 203769-00 - 2011/01

222.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

John Knox Village Of Florida

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
651 S.W. 6TH STREET		**01/01/2009-12/31/2009**		Number of Beds:	**177**	Superior:	**0**
Pompano Beach FL 33060		Days In CR	**365**	Maximum:	**64,605**	Standard:	**181**
County: **Broward[6]**		First Used:	**2011/01**	Max Annualized:	**64,605**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2011/01**	Total Patient:	**47,852**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**7,137**	Inflation	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**7,355**	FY Index:	**1.19387802**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**15.37031%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**74.06857%**	Cost:	**1.04099417**
Open Date: **10/1/1976**		Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date: **10/1/1976**		Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid **4/1/1972**		Low Occupancy Adjustment Factor:			**93.10196%**	**DC Sem Index:**	**1.19000000**
Med # Active Date: **4/1/1972**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	391,579	671,278	426,369	141,804	0	1,631,030
1a	Audit Adjustments						
2	Cost Per Diem	53.2398	91.2683	57.9700	**19.2799**		221.7581
3	Cost Per Diem Inflated	55.4223	93.6691	60.3464			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.4223**	**93.6691**	**60.3464**	**19.2799**		228.7177
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.2621		58.2646			
7	Provider Target Rate	**62.8020**		**59.7292**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**93.6691**	**56.8989**	**13.6500**		214.5558
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.3378**	**93.6691**	**56.8989**	**13.6500**		**214.5558**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203769-00 - 2011/01

222.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

John Knox Village Of Florida

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1976/07**
Indexed Asset Value	**4,481,006**
FRVS Base Asset:	**2,435,978**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information

Amount:	**1,475,191.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.6350**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**9.6350**	**%**
Interest Only:	**False**	
Yearly Payment:	**404,781**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**3,584,805**	**6.9616**
20% ROE(2):	**896,201**	**0.4496**
Insurance Cost(3):	**138,781**	**2.9002**
Taxes Cost(3):	**250,759**	**5.2403**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**82,975**	**0.0000**
Total FRVS PD:		**15.5517**

(1) 80% Capital ($3,584,805) amortized at 9.6350% for 20 years Principal & Interest of $404,781 divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = $6.9616
(2) 20% ROE ($896,201) times the ROE factor (0.029170) divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = $0.4496
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**93.6691**	**93.6691**	**0.8171**	**92.8520**	
Indirect Care	**56.8989**	**56.8989**	**0.4964**	**56.4025**	
Property	**13.6500**	**15.5517**	**0.1357**	**15.4160**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**214.5558**	**216.4575**	**1.8883**	**222.1663**	

***Medicaid Trend Adjustment :**

0 203815-00 - 2011/01

204.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Westminster Asbury Towers

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1533 4th Avenue West		**04/01/2009-03/31/2010**		Number of Beds:	**120**	Superior:	**0**
Bradenton FL 34205		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Manatee[41]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**41,188**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,506**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**19,340**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/1/1967**						
Acquired Date:	**8/1/1991**						
Entered Medicaid	**8/1/1991**						
Med # Active Date:	**8/1/1991**						
Previous Med #							

Medicaid Utilization	**46.95542%**
Occupancy:	**94.03653%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.20109%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19858405**
Semester Index:	**1.24282006**
Cost:	**1.03690689**
Target:	**1.01759574**
DC FY Index:	**1.16300000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02321582**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	926,059	1,574,303	1,412,554	323,752	0	4,236,668
1a	Audit Adjustments						
2	Cost Per Diem	47.8831	81.4014	73.0380	**16.7400**		219.0625
3	Cost Per Diem Inflated	49.6503	83.2912	75.7336			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.6503**	**83.2912**	**75.7336**	**16.7400**		225.4151
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.6778		65.5742			
7	Provider Target Rate	**52.9768**		**67.2225**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**83.2912**	**55.1439**	**13.6500**		199.8772
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.7921**	**83.2912**	**55.1439**	**13.6500**		**199.8772**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203815-00 - 2011/01

204.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Westminster Asbury Towers

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/07**
Indexed Asset Value	**5,738,847**
FRVS Base Asset:	**348,874**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030830**

Mortgage Information		
Amount:	**7,832,462.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**4.8000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**4.8000**	**%**
Interest Only:	**False**	
Yearly Payment:	**357,530**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,591,078**	**9.0698**
20% ROE(2):	**1,147,769**	**0.8977**
Insurance Cost(3):	**80,327**	**1.9503**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**25,950**	**0.6300**
Replacement(3&4):	**194,399**	**0.0000**
Total FRVS PD:		**12.5478**

(1) 80% Capital ($4,591,078) amortized at 4.8000% for 20 years Principal & Interest of $357,530 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.0698
(2) 20% ROE ($1,147,769) times the ROE factor (0.030830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8977
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1971**	Used Per Bed Standard:	**10,261**
Comparison Bed	**34**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**348,874**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**83.2912**	**83.2912**	**0.7266**	**82.5646**	
Indirect Care	**55.1439**	**55.1439**	**0.4810**	**54.6629**	
Property	**13.6500**	**12.5478**	**0.1095**	**12.4383**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**199.8772**	**198.7750**	**1.7340**	**204.6381**	

***Medicaid Trend Adjustment :**

0 203823-00 - 2011/01

202.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Oak Bluffs Health Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
420 Bay Avenue		**01/01/2009-12/31/2009**		Number of Beds:	**60**	Superior:	**0**
Clearwater FL 34616		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**18,896**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,587**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**9,217**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/30/1989**						
Acquired Date:	**3/30/1989**						
Entered Medicaid	**7/15/1991**						
Med # Active Date:	**7/15/1991**						
Previous Med #							

Medicaid Utilization	**48.77752%**
Occupancy:	**86.28311%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**108.45526%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	444,631	621,559	469,181	48,758	0	1,584,129
1a	Audit Adjustments						
2	Cost Per Diem	48.2403	67.4362	50.9039	**5.2900**		171.8704
3	Cost Per Diem Inflated	50.2179	69.2101	52.9907			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.2179**	**69.2101**	**52.9907**	**5.2900**		177.7087
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.8235		51.4890			
7	Provider Target Rate	**49.0256**		**53.6513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.0256**	**69.2101**	**52.9907**	**5.2900**		176.5164
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.0256**	**69.2101**	**52.9907**	**5.2900**		**176.5164**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203823-00 - 2011/01

202.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Oak Bluffs Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/15/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/01**
Indexed Asset Value	**1,615,268**
FRVS Base Asset:	**1,258,595**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,420,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**11.5000**	**%**
Amortization Rate:	**11.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**160,057**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,292,214**	**8.1206**
20% ROE(2):	**323,054**	**0.4781**
Insurance Cost(3):	**15,077**	**0.7979**
Taxes Cost(3):	**6,895**	**0.3649**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**16,286**	**0.0000**
Total FRVS PD:		**9.7615**

(1) 80% Capital ($1,292,214) amortized at 11.0000% for 20 years Principal & Interest of $160,057 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $8.1206
(2) 20% ROE ($323,054) times the ROE factor (0.029170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4781
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1988**	Used Per Bed Standard:	**29,646**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,778,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.0256**	**49.0256**	**0.4277**	**48.5979**	
Patient Care					
Direct Care	**69.2101**	**69.2101**	**0.6037**	**68.6064**	
Indirect Care	**52.9907**	**52.9907**	**0.4623**	**52.5284**	
Property	**5.2900**	**9.7615**	**0.0852**	**9.6763**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.2555**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**176.5164**	**180.9879**	**1.5789**	**202.2616**	

***Medicaid Trend Adjustment :**

0 203980-00 - 2011/01

180.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lisenby on Lake Caroline

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1400 West Eleventh Street		**01/01/2009-12/31/2009**		Number of Beds:	**22**	Superior:	**0**
Panama City FL 32401		Days In CR	**365**	Maximum:	**8,030**	Standard:	**181**
County: **Bay[3]**		First Used:	**2011/01**	Max Annualized:	**8,030**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2011/01**	Total Patient:	**7,955**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**0**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**4,988**		
Class at 1/94: **North Small [1]**							
Operating Ex **> 18 months [1]**							
Open Date:	**1/21/1985**						
Acquired Date:	**1/21/1985**						
Entered Medicaid	**10/8/1991**						
Med # Active Date:	**10/8/1991**						
Previous Med #							

Medicaid Utilization	**62.70270%**
Occupancy:	**99.06600%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**124.52298%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	280,076	373,196	156,454	27,584	0	837,310
1a	Audit Adjustments						
2	Cost Per Diem	56.1500	74.8188	31.3661	**5.5301**		167.8650
3	Cost Per Diem Inflated	58.4518	76.7869	32.6519			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.4518**	**76.7869**	**32.6519**	**5.5301**		173.4207
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.6006		47.1885			
7	Provider Target Rate	**50.8474**		**48.7271**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.4247**	**76.7869**	**32.6519**	**5.5301**		163.3936
12/13	Medicaid Adjustment Rate		1.0973	0.4666			
14	Prospective Per Diem 11	**48.4247**	**77.8842**	**33.1185**	**5.5301**		**164.9575**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203980-00 - 2011/01

180.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Lisenby on Lake Caroline

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/8/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**1,060,384**
FRVS Base Asset:	**290,519**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**463,295.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.6000**	**%**
Chase Rate:	**10.2000**	**%**
Amortization Rate:	**9.6000**	**%**
Interest Only:	**False**	
Yearly Payment:	**95,554**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**848,307**	**13.2218**
20% ROE(2):	**212,077**	**0.8560**
Insurance Cost(3):	**5,141**	**0.6463**
Taxes Cost(3):	**77**	**0.0097**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.7338**

(1) 80% Capital ($848,307) amortized at 9.6000% for 20 years Principal & Interest of $95,554 divided by annual available days (8,030) divided by Occup. Adj. (0.9000) = $13.2218
(2) 20% ROE ($212,077) times the ROE factor (0.029170) divided by annual available days (8,030) divided by Occup. Adj. (0.9000) = $0.8560
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1984**	Used Per Bed Standard:	**27,939**
Comparison Bed	**22**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**614,658**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.4247**	**48.4247**	**0.4224**	**48.0023**	
Patient Care					
Direct Care	**77.8842**	**77.8842**	**0.6794**	**77.2048**	
Indirect Care	**33.1185**	**33.1185**	**0.2889**	**32.8296**	
Property	**5.5301**	**14.7338**	**0.1285**	**14.6053**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**164.9575**	**174.1612**	**1.5192**	**180.2391**	

***Medicaid Trend Adjustment :**

0 204072-00 - 2011/01

217.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Mease Continuing Care

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
910 New York Avenue		**08/01/2009-07/31/2010**		Number of Beds:	**100**	Superior:	**181**
Dunedin FL 34698		Days In CR	**365**	Maximum:	**36,500**	Standard:	**0**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**36,500**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**28,471**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**7,361**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**9,160**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/29/1991**						
Acquired Date:	**4/29/1991**						
Entered Medicaid	**1/7/1992**						
Med # Active Date:	**1/7/1992**						
Previous Med #							

Medicaid Utilization	**32.17309%**
Occupancy:	**78.00274%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**98.04710%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	519,313	818,015	569,328	116,240	0	2,022,896
1a	Audit Adjustments						
2	Cost Per Diem	56.6936	89.3029	62.1537	**12.6900**		220.8402
3	Cost Per Diem Inflated	58.2728	90.9981	63.8850			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.2728**	**90.9981**	**63.8850**	**12.6900**		225.8459
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5033		61.1027			
7	Provider Target Rate	**47.6722**		**62.6386**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.6722**	**90.9981**	**62.6386**	**12.6900**		213.9989
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.6722**	**90.9981**	**62.6386**	**12.6900**		**213.9989**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 204072-00 - 2011/01

217.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Mease Continuing Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/7/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**3,771,601**
FRVS Base Asset:	**3,035,200**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0000**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**6.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**259,401**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,017,281**	**7.8965**
20% ROE(2):	**754,320**	**0.7128**
Insurance Cost(3):	**50,048**	**1.7579**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**147,244**	**0.0000**
Total FRVS PD:		**10.3672**

(1) 80% Capital ($3,017,281) amortized at 6.0000% for 20 years Principal & Interest of $259,401 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $7.8965
(2) 20% ROE ($754,320) times the ROE factor (0.031040) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $0.7128
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**100**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,035,200**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.6722**	**47.6722**	**0.4159**	**47.2563**	
Patient Care					
Direct Care	**90.9981**	**90.9981**	**0.7938**	**90.2043**	
Indirect Care	**62.6386**	**62.6386**	**0.5464**	**62.0922**	
Property	**12.6900**	**10.3672**	**0.0904**	**10.2768**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**213.9989**	**211.6761**	**1.8465**	**217.4267**	

***Medicaid Trend Adjustment :**

0 204161-00 - 2011/01

243.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Jackson Memorial Long Term Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2500 NW 22nd Avenue	**10/01/2007-09/30/2008**	Number of Beds: **180**	Superior: **0**
Miami FL 33142	Days In CR **366**	Maximum: **65,880**	Standard: **181**
County: **Dade[13]**	First Used: **2009/07**	Max Annualized: **65,700**	Conditional: **0**
Region: **South[2]** Area: **11**	Last Used: **2011/01**	Total Patient: **63,327**	Total: **181**
Control **Government Non-Prof**	**Unaudited [3]**	Medicare: **1,966**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **39,652**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **8/1/1973**			
Acquired Date: **8/1/1973**			
Entered Medicaid **8/1/1973**			
Med # Active Date: **8/1/1973**			
Previous Med #			

Medicaid Utilization	**62.61468%**
Occupancy:	**96.12477%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.82595%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.15516097**
Semester Index:	**1.24282006**
Cost:	**1.07588474**
Target:	**1.01759574**
DC FY Index:	**1.12700000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.05590062**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,170,100	5,694,424	2,676,079	220,862	0	10,761,465
1a	Audit Adjustments						
2	Cost Per Diem	54.7286	143.6100	67.4891	**5.5700**		271.3977
3	Cost Per Diem Inflated	58.8817	151.6379	72.6105			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.8817**	**151.6379**	**72.6105**	**5.5700**		288.7001
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.3595		77.8409			
7	Provider Target Rate	**64.9522**		**79.7976**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**96.5967**	**56.8989**	**5.5700**		209.4034
12/13	Medicaid Adjustment Rate		1.3709	0.8075			
14	Prospective Per Diem 11	**50.3378**	**97.9676**	**57.7064**	**5.5700**		**211.5818**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 204161-00 - 2011/01

243.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Jackson Memorial Long Term Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1973/07**
Indexed Asset Value	**7,259,416**
FRVS Base Asset:	**3,093,801**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.038750**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**722,036**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,807,533**	**12.2110**
20% ROE(2):	**1,451,883**	**0.9515**
Insurance Cost(3):	**0**	**0.0000**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.1625**

(1) 80% Capital ($5,807,533) amortized at 12.5000% for 20 years Interest of $722,036 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $12.2110
(2) 20% ROE ($1,451,883) times the ROE factor (0.038750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.9515
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**150**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,275,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**97.9676**	**97.9676**	**0.8546**	**97.1130**	
Indirect Care	**57.7064**	**57.7064**	**0.5034**	**57.2030**	
Property	**5.5700**	**13.1625**	**0.1148**	**13.0477**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.2454**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**211.5818**	**219.1743**	**1.9119**	**243.1049**	

***Medicaid Trend Adjustment :**

0 204170-00 - 2011/01

237.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Regents Park Of Boca Raton

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
6363 Verde Trail		**03/01/2009-02/28/2010**		Number of Beds:	**180**	Superior:	**0**
Boca Raton FL 33433		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2010/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**60,646**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**20,126**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**30,255**	FY Index:	**1.19701332**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**49.88787%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**92.30746%**	Cost:	**1.03826753**
Open Date:	**10/1/1984**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**10/1/1984**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16183216**
Entered Medicaid	**10/1/1984**	Low Occupancy Adjustment Factor:			**116.02770%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**10/8/1991**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02424433**
Previous Med #	**208132**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,346,311	3,130,999	1,857,080	594,208	0	6,928,598
1a	Audit Adjustments						
2	Cost Per Diem	44.4988	103.4870	61.3809	**19.6400**		229.0067
3	Cost Per Diem Inflated	46.2017	105.9960	63.7298			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.2017**	**105.9960**	**63.7298**	**19.6400**		235.5675
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.2960		65.5065			
7	Provider Target Rate	**50.5351**		**67.1531**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.2017**	**96.5967**	**56.8989**	**13.6500**		213.3473
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.2017**	**96.5967**	**56.8989**	**13.6500**		**213.3473**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 204170-00 - 2011/01

237.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Regents Park Of Boca Raton

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/1/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**7,858,998**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**10,389,951.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.9400**	**%**
Chase Rate:	**7.8900**	**%**
Amortization Rate:	**8.9400**	**%**
Interest Only:	**False**	
Yearly Payment:	**675,902**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,287,198**	**11.4308**
20% ROE(2):	**1,571,800**	**0.8142**
Insurance Cost(3):	**294,408**	**4.8545**
Taxes Cost(3):	**161,933**	**2.6701**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**96,471**	**0.0000**
Total FRVS PD:		**19.7696**

(1) 80% Capital ($6,287,198) amortized at 8.9400% for 20 years Principal & Interest of $675,902 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $11.4308

(2) 20% ROE ($1,571,800) times the ROE factor (0.030630) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.8142

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.2017**	**46.2017**	**0.4030**	**45.7987**	
Patient Care					
Direct Care	**96.5967**	**96.5967**	**0.8427**	**95.7540**	
Indirect Care	**56.8989**	**56.8989**	**0.4964**	**56.4025**	
Property	**13.6500**	**19.7696**	**0.1725**	**19.5971**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.5811**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**213.3473**	**219.4669**	**1.9146**	**237.7305**	

***Medicaid Trend Adjustment :**

0 204391-00 - 2011/01

217.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Olds Hall Good Samaritan

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
327 Orange Avenue		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Daytona Beach FL 32114		Days In CR	**365**	Maximum:	**43,800**	Standard:	**174**
County: **Volusia[64]**		First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**7**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**37,566**	Total:	**181**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**2,934**	Inflation	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**24,962**	FY Index:	**1.19387802**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**66.44838%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**85.76713%**	Cost:	**1.04099417**
Open Date:	**1/1/1975**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/1/1975**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**1/1/1975**	Low Occupancy Adjustment Factor:			**107.80669%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/1975**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,153,820	2,353,447	1,109,505	197,949	0	4,814,721
1a	Audit Adjustments						
2	Cost Per Diem	46.2231	94.2812	44.4478	**7.9300**		192.8821
3	Cost Per Diem Inflated	48.1180	96.7612	46.2699			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.1180**	**96.7612**	**46.2699**	**7.9300**		199.0791
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.1695		43.1867			
7	Provider Target Rate	**38.1038**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1038**	**94.8213**	**44.2723**	**7.9300**		185.1274
12/13	Medicaid Adjustment Rate		1.6868	0.7876			
14	Prospective Per Diem 11	**38.1038**	**96.5081**	**45.0599**	**7.9300**		**187.6018**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 204391-00 - 2011/01

217.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Olds Hall Good Samaritan

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1975/01**
Indexed Asset Value	**5,669,526**
FRVS Base Asset:	**2,103,013**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**1,340,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**472,334**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,535,621**	**11.9821**
20% ROE(2):	**1,133,905**	**0.8391**
Insurance Cost(3):	**30,548**	**0.8132**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**27,807**	**0.7402**
Replacement(3&4):	**203,684**	**0.0000**
Total FRVS PD:		**14.3746**

(1) 80% Capital ($4,535,621) amortized at 8.5000% for 20 years Principal & Interest of $472,334 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.9821
(2) 20% ROE ($1,133,905) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8391
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1038**	**38.1038**	**0.3324**	**37.7714**	
Patient Care					
Direct Care	**96.5081**	**96.5081**	**0.8419**	**95.6662**	
Indirect Care	**45.0599**	**45.0599**	**0.3931**	**44.6668**	
Property	**7.9300**	**14.3746**	**0.1254**	**14.2492**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.3593**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**187.6018**	**194.0464**	**1.6928**	**217.3100**	

***Medicaid Trend Adjustment :**

0 204536-00 - 2011/01

203.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

TAYLOR HOME FOR THE AGED, INC.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3937 Spring Park Road		**09/01/2008-08/31/2009**		Number of Beds:	**24**	Superior:	**181**
Jacksonville FL 32207		Days In CR	**365**	Maximum:	**8,760**	Standard:	**0**
County: **Duval[16]**		First Used:	**2010/07**	Max Annualized:	**8,760**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**8,409**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**2,363**	**Inflation**	
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**4,614**	FY Index:	**1.18697094**
Class at 1/94: **North Small [1]**						Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**						Cost:	**1.04705180**
Open Date:	**1/1/1972**					Target:	**1.01759574**
Acquired Date:	**1/1/1972**					**DC FY Index:**	**1.15383092**
Entered Medicaid	**2/1/1976**					**DC Sem Index:**	**1.19000000**
Med # Active Date:	**2/1/1976**					**DC Inflation:**	**1.03134695**
Previous Med #						**PS Target:**	**1.02513678**

Medicaid Utilization	**54.86978%**	Statewide Low Occupancy Threshold:	**79.55640%**
Occupancy:	**95.99315%**	Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.66050%**	Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	163,289	461,549	242,783	11,950	0	879,571
1a	Audit Adjustments						
2	Cost Per Diem	35.3899	100.0323	52.6188	**2.5899**		190.6310
3	Cost Per Diem Inflated	37.0551	103.1680	55.0946			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.0551**	**103.1680**	**55.0946**	**2.5899**		197.9076
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.3509		53.2390			
7	Provider Target Rate	**47.5160**		**54.5773**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.0551**	**91.4056**	**54.5773**	**2.5899**		185.6279
12/13	Medicaid Adjustment Rate		0.5008	0.2990			
14	Prospective Per Diem 11	**37.0551**	**91.9064**	**54.8763**	**2.5899**		**186.4277**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 204536-00 - 2011/01

203.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

TAYLOR HOME FOR THE AGED, INC.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1972/01**
Indexed Asset Value	**1,168,685**
FRVS Base Asset:	**555,185**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**2,857,900.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**97,364**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**934,948**	**12.3496**
20% ROE(2):	**233,737**	**0.9081**
Insurance Cost(3):	**3,277**	**0.3897**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**3,148**	**0.3744**
Replacement(3&4):	**299,122**	**0.0000**
Total FRVS PD:		**14.0218**

(1) 80% Capital ($934,948) amortized at 8.5000% for 20 years Principal & Interest of $97,364 divided by annual available days (8,760) divided by Occup. Adj. (0.9000) = $12.3496
(2) 20% ROE ($233,737) times the ROE factor (0.030630) divided by annual available days (8,760) divided by Occup. Adj. (0.9000) = $0.9081
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**24**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**684,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.0551**	**37.0551**	**0.3232**	**36.7319**	
Patient Care					
Direct Care	**91.9064**	**91.9064**	**0.8017**	**91.1047**	
Indirect Care	**54.8763**	**54.8763**	**0.4787**	**54.3976**	
Property	**2.5899**	**14.0218**	**0.1223**	**13.8995**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**186.4277**	**197.8596**	**1.7259**	**203.7308**	

***Medicaid Trend Adjustment :**

0 204625-00 - 2011/01

186.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Tri-County Nursing Home

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
7280 S.W. SR 26		**07/01/2008-06/30/2009**		Number of Beds:	**81**	Superior:	**0**
Trenton FL 32693		Days In CR	**365**	Maximum:	**29,565**	Standard:	**181**
County: **Gilchrist[21]**		First Used:	**2010/07**	Max Annualized:	**29,565**	Conditional:	**0**
Region: **North [1]**	Area: **3**	Last Used:	**2011/01**	Total Patient:	**26,458**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**3,130**	**Inflation**	
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**17,848**	FY Index:	**1.18376228**
Class at 1/94: **North Small [1]**		Medicaid Utilization			**67.45786%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**89.49095%**	Cost:	**1.04988990**
Open Date:	**5/18/1992**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**5/18/1992**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15050000**
Entered Medicaid	**5/18/1992**	Low Occupancy Adjustment Factor:			**112.48744%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**5/18/1992**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03433290**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	570,733	1,309,035	598,997	523,303	0	3,002,068
1a	Audit Adjustments						
2	Cost Per Diem	31.9774	73.3435	33.5610	**29.3200**		168.2019
3	Cost Per Diem Inflated	33.5727	75.8616	35.2354			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.5727**	**75.8616**	**35.2354**	**29.3200**		173.9897
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.0102		47.1885			
7	Provider Target Rate	**41.0159**		**48.7271**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.5727**	**75.8616**	**35.2354**	**13.6500**		158.3197
12/13	Medicaid Adjustment Rate		1.4899	0.6920			
14	Prospective Per Diem 11	**33.5727**	**77.3515**	**35.9274**	**13.6500**		**160.5016**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 204625-00 - 2011/01

186.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Tri-County Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/18/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1992/01**
Indexed Asset Value	**3,981,007**
FRVS Base Asset:	**1,859,160**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**2,984,646.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**368,809**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,184,806**	**13.8606**
20% ROE(2):	**796,201**	**0.9477**
Insurance Cost(3):	**50,360**	**1.9034**
Taxes Cost(3):	**2,058**	**0.0778**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**73,392**	**0.0000**
Total FRVS PD:		**16.7895**

(1) 80% Capital ($3,184,806) amortized at 10.0000% for 20 years Principal & Interest of $368,809 divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = $13.8606

(2) 20% ROE ($796,201) times the ROE factor (0.031670) divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = $0.9477

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1991**	Used Per Bed Standard:	**30,986**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,859,160**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.5727**	**33.5727**	**0.2929**	**33.2798**	
Patient Care					
Direct Care	**77.3515**	**77.3515**	**0.6748**	**76.6767**	
Indirect Care	**35.9274**	**35.9274**	**0.3134**	**35.6140**	
Property	**13.6500**	**16.7895**	**0.1465**	**16.6430**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6024**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**160.5016**	**163.6411**	**1.4276**	**186.4130**	

***Medicaid Trend Adjustment :**

0 204811-00 - 2011/01

220.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Health Central Park

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
411 North Dillard St	**10/01/2008-09/30/2009**	Number of Beds: **228**	Superior: **0**
Winter Garden FL 34787	Days In CR **365**	Maximum: **83,220**	Standard: **181**
County: **Orange[48]**	First Used: **2010/07**	Max Annualized: **83,220**	Conditional: **0**
Region: **Central[3]** Area: **7**	Last Used: **2011/01**	Total Patient: **75,825**	Total: **181**
Control **Government Non-Prof**	**Unaudited [3]**	Medicare: **11,844**	Inflation
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **49,708**	FY Index: **1.18857853**
Class at 1/94: **North Large [2]**	Medicaid Utilization **65.55621%**		Semester Index: **1.24282006**
Operating Ex **> 18 months [1]**	Occupancy: **91.11391%**		Cost: **1.04563563**
Open Date: **10/1/1977**	Statewide Low Occupancy Threshold: **79.55640%**		Target: **1.01759574**
Acquired Date: **10/1/1977**	Medicaid Low Occupancy Threshold: **41.59470%**		**DC FY Index: 1.15550000**
Entered Medicaid **11/1/1977**	Low Occupancy Adjustment Factor: **114.52744%**		**DC Sem Index: 1.19000000**
Med # Active Date: **11/1/1977**	Weighted Low Occ Adjustment Factor: **100.00000%**		**DC Inflation: 1.02985720**
Previous Med #			**PS Target: 1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,175,500	4,539,861	2,137,005	289,798	0	9,142,164
1a	Audit Adjustments						
2	Cost Per Diem	43.7656	91.3306	42.9912	**5.8300**		183.9174
3	Cost Per Diem Inflated	45.7629	94.0575	44.9531			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.7629**	**94.0575**	**44.9531**	**5.8300**		190.6035
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0255		45.4739			
7	Provider Target Rate	**42.0567**		**46.6170**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.0567**	**94.0575**	**44.9531**	**5.8300**		186.8973
12/13	Medicaid Adjustment Rate		1.6461	0.7867			
14	Prospective Per Diem 11	**42.0567**	**95.7036**	**45.7398**	**5.8300**		**189.3301**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 204811-00 - 2011/01

220.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Health Central Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1977/07**
Indexed Asset Value	**10,791,990**
FRVS Base Asset:	**1,411,740**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**5,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.9428**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**9.9428**	**%**
Interest Only:	**False**	
Yearly Payment:	**995,869**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**8,633,592**	**13.2963**
20% ROE(2):	**2,158,398**	**0.8674**
Insurance Cost(3):	**37,166**	**0.4902**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**31,578**	**0.4165**
Replacement(3&4):	**39,493**	**0.0000**
Total FRVS PD:		**15.0704**

(1) 80% Capital ($8,633,592) amortized at 9.9428% for 20 years Principal & Interest of $995,869 divided by annual available days (83,220) divided by Occup. Adj. (0.9000) = $13.2963

(2) 20% ROE ($2,158,398) times the ROE factor (0.030100) divided by annual available days (83,220) divided by Occup. Adj. (0.9000) = $0.8674

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**118**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,363,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.0567**	**42.0567**	**0.3669**	**41.6898**	
Patient Care					
Direct Care	**95.7036**	**95.7036**	**0.8349**	**94.8687**	
Indirect Care	**45.7398**	**45.7398**	**0.3990**	**45.3408**	
Property	**5.8300**	**15.0704**	**0.1315**	**14.9389**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8887**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.3301**	**198.5705**	**1.7323**	**220.3240**	

***Medicaid Trend Adjustment :**

0 205150-00 - 2011/01

222.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

St. Catherine Laboure Manor

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1750 Stockton Street		**07/01/2008-06/30/2009**		Number of Beds:	**240**	Superior:	**181**
Jacksonville FL 32204		Days In CR	**365**	Maximum:	**87,600**	Standard:	**0**
County: **Duval[16]**		First Used:	**2011/01**	Max Annualized:	**87,600**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**80,858**	Total:	**181**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**19,268**	**Inflation**	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**42,406**	FY Index:	**1.18376228**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**52.44503%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**92.30365%**	Cost:	**1.04988990**
Open Date:	**2/1/1979**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**2/1/1979**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15050000**
Entered Medicaid	**2/1/1979**	Low Occupancy Adjustment Factor:			**116.02291%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**2/1/1979**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03433290**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,217,435	3,812,981	2,162,264	775,606	0	8,968,286
1a	Audit Adjustments						
2	Cost Per Diem	52.2906	89.9161	50.9896	**18.2900**		211.4863
3	Cost Per Diem Inflated	54.8994	93.0032	53.5335			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.8994**	**93.0032**	**53.5335**	**18.2900**		219.7261
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.0101		50.8343			
7	Provider Target Rate	**48.1918**		**52.1121**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**93.0032**	**52.1121**	**13.6500**		204.0116
12/13	Medicaid Adjustment Rate		0.2558	0.1433			
14	Prospective Per Diem 11	**45.2463**	**93.2590**	**52.2554**	**13.6500**		**204.4107**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 205150-00 - 2011/01

222.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

St. Catherine Laboure Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/01**
Indexed Asset Value	**11,438,425**
FRVS Base Asset:	**4,097,511**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**9,999,999.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.9200**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**3.9200**	**%**
Interest Only:	**False**	
Yearly Payment:	**660,800**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**9,150,740**	**8.3815**
20% ROE(2):	**2,287,685**	**0.9190**
Insurance Cost(3):	**16,417**	**0.2030**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**132,178**	**1.6347**
Replacement(3&4):	**-614,315**	**0.0000**
Total FRVS PD:		**11.1382**

(1) 80% Capital ($9,150,740) amortized at 3.9200% for 20 years Principal & Interest of $660,800 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $8.3815

(2) 20% ROE ($2,287,685) times the ROE factor (0.031670) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $0.9190

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**232**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**6,612,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**93.2590**	**93.2590**	**0.8135**	**92.4455**	
Indirect Care	**52.2554**	**52.2554**	**0.4558**	**51.7996**	
Property	**13.6500**	**11.1382**	**0.0972**	**11.0410**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.3429**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**204.4107**	**201.8989**	**1.7612**	**222.0777**	

***Medicaid Trend Adjustment :**

0 205303-00 - 2011/01

203.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

KISSIMMEE GOOD SAMARITAN

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1550 Aldersgate Drive		**08/01/2009-07/31/2010**		Number of Beds:	**170**	Superior:	**0**
Kissimmee FL 34746		Days In CR	**365**	Maximum:	**62,050**	Standard:	**181**
County: **Osceola[49]**		First Used:	**2011/01**	Max Annualized:	**62,050**	Conditional:	**0**
Region: **Central[3]**	Area: **7**	Last Used:	**2011/01**	Total Patient:	**52,423**	Total:	**181**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**7,062**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**32,156**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**8/1/1979**						
Acquired Date:	**8/1/1979**						
Entered Medicaid	**8/1/1979**						
Med # Active Date:	**8/1/1979**						
Previous Med #							

Medicaid Utilization	**61.33949%**
Occupancy:	**84.48509%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**106.19521%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,316,002	2,664,755	1,512,079	345,999	0	5,838,835
1a	Audit Adjustments						
2	Cost Per Diem	40.9256	82.8696	47.0232	**10.7600**		181.5784
3	Cost Per Diem Inflated	42.0656	84.4427	48.3330			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.0656**	**84.4427**	**48.3330**	**10.7600**		185.6013
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.6617		44.9838			
7	Provider Target Rate	**38.6084**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.6084**	**84.4427**	**46.1145**	**10.7600**		179.9256
12/13	Medicaid Adjustment Rate		1.0772	0.5883			
14	Prospective Per Diem 11	**38.6084**	**85.5199**	**46.7028**	**10.7600**		**181.5911**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 205303-00 - 2011/01

203.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

KISSIMMEE GOOD SAMARITAN

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/07**
Indexed Asset Value	**7,480,517**
FRVS Base Asset:	**3,137,716**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**2,316,177.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.1400**	**%**
Chase Rate:	**5.7500**	**%**
Amortization Rate:	**5.1400**	**%**
Interest Only:	**False**	
Yearly Payment:	**479,505**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,984,414**	**8.5864**
20% ROE(2):	**1,496,103**	**0.8316**
Insurance Cost(3):	**28,589**	**0.5454**
Taxes Cost(3):	**562**	**0.0107**
Home Office(3):	**38,808**	**0.7403**
Replacement(3&4):	**162,422**	**0.0000**
Total FRVS PD:		**10.7144**

(1) 80% Capital ($5,984,414) amortized at 5.1400% for 20 years Principal & Interest of $479,505 divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = $8.5864
(2) 20% ROE ($1,496,103) times the ROE factor (0.031040) divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = $0.8316
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**170**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,845,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.6084**	**38.6084**	**0.3368**	**38.2716**	
Patient Care					
Direct Care	**85.5199**	**85.5199**	**0.7460**	**84.7739**	
Indirect Care	**46.7028**	**46.7028**	**0.4074**	**46.2954**	
Property	**10.7600**	**10.7144**	**0.0935**	**10.6209**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.2934**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**181.5911**	**181.5455**	**1.5837**	**203.8523**	

***Medicaid Trend Adjustment :**

0 205460-00 - 2011/01

233.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

American Finnish Nursing Home

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1800 South Drive	**07/01/2008-06/30/2009**	Number of Beds: **60**	Superior: **0**
Lake Worth FL 33461	Days In CR **365**	Maximum: **21,900**	Standard: **181**
County: **Palm Beach[50]**	First Used: **2010/01**	Max Annualized: **21,900**	Conditional: **0**
Region: **South[2]** Area: **9**	Last Used: **2011/01**	Total Patient: **19,085**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **1,973**	
Current Class **South Small [3]**	Initial CR? **False**	Medicaid: **10,676**	
Class at 1/94: **South Small [3]**			
Operating Ex **> 18 months [1]**			
Open Date: **12/1/1979**			
Acquired Date: **12/1/1979**			
Entered Medicaid **12/1/1979**			
Med # Active Date: **12/14/1979**			
Previous Med #			

Medicaid Utilization	**55.93922%**
Occupancy:	**87.14612%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**109.54005%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	491,043	942,815	569,190	95,977	0	2,099,025
1a	Audit Adjustments						
2	Cost Per Diem	45.9950	88.3116	53.3149	**8.9900**		196.6115
3	Cost Per Diem Inflated	48.2897	91.3436	55.9748			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.2897**	**91.3436**	**55.9748**	**8.9900**		204.5981
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.2202		56.1408			
7	Provider Target Rate	**58.6585**		**58.5755**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.2897**	**91.3436**	**55.9748**	**8.9900**		204.5981
12/13	Medicaid Adjustment Rate		0.6103	0.3740			
14	Prospective Per Diem 11	**48.2897**	**91.9539**	**56.3488**	**8.9900**		**205.5824**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 205460-00 - 2011/01

233.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

American Finnish Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/07**
Indexed Asset Value	**2,000,386**
FRVS Base Asset:	**1,081,568**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**198,962**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,600,309**	**10.0945**
20% ROE(2):	**400,077**	**0.6428**
Insurance Cost(3):	**58,581**	**3.0695**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**127,028**	**0.0000**
Total FRVS PD:		**13.8068**

(1) 80% Capital ($1,600,309) amortized at 12.5000% for 20 years Interest of $198,962 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $10.0945
(2) 20% ROE ($400,077) times the ROE factor (0.031670) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.6428
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.2897**	**48.2897**	**0.4213**	**47.8684**	
Patient Care					
Direct Care	**91.9539**	**91.9539**	**0.8022**	**91.1517**	
Indirect Care	**56.3488**	**56.3488**	**0.4916**	**55.8572**	
Property	**8.9900**	**13.8068**	**0.1204**	**13.6864**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.8834**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**205.5824**	**210.3992**	**1.8355**	**233.0442**	

***Medicaid Trend Adjustment :**

0 205745-00 - 2011/01

226.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Health Center at Abbey Delray

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2000 Lawson Blvd.		**01/01/2009-12/31/2009**		Number of Beds:	**114**	Superior:	**0**
Delray Beach FL 33445		Days In CR	**365**	Maximum:	**41,610**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2011/01**	Max Annualized:	**41,610**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**35,012**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,877**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**8,316**	FY Index:	**1.19387802**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**23.75186%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**84.14323%**	Cost:	**1.04099417**
Open Date:	**6/1/1978**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**6/1/1978**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**10/1/1980**	Low Occupancy Adjustment Factor:			**105.76551%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**10/1/1980**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	510,438	802,476	606,647	119,251	0	2,038,812
1a	Audit Adjustments						
2	Cost Per Diem	61.3802	96.4978	72.9494	**14.3399**		245.1674
3	Cost Per Diem Inflated	63.8964	99.0361	75.9399			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**63.8964**	**99.0361**	**75.9399**	**14.3399**		253.2123
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.6126		60.4175			
7	Provider Target Rate	**58.0357**		**61.9362**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**96.5967**	**56.8989**	**13.6500**		217.4834
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.3378**	**96.5967**	**56.8989**	**13.6500**		**217.4834**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 205745-00 - 2011/01

226.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Health Center at Abbey Delray

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1978/01**
Indexed Asset Value	**4,303,100**
FRVS Base Asset:	**1,041,660**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**427,995**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,442,480**	**11.4287**
20% ROE(2):	**860,620**	**0.6704**
Insurance Cost(3):	**105,363**	**3.0093**
Taxes Cost(3):	**49,198**	**1.4052**
Home Office(3):	**7,618**	**0.2176**
Replacement(3&4):	**2,220,548**	**0.0000**
Total FRVS PD:		**16.7312**

(1) 80% Capital ($3,442,480) amortized at 12.5000% for 20 years Interest of $427,995 divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = $11.4287
(2) 20% ROE ($860,620) times the ROE factor (0.029170) divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = $0.6704
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**100**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,850,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**96.5967**	**96.5967**	**0.8427**	**95.7540**	
Indirect Care	**56.8989**	**56.8989**	**0.4964**	**56.4025**	
Property	**13.6500**	**16.7312**	**0.1460**	**16.5852**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**217.4834**	**220.5646**	**1.9242**	**226.2375**	

***Medicaid Trend Adjustment :**

0 205796-00 - 2011/01

204.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Commons at Orlando Lutheran Towers

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
300 East Church Street		**09/01/2009-08/31/2010**		Number of Beds:	**135**	Superior:	**0**
Orlando FL 32801		Days In CR	**365**	Maximum:	**49,275**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2011/01**	Max Annualized:	**49,275**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**44,735**	Total:	**181**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**14,174**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**18,727**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1980**						
Acquired Date:	**6/1/1980**						
Entered Medicaid	**10/1/1980**						
Med # Active Date:	**10/1/1980**						
Previous Med #							

Medicaid Utilization	**41.86208%**
Occupancy:	**90.78640%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.11577%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21199123**
Semester Index:	**1.24282006**
Cost:	**1.02543651**
Target:	**1.01759574**
DC FY Index:	**1.16916514**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01782029**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	811,341	1,515,833	1,083,710	399,821	0	3,810,705
1a	Audit Adjustments						
2	Cost Per Diem	43.3247	80.9437	57.8689	**21.3500**		203.4873
3	Cost Per Diem Inflated	44.4267	82.3861	59.3409			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.4267**	**82.3861**	**59.3409**	**21.3500**		207.5037
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.4184		52.8862			
7	Provider Target Rate	**46.5601**		**54.2156**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.4267**	**82.3861**	**54.2156**	**13.6500**		194.6784
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.4267**	**82.3861**	**54.2156**	**13.6500**		**194.6784**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 205796-00 - 2011/01

204.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Commons at Orlando Lutheran Towers

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/01**
Indexed Asset Value	**6,635,115**
FRVS Base Asset:	**1,710,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030420**

Mortgage Information		
Amount:	**3,105,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0700**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.0700**	**%**
Interest Only:	**False**	
Yearly Payment:	**660,511**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,308,092**	**14.8940**
20% ROE(2):	**1,327,023**	**0.9103**
Insurance Cost(3):	**40,036**	**0.8950**
Taxes Cost(3):	**21,838**	**0.4882**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**29,180**	**0.0000**
Total FRVS PD:		**17.1875**

(1) 80% Capital ($5,308,092) amortized at 11.0700% for 20 years Principal & Interest of $660,511 divided by annual available days (49,275) divided by Occup. Adj. (0.9000) = $14.8940
(2) 20% ROE ($1,327,023) times the ROE factor (0.030420) divided by annual available days (49,275) divided by Occup. Adj. (0.9000) = $0.9103
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.4267**	**44.4267**	**0.3876**	**44.0391**	
Patient Care					
Direct Care	**82.3861**	**82.3861**	**0.7187**	**81.6674**	
Indirect Care	**54.2156**	**54.2156**	**0.4729**	**53.7427**	
Property	**13.6500**	**17.1875**	**0.1499**	**17.0376**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**194.6784**	**198.2159**	**1.7291**	**204.0839**	

***Medicaid Trend Adjustment :**

0 205800-00 - 2011/01

239.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

St. John's Nursing Home

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3075 NW 35th Avenue		**10/01/2008-09/30/2009**		Number of Beds:	**181**	Superior:	**0**
Lauderdale Lakes FL 33311		Days In CR	**365**	Maximum:	**66,065**	Standard:	**181**
County: **Broward[6]**		First Used:	**2010/07**	Max Annualized:	**66,065**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2011/01**	Total Patient:	**63,456**	Total:	**181**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**9,011**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**39,717**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date: **9/1/1980**							
Acquired Date: **9/1/1980**							
Entered Medicaid **9/1/1980**							
Med # Active Date: **9/12/1980**							
Previous Med #							

Medicaid Utilization	**62.58983%**
Occupancy:	**96.05086%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.73303%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,149,339	3,860,621	2,471,640	849,149	11,334	9,342,083
1a	Audit Adjustments						
2	Cost Per Diem	54.1163	97.2032	62.2313	**21.3800**	**0.2854**	235.2162
3	Cost Per Diem Inflated	56.5859	100.1054	65.0713			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.5859**	**100.1054**	**65.0713**	**21.3800**	**0.2854**	243.4280
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.5970		63.0719			
7	Provider Target Rate	**48.7934**		**64.6573**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.7934**	**96.5967**	**56.8989**	**13.6500**	**0.2854**	216.2244
12/13	Medicaid Adjustment Rate		1.3682	0.8059			
14	Prospective Per Diem 11	**48.7934**	**97.9649**	**57.7048**	**13.6500**	**0.2854**	**218.3985**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 205800-00 - 2011/01

239.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

St. John's Nursing Home

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/07**
Indexed Asset Value	**8,029,493**
FRVS Base Asset:	**4,560,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**6,150,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.4000**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**6.4000**	**%**
Interest Only:	**False**	
Yearly Payment:	**570,182**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,423,594**	**9.5896**
20% ROE(2):	**1,605,899**	**0.8130**
Insurance Cost(3):	**106,790**	**1.6829**
Taxes Cost(3):	**1,206**	**0.0190**
Home Office(3):	**76,627**	**1.2076**
Replacement(3&4):	**228,893**	**0.0000**
Total FRVS PD:		**13.3121**

(1) 80% Capital ($6,423,594) amortized at 6.4000% for 20 years Principal & Interest of $570,182 divided by annual available days (66,065) divided by Occup. Adj. (0.9000) = $9.5896
(2) 20% ROE ($1,605,899) times the ROE factor (0.030100) divided by annual available days (66,065) divided by Occup. Adj. (0.9000) = $0.8130
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**160**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,560,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.7934**	**48.7934**	**0.4256**	**48.3678**	
Patient Care					
Direct Care	**97.9649**	**97.9649**	**0.8546**	**97.1103**	
Indirect Care	**57.7048**	**57.7048**	**0.5034**	**57.2014**	
Property	**13.6500**	**13.3121**	**0.1191**	**13.5309**	
ROE	**0.2854**	**0.6882**	**0.0025**	**0.2829**	
ROE Adjustment	**-0.2854**	**-0.6882**	**-0.0025**	**-0.2829**	
Quality Assess-Medicaid Share				**$16.1561**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**218.1131**	**217.7752**	**1.9027**	**239.9636**	

***Medicaid Trend Adjustment :**

0 205923-00 - 2011/01

242.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lourdes-Noreen McKeen Residence

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
315 South Flagler Drive		**01/01/2009-12/31/2009**		Number of Beds:	**132**	Superior:	**0**
West Palm Beach FL 33401		Days In CR	**365**	Maximum:	**48,180**	Standard:	**181**
County: **Palm Beach[50]**		First Used:	**2010/07**	Max Annualized:	**48,180**	Conditional:	**0**
Region: **South[2]**	Area: **9**	Last Used:	**2011/01**	Total Patient:	**43,676**	Total:	**181**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**4,295**	**Inflation**	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**23,536**	FY Index:	**1.19387802**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**53.88772%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**90.65172%**	Cost:	**1.04099417**
Open Date: **12/1/1980**		Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date: **12/1/1980**		Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid **12/1/1980**		Low Occupancy Adjustment Factor:			**113.94649%**	**DC Sem Index:**	**1.19000000**
Med # Active Date: **12/1/1980**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,500,420	2,263,168	1,323,575	570,277	0	5,657,440
1a	Audit Adjustments						
2	Cost Per Diem	63.7500	96.1577	56.2362	**24.2300**		240.3739
3	Cost Per Diem Inflated	66.3634	98.6871	58.5416			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**66.3634**	**98.6871**	**58.5416**	**24.2300**		247.8221
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.9112		51.7826			
7	Provider Target Rate	**62.4423**		**53.0842**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**96.5967**	**53.0842**	**13.6500**		213.6687
12/13	Medicaid Adjustment Rate		0.4225	0.2322			
14	Prospective Per Diem 11	**50.3378**	**97.0192**	**53.3164**	**13.6500**		**214.3234**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 205923-00 - 2011/01

242.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Lourdes-Noreen McKeen Residence

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/07**
Indexed Asset Value	**5,738,411**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,400,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**513,499**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,590,729**	**11.8421**
20% ROE(2):	**1,147,682**	**0.7721**
Insurance Cost(3):	**286,847**	**6.5676**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**1,216,086**	**0.0000**
Total FRVS PD:		**19.1818**

(1) 80% Capital ($4,590,729) amortized at 9.5000% for 20 years Principal & Interest of $513,499 divided by annual available days (48,180) divided by Occup. Adj. (0.9000) = $11.8421
(2) 20% ROE ($1,147,682) times the ROE factor (0.029170) divided by annual available days (48,180) divided by Occup. Adj. (0.9000) = $0.7721
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**97.0192**	**97.0192**	**0.8463**	**96.1729**	
Indirect Care	**53.3164**	**53.3164**	**0.4651**	**52.8513**	
Property	**13.6500**	**19.1818**	**0.1673**	**19.0145**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9783**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**214.3234**	**219.8552**	**1.9178**	**242.5128**	

***Medicaid Trend Adjustment :**

0 206300-00 - 2011/01

216.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Suwannee Valley Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
427 N W 15th Ave.		**09/01/2008-08/31/2009**		Number of Beds:	**60**	Superior:	**0**
Jasper FL 32052		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Hamilton[24]**	First Used:	**2010/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**21,327**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**1,338**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**19,036**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1969**						
Acquired Date:	**7/1/1969**						
Entered Medicaid	**7/1/1969**						
Med # Active Date:	**7/1/1981**						
Previous Med #							

Medicaid Utilization	**89.25775%**
Occupancy:	**97.38356%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**122.40820%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18697094**
Semester Index:	**1.24282006**
Cost:	**1.04705180**
Target:	**1.01759574**
DC FY Index:	**1.15383092**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03134695**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	856,239	1,469,336	945,115	77,477	10,858	3,359,025
1a	Audit Adjustments						
2	Cost Per Diem	44.9800	77.1872	49.6488	**4.0700**	**0.5704**	176.4564
3	Cost Per Diem Inflated	47.0964	79.6068	51.9849			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.0964**	**79.6068**	**51.9849**	**4.0700**	**0.5704**	183.3285
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.5347		48.2535			
7	Provider Target Rate	**54.8804**		**49.4664**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.0964**	**79.6068**	**49.4664**	**4.0700**	**0.5704**	180.8100
12/13	Medicaid Adjustment Rate		3.5158	2.1847			
14	Prospective Per Diem 11	**47.0964**	**83.1226**	**51.6511**	**4.0700**	**0.5704**	**186.5105**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 206300-00 - 2011/01

216.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Suwannee Valley Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**1,846,673**
FRVS Base Asset:	**463,784**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**237,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**183,674**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,477,338**	**9.3188**
20% ROE(2):	**369,335**	**0.5740**
Insurance Cost(3):	**16,373**	**0.7677**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**43,810**	**0.0000**
Total FRVS PD:		**10.6605**

(1) 80% Capital ($1,477,338) amortized at 12.5000% for 20 years Interest of $183,674 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $9.3188
(2) 20% ROE ($369,335) times the ROE factor (0.030630) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.5740
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.0964**	**47.0964**	**0.4108**	**46.6856**	
Patient Care					
Direct Care	**83.1226**	**83.1226**	**0.7251**	**82.3975**	
Indirect Care	**51.6511**	**51.6511**	**0.4506**	**51.2005**	
Property	**4.0700**	**10.6605**	**0.0930**	**10.5675**	
ROE	**0.5704**	**0.4698**	**0.0041**	**0.4657**	
ROE Adjustment	**-0.4698**	**-0.4698**	**-0.0041**	**-0.4657**	
Quality Assess-Medicaid Share				**$17.6487**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**186.0407**	**192.5306**	**1.6795**	**216.0969**	

***Medicaid Trend Adjustment :**

0 206431-00 - 2011/01

221.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Morton Plant Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
400 Corbett Street		**10/01/2004-12/31/2005**		Number of Beds:	**120**	Superior:	**181**
Clearwater FL 33756		Days In CR	**457**	Maximum:	**54,840**	Standard:	**0**
County:	**Pinellas[52]**	First Used:	**2007/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**51,328**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**33,435**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**5,350**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1983**						
Acquired Date:	**1/1/1983**						
Entered Medicaid	**1/1/1983**						
Med # Active Date:	**1/1/1983**						
Previous Med #							

Medicaid Utilization	**10.42316%**
Occupancy:	**93.59592%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.64725%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.04270150**
Semester Index:	**1.24282006**
Cost:	**1.19192315**
Target:	**1.01759574**
DC FY Index:	**1.03182643**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.15329475**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	357,996	646,576	332,006	49,648	0	1,386,226
1a	Audit Adjustments						
2	Cost Per Diem	66.9151	120.8553	62.0572	**9.2800**		259.1076
3	Cost Per Diem Inflated	79.7577	139.3818	73.9674			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**79.7577**	**139.3818**	**73.9674**	**9.2800**		302.3869
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	78.8929		73.1655			
7	Provider Target Rate	**80.8760**		**75.0046**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**95.7090**	**55.1439**	**9.2800**		207.9250
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.7921**	**95.7090**	**55.1439**	**9.2800**		**207.9250**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 206431-00 - 2011/01

221.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Morton Plant Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**2,308,417**
FRVS Base Asset:	**1,906,865**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042920**

Mortgage Information		
Amount:	**570,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**9.3400**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**229,600**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,846,734**	**5.8245**
20% ROE(2):	**461,683**	**0.5027**
Insurance Cost(3):	**0**	**0.0000**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**211,400**	**4.1186**
Replacement(3&4):	**125,559**	**0.0000**
Total FRVS PD:		**10.4458**

(1) 80% Capital ($1,846,734) amortized at 12.5000% for 20 years Interest of $229,600 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.8245
(2) 20% ROE ($461,683) times the ROE factor (0.042920) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5027
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**124**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,534,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**95.7090**	**95.7090**	**0.8349**	**94.8741**	
Indirect Care	**55.1439**	**55.1439**	**0.4810**	**54.6629**	
Property	**9.2800**	**10.4458**	**0.0911**	**10.3547**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$6.5642**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**207.9250**	**209.0908**	**1.8239**	**221.4282**	

***Medicaid Trend Adjustment :**

0 206521-00 - 2011/01

231.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Saint Andrews Estates North

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
6152 North Verde Trail		**01/01/2009-12/31/2009**		Number of Beds:	**119**	Superior:	**0**
Boca Raton FL 33433		Days In CR	**365**	Maximum:	**43,435**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2011/01**	Max Annualized:	**43,435**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**35,162**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,880**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**8,036**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/1/1970**						
Acquired Date:	**1/1/1982**						
Entered Medicaid	**1/1/1982**						
Med # Active Date:	**7/1/1986**						
Previous Med #							

Medicaid Utilization	**22.85422%**
Occupancy:	**80.95315%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**101.75568%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	400,614	868,636	537,304	161,845	0	1,968,399
1a	Audit Adjustments						
2	Cost Per Diem	49.8524	108.0931	66.8621	**20.1400**		244.9476
3	Cost Per Diem Inflated	51.8961	110.9364	69.6031			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.8961**	**110.9364**	**69.6031**	**20.1400**		252.5756
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.6472		71.9207			
7	Provider Target Rate	**53.9706**		**73.7286**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**96.5967**	**56.8989**	**13.6500**		217.4834
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.3378**	**96.5967**	**56.8989**	**13.6500**		**217.4834**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 206521-00 - 2011/01

231.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Saint Andrews Estates North

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**5,167,429**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,324,046.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.2500**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**10.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**486,967**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,133,943**	**12.4571**
20% ROE(2):	**1,033,486**	**0.7712**
Insurance Cost(3):	**37,768**	**1.0741**
Taxes Cost(3):	**73,677**	**2.0954**
Home Office(3):	**194,605**	**5.5345**
Replacement(3&4):	**2,277,582**	**0.0000**
Total FRVS PD:		**21.9323**

(1) 80% Capital ($4,133,943) amortized at 10.2500% for 20 years Principal & Interest of $486,967 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $12.4571

(2) 20% ROE ($1,033,486) times the ROE factor (0.029170) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $0.7712

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**96.5967**	**96.5967**	**0.8427**	**95.7540**	
Indirect Care	**56.8989**	**56.8989**	**0.4964**	**56.4025**	
Property	**13.6500**	**21.9323**	**0.1913**	**21.7410**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**217.4834**	**225.7657**	**1.9695**	**231.3933**	

***Medicaid Trend Adjustment :**

0 206610-00 - 2011/01

253.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Waterford

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
601 Universe Blvd.		**01/01/2009-12/31/2009**		Number of Beds:	**60**	Superior:	**0**
Juno Beach FL 33408		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**18,533**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**2,653**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**3,559**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/1/1982**						
Acquired Date:	**4/1/1982**						
Entered Medicaid	**4/1/1982**						
Med # Active Date:	**4/1/1982**						
Previous Med #							

Medicaid Utilization	**19.20358%**
Occupancy:	**84.62557%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**106.37180%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	269,964	366,709	381,165	89,580	0	1,107,418
1a	Audit Adjustments						
2	Cost Per Diem	75.8539	103.0371	107.0989	**25.1700**		311.1599
3	Cost Per Diem Inflated	78.9635	105.7474	111.4893			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**78.9635**	**105.7474**	**111.4893**	**25.1700**		321.3702
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.7535		84.9041			
7	Provider Target Rate	**62.2806**		**87.0383**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**59.5230**	**102.1952**	**70.2905**	**13.6500**		245.6587
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**59.5230**	**102.1952**	**70.2905**	**13.6500**		**245.6587**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 206610-00 - 2011/01

253.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Waterford

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**1,853,495**
FRVS Base Asset:	**1,710,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**1,116,720.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0700**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**10.0700**	**%**
Interest Only:	**False**	
Yearly Payment:	**172,538**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,482,796**	**8.7538**
20% ROE(2):	**370,699**	**0.5486**
Insurance Cost(3):	**81,842**	**4.4160**
Taxes Cost(3):	**37,129**	**2.0034**
Home Office(3):	**5,169**	**0.2789**
Replacement(3&4):	**2,976,101**	**0.0000**
Total FRVS PD:		**16.0007**

(1) 80% Capital ($1,482,796) amortized at 10.0700% for 20 years Principal & Interest of $172,538 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $8.7538
(2) 20% ROE ($370,699) times the ROE factor (0.029170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.5486
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**59.5230**	**59.5230**	**0.5192**	**59.0038**	
Patient Care					
Direct Care	**102.1952**	**102.1952**	**0.8915**	**101.3037**	
Indirect Care	**70.2905**	**70.2905**	**0.6132**	**69.6773**	
Property	**13.6500**	**16.0007**	**0.1396**	**15.8611**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**245.6587**	**248.0094**	**2.1635**	**253.4430**	

***Medicaid Trend Adjustment :**

0 206865-00 - 2011/01

250.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Abbey Delray South

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1717 Homewood Blvd.	**01/01/2009-12/31/2009**	Number of Beds: **90**	Superior: **0**
Delray Beach FL 33445	Days In CR **365**	Maximum: **32,850**	Standard: **181**
County: **Palm Beach[50]**	First Used: **2011/01**	Max Annualized: **32,850**	Conditional: **0**
Region: **South[2]** Area: **9**	Last Used: **2011/01**	Total Patient: **29,722**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **4,682**	
Current Class **South Small [3]**	Initial CR? **False**	Medicaid: **6,507**	
Class at 1/94: **South Small [3]**			
Operating Ex **> 18 months [1]**			
Open Date: **7/1/1982**			
Acquired Date: **7/1/1982**			
Entered Medicaid **7/1/1982**			
Med # Active Date: **7/15/1982**			
Previous Med #			

Medicaid Utilization	**21.89287%**
Occupancy:	**90.47793%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.72803%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	452,015	680,719	515,503	42,426	0	1,690,663
1a	Audit Adjustments						
2	Cost Per Diem	69.4660	104.6133	79.2228	**6.5201**		259.8221
3	Cost Per Diem Inflated	72.3137	107.3651	82.4705			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**72.3137**	**107.3651**	**82.4705**	**6.5201**		268.6694
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.7796		72.7977			
7	Provider Target Rate	**60.2571**		**74.6276**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**59.5230**	**102.1952**	**70.2905**	**6.5201**		238.5288
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**59.5230**	**102.1952**	**70.2905**	**6.5201**		**238.5288**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 206865-00 - 2011/01

250.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Abbey Delray South

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/07**
Indexed Asset Value	**2,889,803**
FRVS Base Asset:	**1,710,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**1,200,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**13.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**325,020**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,311,842**	**10.9934**
20% ROE(2):	**577,961**	**0.5702**
Insurance Cost(3):	**0**	**0.0000**
Taxes Cost(3):	**28,696**	**0.9655**
Home Office(3):	**3,451**	**0.1161**
Replacement(3&4):	**2,677,597**	**0.0000**
Total FRVS PD:		**12.6452**

(1) 80% Capital ($2,311,842) amortized at 13.0000% for 20 years Principal & Interest of $325,020 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $10.9934
(2) 20% ROE ($577,961) times the ROE factor (0.029170) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $0.5702
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**59.5230**	**59.5230**	**0.5192**	**59.0038**	
Patient Care					
Direct Care	**102.1952**	**102.1952**	**0.8915**	**101.3037**	
Indirect Care	**70.2905**	**70.2905**	**0.6132**	**69.6773**	
Property	**6.5201**	**12.6452**	**0.1103**	**12.5349**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**238.5288**	**244.6539**	**2.1342**	**250.1168**	

***Medicaid Trend Adjustment :**

0 207276-00 - 2011/01

223.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Riverside Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
899 NW 4th Street		**03/01/2009-02/28/2010**		Number of Beds:	**120**	Superior:	**181**
Miami FL 33128		Days In CR	**365**	Maximum:	**43,800**	Standard:	**0**
County:	**Dade[13]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**42,775**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,837**	Inflation	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**36,198**	FY Index:	**1.19701332**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**84.62420%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**97.65982%**	Cost:	**1.03826753**
Open Date:	**7/1/1975**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**7/1/1975**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16183216**
Entered Medicaid	**4/1/1983**	Low Occupancy Adjustment Factor:			**122.75546%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**4/14/1983**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02424433**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,407,740	2,957,883	2,174,229	519,803	0	7,059,655
1a	Audit Adjustments						
2	Cost Per Diem	38.8900	81.7140	60.0649	**14.3600**		195.0289
3	Cost Per Diem Inflated	40.3782	83.6951	62.3634			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.3782**	**83.6951**	**62.3634**	**14.3600**		200.7967
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.7387		58.8433			
7	Provider Target Rate	**40.7376**		**60.3224**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.3782**	**83.6951**	**56.8989**	**13.6500**		194.6222
12/13	Medicaid Adjustment Rate		3.2601	2.2163			
14	Prospective Per Diem 11	**40.3782**	**86.9552**	**59.1152**	**13.6500**		**200.0986**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 207276-00 - 2011/01

223.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Riverside Care Center

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1975/07**
Indexed Asset Value	**3,020,369**
FRVS Base Asset:	**782,402**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**2,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**9.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**260,880**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,416,295**	**6.6180**
20% ROE(2):	**604,074**	**0.4694**
Insurance Cost(3):	**22,971**	**0.5370**
Taxes Cost(3):	**99,737**	**2.3317**
Home Office(3):	**21,005**	**0.4911**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**10.4472**

(1) 80% Capital ($2,416,295) amortized at 9.0000% for 20 years Principal & Interest of $260,880 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.6180

(2) 20% ROE ($604,074) times the ROE factor (0.030630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4694

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**80**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,280,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.3782**	**40.3782**	**0.3522**	**40.0260**	
Patient Care					
Direct Care	**86.9552**	**86.9552**	**0.7585**	**86.1967**	
Indirect Care	**59.1152**	**59.1152**	**0.5157**	**58.5995**	
Property	**13.6500**	**10.4472**	**0.1191**	**13.5309**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.5811**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**200.0986**	**196.8958**	**1.7455**	**223.5313**	

***Medicaid Trend Adjustment :**

0 207381-00 - 2011/01

228.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Joseph L. Morse Geriatric Center, Inc.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4847 FRED GLADSTONE DR	**06/01/2009-05/31/2010**	Number of Beds: **280**	Superior: **0**
West Palm Beach FL 33417	Days In CR **365**	Maximum: **102,200**	Standard: **181**
County: **Palm Beach[50]**	First Used: **2011/01**	Max Annualized: **102,200**	Conditional: **0**
Region: **South[2]** Area: **9**	Last Used: **2011/01**	Total Patient: **98,571**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **21,542**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **61,894**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **7/1/1983**			
Acquired Date: **7/1/1983**			
Entered Medicaid **7/1/1983**			
Med # Active Date: **7/15/1983**			
Previous Med #			

Medicaid Utilization	**62.79129%**
Occupancy:	**96.44912%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**121.23364%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20371855**
Semester Index:	**1.24282006**
Cost:	**1.03248393**
Target:	**1.01759574**
DC FY Index:	**1.16533216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02116808**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,983,656	6,126,466	4,066,248	870,230	23,870	15,070,470
1a	Audit Adjustments						
2	Cost Per Diem	64.3626	98.9832	65.6970	**14.0600**	**0.3857**	243.4885
3	Cost Per Diem Inflated	66.4534	101.0785	67.8311			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**66.4534**	**101.0785**	**67.8311**	**14.0600**	**0.3857**	249.8087
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.6268		62.0996			
7	Provider Target Rate	**65.2262**		**63.6606**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**96.5967**	**56.8989**	**13.6500**	**0.3857**	217.8691
12/13	Medicaid Adjustment Rate		1.3900	0.8188			
14	Prospective Per Diem 11	**50.3378**	**97.9867**	**57.7177**	**13.6500**	**0.3857**	**220.0779**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 207381-00 - 2011/01

228.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Joseph L. Morse Geriatric Center, Inc.

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**13,761,720**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**3,590,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.7490**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**9.7490**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,253,022**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**11,009,376**	**13.6228**
20% ROE(2):	**2,752,344**	**0.9540**
Insurance Cost(3):	**122,460**	**1.2424**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**903,756**	**0.0000**
Total FRVS PD:		**15.8192**

(1) 80% Capital ($11,009,376) amortized at 9.7490% for 20 years Principal & Interest of $1,253,022 divided by annual available days (102,200) divided by Occup. Adj. (0.9000) = $13.6228
(2) 20% ROE ($2,752,344) times the ROE factor (0.031880) divided by annual available days (102,200) divided by Occup. Adj. (0.9000) = $0.9540
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**97.9867**	**97.9867**	**0.8548**	**97.1319**	
Indirect Care	**57.7177**	**57.7177**	**0.5035**	**57.2142**	
Property	**13.6500**	**15.8192**	**0.1191**	**13.5309**	
ROE	**0.3857**	**0.1872**	**0.0034**	**0.3823**	
ROE Adjustment	**-0.1872**	**-0.1872**	**-0.0016**	**-0.1856**	
Quality Assess-Medicaid Share				**$3.0477**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**219.8907**	**221.8614**	**1.9183**	**228.6172**	

***Medicaid Trend Adjustment :**

0 207446-00 - 2011/01

223.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

TAYLOR CARE CENTER, INC.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6635 CHESTER AVE.	**09/01/2009-08/31/2010**	Number of Beds: **120**	Superior: **0**
Jacksonville FL 32217	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Duval[16]**	First Used: **2011/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2011/01**	Total Patient: **39,942**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **6,440**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **26,831**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **9/1/1983**			
Acquired Date: **9/1/1983**			
Entered Medicaid **9/1/1983**			
Med # Active Date: **9/22/1983**			
Previous Med #			

Medicaid Utilization	**67.17490%**
Occupancy:	**91.19178%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.62532%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21199123**
Semester Index:	**1.24282006**
Cost:	**1.02543651**
Target:	**1.01759574**
DC FY Index:	**1.16916514**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01782029**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,377,910	2,428,992	1,392,109	641,529	0	5,840,540
1a	Audit Adjustments						
2	Cost Per Diem	51.3551	90.5293	51.8844	**23.9100**		217.6788
3	Cost Per Diem Inflated	52.6614	92.1426	53.2042			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.6614**	**92.1426**	**53.2042**	**23.9100**		221.9182
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.5752		48.0574			
7	Provider Target Rate	**46.7208**		**49.2654**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**92.1426**	**49.2654**	**13.6500**		200.3043
12/13	Medicaid Adjustment Rate		1.7804	0.9519			
14	Prospective Per Diem 11	**45.2463**	**93.9230**	**50.2173**	**13.6500**		**203.0366**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 207446-00 - 2011/01

223.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

TAYLOR CARE CENTER, INC.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**5,897,880**
FRVS Base Asset:	**2,825,639**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030420**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.4080**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**5.4080**	**%**
Interest Only:	**False**	
Yearly Payment:	**386,543**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,718,304**	**9.8058**
20% ROE(2):	**1,179,576**	**0.9103**
Insurance Cost(3):	**43,280**	**1.0836**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**17,433**	**0.4365**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.2362**

(1) 80% Capital ($4,718,304) amortized at 5.4080% for 20 years Principal & Interest of $386,543 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.8058
(2) 20% ROE ($1,179,576) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9103
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**93.9230**	**93.9230**	**0.8193**	**93.1037**	
Indirect Care	**50.2173**	**50.2173**	**0.4381**	**49.7792**	
Property	**13.6500**	**12.2362**	**0.1067**	**12.1295**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.7940**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**203.0366**	**201.6228**	**1.7588**	**223.2551**	

***Medicaid Trend Adjustment :**

0 207497-00 - 2011/01

230.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Sunrise Health & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4800 Nob Hill Road		**01/01/2009-12/31/2009**		Number of Beds:	**325**	Superior:	**0**
Sunrise FL 33321		Days In CR	**365**	Maximum:	**118,625**	Standard:	**181**
County: **Broward[6]**		First Used:	**2010/07**	Max Annualized:	**118,625**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2011/01**	Total Patient:	**77,577**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**12,482**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**50,421**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date: **6/1/1983**							
Acquired Date: **6/1/1983**							
Entered Medicaid **10/1/1983**							
Med # Active Date: **10/7/1983**							
Previous Med #							

Medicaid Utilization	**64.99478%**
Occupancy:	**65.39684%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**82.20186%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,440,891	3,652,855	2,643,925	1,559,017	0	10,296,688
1a	Audit Adjustments						
2	Cost Per Diem	48.4102	72.4471	52.4370	**30.9200**		204.2143
3	Cost Per Diem Inflated	50.3947	74.3528	54.5866			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.3947**	**74.3528**	**54.5866**	**30.9200**		210.2541
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.0289		55.8986			
7	Provider Target Rate	**49.2362**		**57.3037**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.2362**	**74.3528**	**54.5866**	**13.6500**		191.8256
12/13	Medicaid Adjustment Rate		1.2543	0.9208			
14	Prospective Per Diem 11	**49.2362**	**75.6071**	**55.5074**	**13.6500**		**194.0007**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 207497-00 - 2011/01

230.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Sunrise Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**14,801,144**
FRVS Base Asset:	**6,689,269**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**7,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**16.3270**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**15.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,871,039**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**11,840,915**	**17.5252**
20% ROE(2):	**2,960,229**	**0.8088**
Insurance Cost(3):	**311,880**	**4.0203**
Taxes Cost(3):	**472,237**	**6.0873**
Home Office(3):	**14,469**	**0.1865**
Replacement(3&4):	**415,417**	**0.0000**
Total FRVS PD:		**28.6281**

(1) 80% Capital ($11,840,915) amortized at 15.0000% for 20 years Principal & Interest of $1,871,039 divided by annual available days (118,625) divided by Occup. Adj. (0.9000) = $17.5252

(2) 20% ROE ($2,960,229) times the ROE factor (0.029170) divided by annual available days (118,625) divided by Occup. Adj. (0.9000) = $0.8088

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**240**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**6,840,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.2362**	**49.2362**	**0.4295**	**48.8067**	
Patient Care					
Direct Care	**75.6071**	**75.6071**	**0.6596**	**74.9475**	
Indirect Care	**55.5074**	**55.5074**	**0.4842**	**55.0232**	
Property	**13.6500**	**28.6281**	**0.2497**	**28.3784**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8003**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**194.0007**	**208.9788**	**1.8230**	**230.5532**	

***Medicaid Trend Adjustment :**

0 207527-00 - 2011/01

206.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

AUBURNDALE OAKS HEALTHCARE CENTER

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
919 Old Winter Haven Road		**09/01/2008-08/31/2009**		Number of Beds:	**120**	Superior:	**0**
Auburndale FL 33823		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Polk[53]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**39,519**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,567**	Inflation	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,241**	FY Index:	**1.18697094**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**58.80969%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.22603%**	Cost:	**1.04705180**
Open Date:	**10/14/1983**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**10/14/1983**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15383092**
Entered Medicaid	**10/14/1983**	Low Occupancy Adjustment Factor:			**113.41140%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**10/14/1983**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03134695**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	879,597	1,805,628	1,008,907	511,999	0	4,206,131
1a	Audit Adjustments						
2	Cost Per Diem	37.8468	77.6915	43.4107	**22.0300**		180.9790
3	Cost Per Diem Inflated	39.6276	80.1269	45.4533			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.6276**	**80.1269**	**45.4533**	**22.0300**		187.2378
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2119		44.9838			
7	Provider Target Rate	**38.1473**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1473**	**80.1269**	**45.4533**	**13.6500**		177.3775
12/13	Medicaid Adjustment Rate		0.7941	0.4505			
14	Prospective Per Diem 11	**38.1473**	**80.9210**	**45.9038**	**13.6500**		**178.6221**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 207527-00 - 2011/01

206.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

AUBURNDALE OAKS HEALTHCARE CENTER

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**5,802,079**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**3,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**14.5950**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**14.5950**	**%**
Interest Only:	**False**	
Yearly Payment:	**716,839**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,641,663**	**18.1847**
20% ROE(2):	**1,160,416**	**0.9017**
Insurance Cost(3):	**36,815**	**0.9316**
Taxes Cost(3):	**53,824**	**1.3620**
Home Office(3):	**10,789**	**0.2730**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**21.6530**

(1) 80% Capital ($4,641,663) amortized at 14.5950% for 20 years Principal & Interest of $716,839 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $18.1847
(2) 20% ROE ($1,160,416) times the ROE factor (0.030630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9017
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1473**	**38.1473**	**0.3328**	**37.8145**	
Patient Care					
Direct Care	**80.9210**	**80.9210**	**0.7059**	**80.2151**	
Indirect Care	**45.9038**	**45.9038**	**0.4004**	**45.5034**	
Property	**13.6500**	**21.6530**	**0.1889**	**21.4641**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.2715**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**178.6221**	**186.6251**	**1.6280**	**206.8657**	

***Medicaid Trend Adjustment :**

0 207683-00 - 2011/01

217.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lakeside Health Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2501 Australian Avenue		**08/01/2009-07/31/2010**		Number of Beds:	**107**	Superior:	**0**
West Palm Beach FL 33407		Days In CR	**365**	Maximum:	**39,055**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2011/01**	Max Annualized:	**39,055**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**37,323**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,384**	Inflation	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**26,893**	FY Index:	**1.20913928**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**72.05477%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**95.56523%**	Cost:	**1.02785517**
Open Date:	**1/1/1984**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/1/1984**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16783181**
Entered Medicaid	**1/1/1984**	Low Occupancy Adjustment Factor:			**120.12261%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/1984**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.01898235**
Previous Med #	**205281**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,050,850	2,276,447	1,297,333	285,335	0	4,909,965
1a	Audit Adjustments						
2	Cost Per Diem	39.0752	84.6483	48.2405	**10.6100**		182.5740
3	Cost Per Diem Inflated	40.1636	86.2551	49.5842			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.1636**	**86.2551**	**49.5842**	**10.6100**		186.6129
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.2648		46.7809			
7	Provider Target Rate	**48.4529**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.1636**	**86.2551**	**47.9568**	**10.6100**		184.9855
12/13	Medicaid Adjustment Rate		2.1401	1.1899			
14	Prospective Per Diem 11	**40.1636**	**88.3952**	**49.1467**	**10.6100**		**188.3155**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 207683-00 - 2011/01

217.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Lakeside Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**5,215,781**
FRVS Base Asset:	**2,760,297**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**2,062,500.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.1250**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**10.1250**	**%**
Interest Only:	**False**	
Yearly Payment:	**487,355**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,172,625**	**13.8652**
20% ROE(2):	**1,043,156**	**0.9212**
Insurance Cost(3):	**16,255**	**0.4355**
Taxes Cost(3):	**86,626**	**2.3210**
Home Office(3):	**30,482**	**0.8167**
Replacement(3&4):	**129,791**	**0.0000**
Total FRVS PD:		**18.3596**

(1) 80% Capital ($4,172,625) amortized at 10.1250% for 20 years Principal & Interest of $487,355 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $13.8652
(2) 20% ROE ($1,043,156) times the ROE factor (0.031040) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $0.9212
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**97**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,764,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.1636**	**40.1636**	**0.3504**	**39.8132**	
Patient Care					
Direct Care	**88.3952**	**88.3952**	**0.7711**	**87.6241**	
Indirect Care	**49.1467**	**49.1467**	**0.4287**	**48.7180**	
Property	**10.6100**	**18.3596**	**0.1602**	**18.1994**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.1047**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**188.3155**	**196.0651**	**1.7104**	**217.0565**	

***Medicaid Trend Adjustment :**

0 207799-00 - 2011/01

227.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Ponce de Leon Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1999 Old Moultrie Road		**08/01/2009-07/31/2010**		Number of Beds:	**120**	Superior:	**0**
St. Augustine FL 32806		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **St Johns[55]**		First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**38,865**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**9,464**	Inflation	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**21,982**	FY Index:	**1.20913928**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**56.55989%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**88.73287%**	Cost:	**1.02785517**
Open Date:	**5/1/1984**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**5/1/1984**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16783181**
Entered Medicaid	**5/1/1984**	Low Occupancy Adjustment Factor:			**111.53455%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**5/8/1984**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.01898235**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	905,225	2,006,605	1,214,770	319,838	0	4,446,438
1a	Audit Adjustments						
2	Cost Per Diem	41.1803	91.2840	55.2620	**14.5500**		202.2763
3	Cost Per Diem Inflated	42.3274	93.0168	56.8013			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.3274**	**93.0168**	**56.8013**	**14.5500**		206.6955
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.6627		47.7028			
7	Provider Target Rate	**44.7602**		**48.9019**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.3274**	**93.0168**	**48.9019**	**13.6500**		197.8961
12/13	Medicaid Adjustment Rate		0.6865	0.3609			
14	Prospective Per Diem 11	**42.3274**	**93.7033**	**49.2628**	**13.6500**		**198.9435**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 207799-00 - 2011/01

227.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Ponce de Leon Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/1/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**5,739,183**
FRVS Base Asset:	**3,007,294**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**3,600,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.6180**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**12.6180**	**%**
Interest Only:	**False**	
Yearly Payment:	**630,559**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,591,346**	**15.9959**
20% ROE(2):	**1,147,837**	**0.9038**
Insurance Cost(3):	**108,247**	**2.7852**
Taxes Cost(3):	**42,147**	**1.0844**
Home Office(3):	**68,692**	**1.7675**
Replacement(3&4):	**64,472**	**0.0000**
Total FRVS PD:		**22.5368**

(1) 80% Capital ($4,591,346) amortized at 12.6180% for 20 years Principal & Interest of $630,559 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.9959

(2) 20% ROE ($1,147,837) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9038

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.3274**	**42.3274**	**0.3692**	**41.9582**	
Patient Care					
Direct Care	**93.7033**	**93.7033**	**0.8174**	**92.8859**	
Indirect Care	**49.2628**	**49.2628**	**0.4297**	**48.8331**	
Property	**13.6500**	**22.5368**	**0.1966**	**22.3402**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.2447**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**198.9435**	**207.8303**	**1.8129**	**227.8592**	

***Medicaid Trend Adjustment :**

0 207993-00 - 2011/01

248.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Florida Club Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
220 Sierra Drive		**08/01/2008-07/31/2009**		Number of Beds:	**180**	Superior:	**0**
Miami FL 33179		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2010/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**44,808**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**612**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**42,731**	FY Index:	**1.18536552**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**					Cost:	**1.04846989**
Open Date:	**9/1/1984**					Target:	**1.01759574**
Acquired Date:	**9/1/1984**					**DC FY Index:**	**1.15216426**
Entered Medicaid	**9/1/1984**					**DC Sem Index:**	**1.19000000**
Med # Active Date:	**9/1/1984**					**DC Inflation:**	**1.03283884**
Previous Med #						**PS Target:**	**1.02513678**

Medicaid Utilization	**95.36467%**
Occupancy:	**68.20092%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**85.72650%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,776,473	4,245,493	2,381,093	761,894	0	9,164,953
1a	Audit Adjustments						
2	Cost Per Diem	41.5734	99.3539	55.7228	**17.8300**		214.4801
3	Cost Per Diem Inflated	43.5885	102.6166	58.4237			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.5885**	**102.6166**	**58.4237**	**17.8300**		222.4588
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.5869		59.6125			
7	Provider Target Rate	**42.6323**		**61.1110**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.6323**	**96.5967**	**56.8989**	**13.6500**		209.7779
12/13	Medicaid Adjustment Rate		4.3469	2.5605			
14	Prospective Per Diem 11	**42.6323**	**100.9436**	**59.4594**	**13.6500**		**216.6853**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 207993-00 - 2011/01

248.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Florida Club Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**8,762,357**
FRVS Base Asset:	**5,130,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**6,469,400.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.6500**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**11.6500**	**%**
Interest Only:	**False**	
Yearly Payment:	**905,776**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,009,886**	**15.3184**
20% ROE(2):	**1,752,471**	**0.9232**
Insurance Cost(3):	**51,296**	**1.1448**
Taxes Cost(3):	**164,273**	**3.6662**
Home Office(3):	**6,661**	**0.1487**
Replacement(3&4):	**74,980**	**0.0000**
Total FRVS PD:		**21.2013**

(1) 80% Capital ($7,009,886) amortized at 11.6500% for 20 years Principal & Interest of $905,776 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $15.3184

(2) 20% ROE ($1,752,471) times the ROE factor (0.031150) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.9232

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.6323**	**42.6323**	**0.3719**	**42.2604**	
Patient Care					
Direct Care	**100.9436**	**100.9436**	**0.8806**	**100.0630**	
Indirect Care	**59.4594**	**59.4594**	**0.5187**	**58.9407**	
Property	**13.6500**	**21.2013**	**0.1849**	**21.0164**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.5728**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**216.6853**	**224.2366**	**1.9561**	**248.4504**	

***Medicaid Trend Adjustment :**

0 208442-00 - 2011/01

236.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

BERNARD L. SAMSON NURSING CENTER

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
255 - 59 STREET NORTH		**07/01/2009-06/30/2010**		Number of Beds:	**180**	Superior:	**0**
St. Petersburg FL 33710		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**61,455**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**7,153**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**43,000**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1985**						
Acquired Date:	**7/1/1985**						
Entered Medicaid	**7/1/1985**						
Med # Active Date:	**7/1/1985**						
Previous Med #							

Medicaid Utilization	**69.96990%**
Occupancy:	**93.53881%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.57548%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,949,725	4,020,534	2,479,900	937,830	698	9,388,687
1a	Audit Adjustments						
2	Cost Per Diem	45.3424	93.5008	57.6721	**21.8100**	**0.0162**	218.3415
3	Cost Per Diem Inflated	46.7153	95.3844	59.4184			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.7153**	**95.3844**	**59.4184**	**21.8100**	**0.0162**	223.3443
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.4629		64.7876			
7	Provider Target Rate	**48.6560**		**66.4162**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.7153**	**95.3844**	**55.1439**	**13.6500**	**0.0162**	210.9098
12/13	Medicaid Adjustment Rate		2.1429	1.2389			
14	Prospective Per Diem 11	**46.7153**	**97.5273**	**56.3828**	**13.6500**	**0.0162**	**214.2916**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 208442-00 - 2011/01

236.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

BERNARD L. SAMSON NURSING CENTER

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**8,822,625**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**10,329,070.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.6418**	**%**
Chase Rate:	**8.1936**	**%**
Amortization Rate:	**4.6418**	**%**
Interest Only:	**False**	
Yearly Payment:	**542,341**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,058,100**	**9.1720**
20% ROE(2):	**1,764,525**	**0.9418**
Insurance Cost(3):	**93,512**	**1.5216**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**123,151**	**0.0000**
Total FRVS PD:		**11.6354**

(1) 80% Capital ($7,058,100) amortized at 4.6418% for 20 years Principal & Interest of $542,341 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.1720

(2) 20% ROE ($1,764,525) times the ROE factor (0.031560) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.9418

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.7153**	**46.7153**	**0.4075**	**46.3078**	
Patient Care					
Direct Care	**97.5273**	**97.5273**	**0.8508**	**96.6765**	
Indirect Care	**56.3828**	**56.3828**	**0.4918**	**55.8910**	
Property	**13.6500**	**11.6354**	**0.1191**	**13.5309**	
ROE	**0.0162**	**0.0000**	**0.0001**	**0.0161**	
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6383**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**214.2916**	**212.2608**	**1.8693**	**236.6577**	

***Medicaid Trend Adjustment :**

0 208485-00 - 2011/01

232.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Jupiter Medical Center Pavilion, Inc.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1230 South Old Dixie Highwa		**10/01/2008-09/30/2009**		Number of Beds:	**120**	Superior:	**181**
Jupiter FL 33458		Days In CR	**365**	Maximum:	**43,800**	Standard:	**0**
County: **Palm Beach[50]**		First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **9**	Last Used:	**2011/01**	Total Patient:	**38,342**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**13,393**	**Inflation**	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**19,505**	FY Index:	**1.18857853**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**50.87111%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**87.53881%**	Cost:	**1.04563563**
Open Date:	**1/1/1974**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**6/1/1976**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15550000**
Entered Medicaid	**1/1/1974**	Low Occupancy Adjustment Factor:			**110.03366%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**9/5/1984**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02985720**
Previous Med #	**204323**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	929,597	2,081,615	1,149,753	222,357	0	4,383,322
1a	Audit Adjustments						
2	Cost Per Diem	47.6594	106.7221	58.9466	**11.4000**		224.7281
3	Cost Per Diem Inflated	49.8344	109.9085	61.6367			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.8344**	**109.9085**	**61.6367**	**11.4000**		232.7796
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.3552		58.8572			
7	Provider Target Rate	**57.7718**		**60.3367**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8344**	**96.5967**	**56.8989**	**11.4000**		214.7300
12/13	Medicaid Adjustment Rate		0.0947	0.0558			
14	Prospective Per Diem 11	**49.8344**	**96.6914**	**56.9547**	**11.4000**		**214.8805**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 208485-00 - 2011/01

232.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Jupiter Medical Center Pavilion, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1976/01**
Indexed Asset Value	**5,499,043**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**2,566,518.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.7500**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**5.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**370,636**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,399,234**	**9.4022**
20% ROE(2):	**1,099,809**	**0.8398**
Insurance Cost(3):	**45,315**	**1.1819**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**7,716**	**0.0000**
Total FRVS PD:		**11.4239**

(1) 80% Capital ($4,399,234) amortized at 5.7500% for 20 years Principal & Interest of $370,636 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.4022
(2) 20% ROE ($1,099,809) times the ROE factor (0.030100) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8398
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8344**	**49.8344**	**0.4347**	**49.3997**	
Patient Care					
Direct Care	**96.6914**	**96.6914**	**0.8435**	**95.8479**	
Indirect Care	**56.9547**	**56.9547**	**0.4968**	**56.4579**	
Property	**11.4000**	**11.4239**	**0.0997**	**11.3242**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.2526**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**214.8805**	**214.9044**	**1.8747**	**232.8794**	

***Medicaid Trend Adjustment :**

0 208507-00 - 2011/01

207.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Claridge House

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
13900 NE 3rd Court		**09/01/2009-08/31/2010**		Number of Beds:	**240**	Superior:	**0**
North Miami FL 33161		Days In CR	**365**	Maximum:	**87,600**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2011/01**	Max Annualized:	**87,600**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**79,644**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,586**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**62,133**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1985**						
Acquired Date:	**8/1/1985**						
Entered Medicaid	**8/1/1985**						
Med # Active Date:	**8/22/1985**						
Previous Med #							

Medicaid Utilization	**78.01341%**
Occupancy:	**90.91781%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.28095%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21199123**
Semester Index:	**1.24282006**
Cost:	**1.02543651**
Target:	**1.01759574**
DC FY Index:	**1.16916514**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01782029**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,173,165	5,358,139	3,114,272	1,102,239	0	11,747,815
1a	Audit Adjustments						
2	Cost Per Diem	34.9760	86.2366	50.1227	**17.7400**		189.0753
3	Cost Per Diem Inflated	35.8657	87.7734	51.3976			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.8657**	**87.7734**	**51.3976**	**17.7400**		192.7767
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		52.4319			
7	Provider Target Rate	**40.1320**		**53.7499**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.8657**	**87.7734**	**51.3976**	**13.6500**		188.6867
12/13	Medicaid Adjustment Rate		2.7662	1.6198			
14	Prospective Per Diem 11	**35.8657**	**90.5396**	**53.0174**	**13.6500**		**193.0727**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 208507-00 - 2011/01

207.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Claridge House

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/1/2002**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**9,132,505**
FRVS Base Asset:	**5,041,736**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030420**

Mortgage Information		
Amount:	**3,735,600.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**996,078**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,306,004**	**12.6342**
20% ROE(2):	**1,826,501**	**0.7047**
Insurance Cost(3):	**217,024**	**2.7249**
Taxes Cost(3):	**166,694**	**2.0930**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**146,949**	**0.0000**
Total FRVS PD:		**18.1568**

(1) 80% Capital ($7,306,004) amortized at 12.5000% for 20 years Principal & Interest of $996,078 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $12.6342
(2) 20% ROE ($1,826,501) times the ROE factor (0.030420) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $0.7047
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**240**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**6,840,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.8657**	**35.8657**	**0.3129**	**35.5528**	
Patient Care					
Direct Care	**90.5396**	**90.5396**	**0.7898**	**89.7498**	
Indirect Care	**53.0174**	**53.0174**	**0.4625**	**52.5549**	
Property	**13.6500**	**18.1568**	**0.1584**	**17.9984**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.6754**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**193.0727**	**197.5795**	**1.7236**	**207.1284**	

***Medicaid Trend Adjustment :**

0 208540-00 - 2011/01

190.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Westminster Towers

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
70 West Lucerne Circle		**04/01/2009-03/31/2010**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32801		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**39,049**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,549**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**17,367**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**2/1/1984**						
Acquired Date:	**2/1/1984**						
Entered Medicaid	**7/26/1985**						
Med # Active Date:	**7/26/1985**						
Previous Med #							

Medicaid Utilization	**44.47489%**
Occupancy:	**89.15297%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**112.06260%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19858405**
Semester Index:	**1.24282006**
Cost:	**1.03690689**
Target:	**1.01759574**
DC FY Index:	**1.16300000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02321582**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	818,044	1,208,629	1,103,238	175,928	0	3,305,839
1a	Audit Adjustments						
2	Cost Per Diem	47.1034	69.5934	63.5250	**10.1300**		190.3518
3	Cost Per Diem Inflated	48.8418	71.2091	65.8695			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.8418**	**71.2091**	**65.8695**	**10.1300**		196.0504
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.6387		66.5797			
7	Provider Target Rate	**43.7105**		**68.2533**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.7105**	**71.2091**	**55.1439**	**10.1300**		180.1935
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**43.7105**	**71.2091**	**55.1439**	**10.1300**		**180.1935**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 208540-00 - 2011/01

190.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Westminster Towers

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**4,556,843**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030830**

Mortgage Information		
Amount:	**5,075,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**12.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**481,678**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,645,474**	**12.2191**
20% ROE(2):	**911,369**	**0.7128**
Insurance Cost(3):	**55,503**	**1.4214**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**21,994**	**0.5632**
Replacement(3&4):	**184,129**	**0.0000**
Total FRVS PD:		**14.9165**

(1) 80% Capital ($3,645,474) amortized at 12.0000% for 20 years Principal & Interest of $481,678 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.2191

(2) 20% ROE ($911,369) times the ROE factor (0.030830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7128

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.7105**	**43.7105**	**0.3813**	**43.3292**	
Patient Care					
Direct Care	**71.2091**	**71.2091**	**0.6212**	**70.5879**	
Indirect Care	**55.1439**	**55.1439**	**0.4810**	**54.6629**	
Property	**10.1300**	**14.9165**	**0.1301**	**14.7864**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**180.1935**	**184.9800**	**1.6136**	**190.9635**	

***Medicaid Trend Adjustment :**

0 208809-00 - 2011/01

206.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Baptist Manor

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
10095 Hillview Road		**10/01/2008-09/30/2009**		Number of Beds:	**170**	Superior:	**0**
Pensacola FL 32514		Days In CR	**365**	Maximum:	**62,050**	Standard:	**181**
County:	**Escambia[17]**	First Used:	**2010/07**	Max Annualized:	**62,050**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2011/01**	Total Patient:	**59,901**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,879**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**40,272**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/1/1985**						
Acquired Date:	**12/1/1985**						
Entered Medicaid	**12/1/1985**						
Med # Active Date:	**12/21/1985**						
Previous Med #							

Medicaid Utilization	**67.23093%**
Occupancy:	**96.53667%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**121.34368%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,698,757	3,337,430	1,973,448	219,885	0	7,229,520
1a	Audit Adjustments						
2	Cost Per Diem	42.1821	82.8722	49.0030	**5.4600**		179.5173
3	Cost Per Diem Inflated	44.1071	85.3465	51.2393			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.1071**	**85.3465**	**51.2393**	**5.4600**		186.1529
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1628**	**85.3465**	**44.2723**	**5.4600**		171.2416
12/13	Medicaid Adjustment Rate		1.6544	0.8582			
14	Prospective Per Diem 11	**36.1628**	**87.0009**	**45.1305**	**5.4600**		**173.7542**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 208809-00 - 2011/01

206.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Baptist Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/1/2009**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**8,332,480**
FRVS Base Asset:	**2,972,345**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**5,619,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.3600**	**%**
Chase Rate:	**9.7100**	**%**
Amortization Rate:	**10.3600**	**%**
Interest Only:	**False**	
Yearly Payment:	**791,114**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,665,984**	**14.1662**
20% ROE(2):	**1,666,496**	**0.8982**
Insurance Cost(3):	**27,288**	**0.4556**
Taxes Cost(3):	**1,793**	**0.0299**
Home Office(3):	**14,850**	**0.2479**
Replacement(3&4):	**24,256**	**0.0000**
Total FRVS PD:		**15.7978**

(1) 80% Capital ($6,665,984) amortized at 10.3600% for 20 years Principal & Interest of $791,114 divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = $14.1662
(2) 20% ROE ($1,666,496) times the ROE factor (0.030100) divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = $0.8982
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**170**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,845,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1628**	**36.1628**	**0.3155**	**35.8473**	
Patient Care					
Direct Care	**87.0009**	**87.0009**	**0.7589**	**86.2420**	
Indirect Care	**45.1305**	**45.1305**	**0.3937**	**44.7368**	
Property	**5.4600**	**15.7978**	**0.1378**	**15.6600**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6676**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**173.7542**	**184.0920**	**1.6059**	**206.7508**	

***Medicaid Trend Adjustment :**

0 208906-00 - 2011/01

197.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Plantation Key Convalescent Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
48 High Point Road		**01/01/2008-12/31/2008**		Number of Beds:	**120**	Superior:	**0**
Tavernier FL 33070		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County: **Monroe[44]**		First Used:	**2009/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2011/01**	Total Patient:	**33,193**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**4,441**	Inflation	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**24,054**	FY Index:	**1.16972487**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**72.46709%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**75.57605%**	Cost:	**1.06248922**
Open Date:	**10/1/1984**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**10/1/1984**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.13550000**
Entered Medicaid	**10/1/1984**	Low Occupancy Adjustment Factor:			**94.99682%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**3/14/1986**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.04799648**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	977,561	1,794,517	832,121	470,256	0	4,074,455
1a	Audit Adjustments						
2	Cost Per Diem	40.6403	74.6037	34.5939	**19.5500**		169.3879
3	Cost Per Diem Inflated	43.1799	78.1844	36.7556			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.1799**	**78.1844**	**36.7556**	**19.5500**		177.6699
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.2069		46.7809			
7	Provider Target Rate	**50.4438**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.1799**	**78.1844**	**36.7556**	**13.6500**		171.7699
12/13	Medicaid Adjustment Rate		1.9761	0.9290			
14	Prospective Per Diem 11	**43.1799**	**80.1605**	**37.6846**	**13.6500**		**174.6750**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 208906-00 - 2011/01

197.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Plantation Key Convalescent Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,418,426**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.036350**

Mortgage Information		
Amount:	**3,200,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.0000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**7.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**403,286**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,334,741**	**10.2305**
20% ROE(2):	**1,083,685**	**0.9993**
Insurance Cost(3):	**28,902**	**0.8707**
Taxes Cost(3):	**29,057**	**0.8754**
Home Office(3):	**9,536**	**0.2873**
Replacement(3&4):	**30,522**	**0.0000**
Total FRVS PD:		**13.2632**

(1) 80% Capital ($4,334,741) amortized at 7.0000% for 20 years Principal & Interest of $403,286 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.2305

(2) 20% ROE ($1,083,685) times the ROE factor (0.036350) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9993

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.1799**	**43.1799**	**0.3767**	**42.8032**	
Patient Care					
Direct Care	**80.1605**	**80.1605**	**0.6993**	**79.4612**	
Indirect Care	**37.6846**	**37.6846**	**0.3287**	**37.3559**	
Property	**13.6500**	**13.2632**	**0.1191**	**13.5309**	
ROE	**0.0000**	**0.5770**			
ROE Adjustment	**0.0000**	**-0.5770**			
Quality Assess-Medicaid Share				**$16.3107**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**174.6750**	**174.2882**	**1.5238**	**197.0590**	

***Medicaid Trend Adjustment :**

0 209325-00 - 2011/01

224.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Courtenay Springs Village

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1100 S. Courtenay Parkway	**10/01/2008-09/30/2009**	Number of Beds: **96**	Superior: **0**
Merritt Island FL 32952	Days In CR **365**	Maximum: **35,040**	Standard: **147**
County: **Brevard[5]**	First Used: **2010/07**	Max Annualized: **35,040**	Conditional: **34**
Region: **Central[3]** Area: **7**	Last Used: **2011/01**	Total Patient: **23,762**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **3,190**	
Current Class **Central Small [5]**	Initial CR? **False**	Medicaid: **14,059**	
Class at 1/94: **North Small [1]**			
Operating Ex **> 18 months [1]**			
Open Date: **6/1/1984**			
Acquired Date: **6/1/1984**			
Entered Medicaid **6/1/1984**			
Med # Active Date: **11/18/1986**			
Previous Med # **207888**			

Medicaid Utilization	**59.16590%**
Occupancy:	**67.81393%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**85.24007%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	710,251	1,015,805	682,424	179,112	0	2,587,592
1a	Audit Adjustments						
2	Cost Per Diem	50.5193	72.2530	48.5400	**12.7400**		184.0523
3	Cost Per Diem Inflated	52.8248	74.4103	50.7552			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.8248**	**74.4103**	**50.7552**	**12.7400**		190.7303
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.6728		51.4890			
7	Provider Target Rate	**51.9466**		**53.6513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.9466**	**74.4103**	**50.7552**	**12.7400**		189.8521
12/13	Medicaid Adjustment Rate		0.6232	0.4251			
14	Prospective Per Diem 11	**51.9466**	**75.0335**	**51.1803**	**12.7400**		**190.9004**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 209325-00 - 2011/01

224.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Courtenay Springs Village

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**4,563,424**
FRVS Base Asset:	**1,710,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**6,625,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**14.3480**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**14.3480**	**%**
Interest Only:	**False**	
Yearly Payment:	**555,880**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,650,739**	**17.6268**
20% ROE(2):	**912,685**	**0.8711**
Insurance Cost(3):	**32,619**	**1.3727**
Taxes Cost(3):	**73,505**	**3.0934**
Home Office(3):	**23,499**	**0.9889**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**23.9529**

(1) 80% Capital ($3,650,739) amortized at 14.3480% for 20 years Principal & Interest of $555,880 divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = $17.6268

(2) 20% ROE ($912,685) times the ROE factor (0.030100) divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = $0.8711

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9466**	**51.9466**	**0.4532**	**51.4934**	
Patient Care					
Direct Care	**75.0335**	**75.0335**	**0.6545**	**74.3790**	
Indirect Care	**51.1803**	**51.1803**	**0.4465**	**50.7338**	
Property	**12.7400**	**23.9529**	**0.2090**	**23.7439**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3021**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**190.9004**	**202.1133**	**1.7632**	**224.2493**	

***Medicaid Trend Adjustment :**

0 209422-00 - 2011/01

209.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Westminster Asbury Manor

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1700 21st Avenue West		**04/01/2009-03/31/2010**		Number of Beds:	**59**	Superior:	**0**
Bradenton FL 34205		Days In CR	**365**	Maximum:	**21,535**	Standard:	**181**
County:	**Manatee[41]**	First Used:	**2011/01**	Max Annualized:	**21,535**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**19,438**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,264**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**7,210**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1970**						
Acquired Date:	**1/1/1970**						
Entered Medicaid	**3/11/1987**						
Med # Active Date:	**3/11/1987**						
Previous Med #							

Medicaid Utilization	**37.09229%**
Occupancy:	**90.26237%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.45707%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19858405**
Semester Index:	**1.24282006**
Cost:	**1.03690689**
Target:	**1.01759574**
DC FY Index:	**1.16300000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02321582**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	370,486	623,804	487,610	93,946	0	1,575,846
1a	Audit Adjustments						
2	Cost Per Diem	51.3850	86.5193	67.6297	**13.0300**		218.5640
3	Cost Per Diem Inflated	53.2815	88.5279	70.1257			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.2815**	**88.5279**	**70.1257**	**13.0300**		224.9651
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4035		58.4361			
7	Provider Target Rate	**45.5197**		**59.9050**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.5197**	**88.5279**	**59.9050**	**13.0300**		206.9826
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.5197**	**88.5279**	**59.9050**	**13.0300**		**206.9826**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 209422-00 - 2011/01

209.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Westminster Asbury Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/11/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**1,774,901**
FRVS Base Asset:	**1,412,120**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030830**

Mortgage Information		
Amount:	**2,160,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.4100**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**6.4100**	**%**
Interest Only:	**False**	
Yearly Payment:	**126,137**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,419,921**	**6.5081**
20% ROE(2):	**354,980**	**0.5647**
Insurance Cost(3):	**39,093**	**2.0112**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**12,683**	**0.6525**
Replacement(3&4):	**73,741**	**0.0000**
Total FRVS PD:		**9.7365**

(1) 80% Capital ($1,419,921) amortized at 6.4100% for 20 years Principal & Interest of $126,137 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $6.5081

(2) 20% ROE ($354,980) times the ROE factor (0.030830) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $0.5647

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1972**	Used Per Bed Standard:	**10,669**
Comparison Bed	**17**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**181,373**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.5197**	**45.5197**	**0.3971**	**45.1226**	
Patient Care					
Direct Care	**88.5279**	**88.5279**	**0.7723**	**87.7556**	
Indirect Care	**59.9050**	**59.9050**	**0.5226**	**59.3824**	
Property	**13.0300**	**9.7365**	**0.0849**	**9.6516**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**206.9826**	**203.6891**	**1.7769**	**209.5093**	

***Medicaid Trend Adjustment :**

0 209473-00 - 2011/01

227.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

St. Anne's Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
11855 Quail Roost Drive	**10/01/2008-09/30/2009**	Number of Beds: **220**	Superior: **0**
Miami FL 33177	Days In CR **365**	Maximum: **81,580**	Standard: **181**
County: **Dade[13]**	First Used: **2010/07**	Max Annualized: **80,300**	Conditional: **0**
Region: **South[2]** Area: **11**	Last Used: **2011/01**	Total Patient: **78,852**	Total: **181**
Control **Church Non-Profit [2]**	**Unaudited [3]**	Medicare: **13,054**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **47,282**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **5/22/1987**			
Acquired Date: **5/22/1987**			
Entered Medicaid **5/22/1987**			
Med # Active Date: **5/22/1987**			
Previous Med #			

Medicaid Utilization	**59.96297%**
Occupancy:	**96.65604%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**121.49373%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,311,915	4,145,687	2,557,584	704,975	0	9,720,161
1a	Audit Adjustments						
2	Cost Per Diem	48.8963	87.6800	54.0921	**14.9100**		205.5784
3	Cost Per Diem Inflated	51.1277	90.2979	56.5606			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.1277**	**90.2979**	**56.5606**	**14.9100**		212.8962
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5393		51.5007			
7	Provider Target Rate	**47.7091**		**52.7953**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7091**	**90.2979**	**52.7953**	**13.6500**		204.4523
12/13	Medicaid Adjustment Rate		1.0121	0.5917			
14	Prospective Per Diem 11	**47.7091**	**91.3100**	**53.3870**	**13.6500**		**206.0561**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 209473-00 - 2011/01

227.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

St. Anne's Nursing Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/01**
Indexed Asset Value	**10,793,055**
FRVS Base Asset:	**5,162,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**9,972,200.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.2532**	**%**
Chase Rate:	**8.7763**	**%**
Amortization Rate:	**7.2532**	**%**
Interest Only:	**False**	
Yearly Payment:	**819,134**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**8,634,444**	**11.3344**
20% ROE(2):	**2,158,611**	**0.8990**
Insurance Cost(3):	**162,053**	**2.0552**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**71,518**	**0.9070**
Replacement(3&4):	**206,197**	**0.0000**
Total FRVS PD:		**15.1956**

(1) 80% Capital ($8,634,444) amortized at 7.2532% for 20 years Principal & Interest of $819,134 divided by annual available days (80,300) divided by Occup. Adj. (0.9000) = $11.3344
(2) 20% ROE ($2,158,611) times the ROE factor (0.030100) divided by annual available days (80,300) divided by Occup. Adj. (0.9000) = $0.8990
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,162,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7091**	**47.7091**	**0.4162**	**47.2929**	
Patient Care					
Direct Care	**91.3100**	**91.3100**	**0.7965**	**90.5135**	
Indirect Care	**53.3870**	**53.3870**	**0.4657**	**52.9213**	
Property	**13.6500**	**15.1956**	**0.1191**	**13.5309**	
ROE	**0.0000**	**0.1496**			
ROE Adjustment	**0.0000**	**-0.1496**			
Quality Assess-Medicaid Share				**$15.7127**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**206.0561**	**207.6017**	**1.7975**	**227.5684**	

***Medicaid Trend Adjustment :**

0 209511-00 - 2011/01

230.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bishop's Glen Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
900 LPGA Blvd	**10/01/2008-09/30/2009**	Number of Beds: **60**	Superior: **0**
Holly Hill FL 32117	Days In CR **365**	Maximum: **21,900**	Standard: **181**
County: **Volusia[64]**	First Used: **2010/07**	Max Annualized: **21,900**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2011/01**	Total Patient: **19,817**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **3,174**	
Current Class **North Small [1]**	Initial CR? **False**	Medicaid: **8,917**	
Class at 1/94: **North Small [1]**			
Operating Ex **> 18 months [1]**			
Open Date: **2/25/1986**			
Acquired Date: **2/25/1986**			
Entered Medicaid **2/25/1986**			
Med # Active Date: **12/22/1986**			
Previous Med # **208884**			

Medicaid Utilization	**44.99672%**
Occupancy:	**90.48858%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.74142%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	526,287	730,255	554,827	70,177	0	1,881,546
1a	Audit Adjustments						
2	Cost Per Diem	59.0206	81.8947	62.2213	**7.8700**		211.0066
3	Cost Per Diem Inflated	61.7140	84.3398	65.0608			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**61.7140**	**84.3398**	**65.0608**	**7.8700**		218.9846
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	68.8325		61.6819			
7	Provider Target Rate	**70.5627**		**63.2324**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.4247**	**84.3398**	**58.4725**	**7.8700**		199.1070
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**48.4247**	**84.3398**	**58.4725**	**7.8700**		**199.1070**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 209511-00 - 2011/01

230.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Bishop's Glen Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/01**
Indexed Asset Value	**2,805,910**
FRVS Base Asset:	**1,710,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**2,700,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.1800**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**8.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**225,310**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,244,728**	**11.4313**
20% ROE(2):	**561,182**	**0.8570**
Insurance Cost(3):	**17,491**	**0.8826**
Taxes Cost(3):	**56,083**	**2.8300**
Home Office(3):	**26,444**	**1.3344**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**17.3353**

(1) 80% Capital ($2,244,728) amortized at 8.0000% for 20 years Principal & Interest of $225,310 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $11.4313
(2) 20% ROE ($561,182) times the ROE factor (0.030100) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.8570
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.4247**	**48.4247**	**0.4224**	**48.0023**	
Patient Care					
Direct Care	**84.3398**	**84.3398**	**0.7357**	**83.6041**	
Indirect Care	**58.4725**	**58.4725**	**0.5101**	**57.9624**	
Property	**7.8700**	**17.3353**	**0.1512**	**17.1841**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8141**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**199.1070**	**208.5723**	**1.8194**	**230.1641**	

***Medicaid Trend Adjustment :**

0 209848-00 - 2011/01

189.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Winter Park Towers

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1111 South Lakemount Avenu		**04/01/2009-03/31/2010**		Number of Beds:	**120**	Superior:	**0**
Winter Park FL 32792		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**38,218**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**7,323**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**14,195**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1971**						
Acquired Date:	**7/1/1971**						
Entered Medicaid	**10/1/1987**						
Med # Active Date:	**10/27/1987**						
Previous Med #							

Medicaid Utilization	**37.14218%**
Occupancy:	**87.25571%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**109.67780%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19858405**
Semester Index:	**1.24282006**
Cost:	**1.03690689**
Target:	**1.01759574**
DC FY Index:	**1.16300000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02321582**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	666,727	989,227	1,019,361	215,906	0	2,891,221
1a	Audit Adjustments						
2	Cost Per Diem	46.9691	69.6884	71.8113	**15.2100**		203.6788
3	Cost Per Diem Inflated	48.7026	71.3063	74.4616			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.7026**	**71.3063**	**74.4616**	**15.2100**		209.6805
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.9467		69.0123			
7	Provider Target Rate	**46.0765**		**70.7470**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.0765**	**71.3063**	**55.1439**	**13.6500**		186.1767
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.0765**	**71.3063**	**55.1439**	**13.6500**		**186.1767**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 209848-00 - 2011/01

189.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Winter Park Towers

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**3,108,315**
FRVS Base Asset:	**2,884,391**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030830**

Mortgage Information		
Amount:	**3,157,800.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**9.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**268,477**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,486,652**	**6.8107**
20% ROE(2):	**621,663**	**0.4862**
Insurance Cost(3):	**109,519**	**2.8656**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**21,797**	**0.5703**
Replacement(3&4):	**311,554**	**0.0000**
Total FRVS PD:		**10.7328**

(1) 80% Capital ($2,486,652) amortized at 9.0000% for 20 years Principal & Interest of $268,477 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.8107

(2) 20% ROE ($621,663) times the ROE factor (0.030830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4862

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1972**	Used Per Bed Standard:	**10,669**
Comparison Bed	**121**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,290,949**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.0765**	**46.0765**	**0.4019**	**45.6746**	
Patient Care					
Direct Care	**71.3063**	**71.3063**	**0.6220**	**70.6843**	
Indirect Care	**55.1439**	**55.1439**	**0.4810**	**54.6629**	
Property	**13.6500**	**10.7328**	**0.0936**	**10.6392**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**186.1767**	**183.2595**	**1.5985**	**189.2581**	

***Medicaid Trend Adjustment :**

0 209856-00 - 2011/01

216.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Sun Terrace Health Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
105 Trinity Lakes Drive		**09/01/2009-08/31/2010**		Number of Beds:	**109**	Superior:	**0**
Sun City Center FL 33570		Days In CR	**365**	Maximum:	**39,785**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2011/01**	Max Annualized:	**39,785**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**37,174**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,363**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**14,413**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/1/1983**						
Acquired Date:	**3/1/1983**						
Entered Medicaid	**9/1/1987**						
Med # Active Date:	**9/1/1987**						
Previous Med #							

Medicaid Utilization	**38.77172%**
Occupancy:	**93.43722%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.44778%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21199123**
Semester Index:	**1.24282006**
Cost:	**1.02543651**
Target:	**1.01759574**
DC FY Index:	**1.16916514**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01782029**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	767,091	1,377,074	756,731	396,069	0	3,296,965
1a	Audit Adjustments						
2	Cost Per Diem	53.2222	95.5439	52.5034	**27.4800**		228.7495
3	Cost Per Diem Inflated	54.5760	97.2465	53.8389			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.5760**	**97.2465**	**53.8389**	**27.4800**		233.1414
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.6602		44.9838			
7	Provider Target Rate	**40.6571**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.6571**	**95.7090**	**46.1145**	**13.6500**		196.1306
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**40.6571**	**95.7090**	**46.1145**	**13.6500**		**196.1306**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 209856-00 - 2011/01

216.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Sun Terrace Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**4,615,779**
FRVS Base Asset:	**1,239,028**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030420**

Mortgage Information		
Amount:	**1,061,208.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.7500**	**%**
Chase Rate:	**6.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**377,563**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,692,623**	**10.5445**
20% ROE(2):	**923,156**	**0.7843**
Insurance Cost(3):	**881**	**0.0237**
Taxes Cost(3):	**165,677**	**4.4568**
Home Office(3):	**24,029**	**0.6464**
Replacement(3&4):	**21,502**	**0.0000**
Total FRVS PD:		**16.4557**

(1) 80% Capital ($3,692,623) amortized at 8.2500% for 20 years Principal & Interest of $377,563 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = $10.5445
(2) 20% ROE ($923,156) times the ROE factor (0.030420) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = $0.7843
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1982**	Used Per Bed Standard:	**24,796**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,975,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.6571**	**40.6571**	**0.3547**	**40.3024**	
Patient Care					
Direct Care	**95.7090**	**95.7090**	**0.8349**	**94.8741**	
Indirect Care	**46.1145**	**46.1145**	**0.4023**	**45.7122**	
Property	**13.6500**	**16.4557**	**0.1435**	**16.3122**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.5546**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**196.1306**	**198.9363**	**1.7354**	**216.3526**	

***Medicaid Trend Adjustment :**

0 210137-00 - 2011/01

206.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Altamonte Springs

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
989 Orienta Avenue		**08/01/2009-07/31/2010**		Number of Beds:	**240**	Superior:	**0**
Altamonte Springs FL 32701		Days In CR	**365**	Maximum:	**87,600**	Standard:	**181**
County: **Seminole[59]**		First Used:	**2011/01**	Max Annualized:	**87,600**	Conditional:	**0**
Region: **Central[3]**	Area: **7**	Last Used:	**2011/01**	Total Patient:	**75,164**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**16,593**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**47,777**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**2/1/1976**						
Acquired Date:	**2/1/1976**						
Entered Medicaid	**2/1/1976**						
Med # Active Date:	**9/1/1988**						
Previous Med #	**204528**						

Medicaid Utilization	**63.56367%**
Occupancy:	**85.80365%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**107.85260%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,833,714	4,162,480	1,915,698	363,583	0	8,275,475
1a	Audit Adjustments						
2	Cost Per Diem	38.3807	87.1231	40.0967	**7.6100**		173.2105
3	Cost Per Diem Inflated	39.4498	88.7769	41.2136			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.4498**	**88.7769**	**41.2136**	**7.6100**		177.0503
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.0211		44.9838			
7	Provider Target Rate	**46.1528**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.4498**	**88.7769**	**41.2136**	**7.6100**		177.0503
12/13	Medicaid Adjustment Rate		1.3547	0.6289			
14	Prospective Per Diem 11	**39.4498**	**90.1316**	**41.8425**	**7.6100**		**179.0339**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210137-00 - 2011/01

206.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Altamonte Springs

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1976/01**
Indexed Asset Value	**8,777,513**
FRVS Base Asset:	**4,075,311**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**2,004,398.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**10.6250**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**873,028**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,022,010**	**11.0734**
20% ROE(2):	**1,755,503**	**0.6912**
Insurance Cost(3):	**26,085**	**0.3470**
Taxes Cost(3):	**91,959**	**1.2234**
Home Office(3):	**56,811**	**0.7558**
Replacement(3&4):	**147,801**	**0.0000**
Total FRVS PD:		**14.0908**

(1) 80% Capital ($7,022,010) amortized at 12.5000% for 20 years Interest of $873,028 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $11.0734
(2) 20% ROE ($1,755,503) times the ROE factor (0.031040) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $0.6912
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**240**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**6,840,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.4498**	**39.4498**	**0.3441**	**39.1057**	
Patient Care					
Direct Care	**90.1316**	**90.1316**	**0.7863**	**89.3453**	
Indirect Care	**41.8425**	**41.8425**	**0.3650**	**41.4775**	
Property	**7.6100**	**14.0908**	**0.1229**	**13.9679**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.6731**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**179.0339**	**185.5147**	**1.6183**	**206.1666**	

***Medicaid Trend Adjustment :**

0 210188-00 - 2011/01

236.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Covenant Village Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
9201 West Broward Blvd.		**02/01/2003-01/31/2004**		Number of Beds:	**60**	Superior:	**0**
Plantation FL 33324		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County: **Broward[6]**		First Used:	**2004/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2011/01**	Total Patient:	**15,217**	Total:	**181**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**1,550**		
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**3,012**		
Class at 1/94: **South Small [3]**							
Operating Ex **> 18 months [1]**							
Open Date: **3/15/1988**							
Acquired Date: **3/15/1988**							
Entered Medicaid **3/15/1988**							
Med # Active Date: **3/15/1988**							
Previous Med #							

Medicaid Utilization	**19.79365%**
Occupancy:	**69.48402%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**87.33932%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**0.97686074**
Semester Index:	**1.24282006**
Cost:	**1.27225920**
Target:	**1.01759574**
DC FY Index:	**0.98066189**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.21346614**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	191,300	280,955	125,437	42,710	0	640,402
1a	Audit Adjustments						
2	Cost Per Diem	63.5126	93.2786	41.6458	**14.1799**		212.6169
3	Cost Per Diem Inflated	80.8045	113.1904	52.9843			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**80.8045**	**113.1904**	**52.9843**	**14.1799**		261.1591
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	80.2227		56.1408			
7	Provider Target Rate	**82.2392**		**58.5755**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**59.5230**	**102.1952**	**52.9843**	**13.6500**		228.3525
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**59.5230**	**102.1952**	**52.9843**	**13.6500**		**228.3525**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210188-00 - 2011/01

236.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Covenant Village Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/15/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**2,126,226**
FRVS Base Asset:	**1,765,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.040520**

Mortgage Information		
Amount:	**2,364,442.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.9600**	**%**
Chase Rate:	**8.7500**	**%**
Amortization Rate:	**8.9600**	**%**
Interest Only:	**False**	
Yearly Payment:	**183,125**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,700,981**	**9.2910**
20% ROE(2):	**425,245**	**0.8742**
Insurance Cost(3):	**47,321**	**3.1097**
Taxes Cost(3):	**45,600**	**2.9966**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**65,309**	**0.0000**
Total FRVS PD:		**16.2715**

(1) 80% Capital ($1,700,981) amortized at 8.9600% for 20 years Principal & Interest of $183,125 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $9.2910
(2) 20% ROE ($425,245) times the ROE factor (0.040520) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.8742
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,765,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**59.5230**	**59.5230**	**0.5192**	**59.0038**	
Patient Care					
Direct Care	**102.1952**	**102.1952**	**0.8915**	**101.3037**	
Indirect Care	**52.9843**	**52.9843**	**0.4622**	**52.5221**	
Property	**13.6500**	**16.2715**	**0.1419**	**16.1296**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**228.3525**	**230.9740**	**2.0148**	**236.5563**	

***Medicaid Trend Adjustment :**

0 210285-00 - 2011/01

213.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

John Knox Village Medical Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4100 E. FLETCHER AVENU		**07/01/2005-12/31/2005**		Number of Beds:	**163**	Superior:	**0**
Tampa FL 33613		Days In CR	**184**	Maximum:	**29,992**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2006/07**	Max Annualized:	**59,495**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**28,079**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**2,880**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**10,463**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**11/1/1978**						
Acquired Date:	**11/1/1978**						
Entered Medicaid	**12/1/1987**						
Med # Active Date:	**12/1/1987**						
Previous Med #							

Medicaid Utilization	**37.26272%**
Occupancy:	**93.62163%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.67957%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.05824319**
Semester Index:	**1.24282006**
Cost:	**1.17441820**
Target:	**1.01759574**
DC FY Index:	**1.04350000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.14039291**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	683,486	826,073	622,968	213,131	0	2,345,658
1a	Audit Adjustments						
2	Cost Per Diem	65.3241	78.9518	59.5401	**20.3700**		224.1860
3	Cost Per Diem Inflated	76.7178	90.0361	69.9250			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**76.7178**	**90.0361**	**69.9250**	**20.3700**		257.0489
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	75.1430		68.4896			
7	Provider Target Rate	**77.0319**		**70.2112**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**90.0361**	**55.1439**	**13.6500**		206.6221
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.7921**	**90.0361**	**55.1439**	**13.6500**		**206.6221**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210285-00 - 2011/01

213.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

John Knox Village Medical Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1978/07**
Indexed Asset Value	**6,345,258**
FRVS Base Asset:	**2,676,513**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.043540**

Mortgage Information		
Amount:	**5,023,570.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0131**	**%**
Chase Rate:	**7.9765**	**%**
Amortization Rate:	**6.0131**	**%**
Interest Only:	**False**	
Yearly Payment:	**436,871**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,076,206**	**8.1589**
20% ROE(2):	**1,269,052**	**1.0319**
Insurance Cost(3):	**76,179**	**2.7130**
Taxes Cost(3):	**13,061**	**0.4652**
Home Office(3):	**63,101**	**2.2473**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.6163**

(1) 80% Capital ($5,076,206) amortized at 6.0131% for 20 years Principal & Interest of $436,871 divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = $8.1589
(2) 20% ROE ($1,269,052) times the ROE factor (0.043540) divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = $1.0319
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1978**	Used Per Bed Standard:	**17,795**
Comparison Bed	**50**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**889,750**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**90.0361**	**90.0361**	**0.7854**	**89.2507**	
Indirect Care	**55.1439**	**55.1439**	**0.4810**	**54.6629**	
Property	**13.6500**	**14.6163**	**0.1275**	**14.4888**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**206.6221**	**207.5884**	**1.8108**	**213.3747**	

***Medicaid Trend Adjustment :**

0 210374-00 - 2011/01

214.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Azalea Trace

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
10100 Hillview Road		**01/01/2009-12/31/2009**		Number of Beds:	**82**	Superior:	**0**
Pensacola FL 32504		Days In CR	**365**	Maximum:	**29,930**	Standard:	**181**
County:	**Escambia[17]**	First Used:	**2011/01**	Max Annualized:	**29,930**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2011/01**	Total Patient:	**24,917**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**1,753**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**5,812**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/1/1981**						
Acquired Date:	**5/1/1981**						
Entered Medicaid	**9/1/1988**						
Med # Active Date:	**9/1/1988**						
Previous Med #							

Medicaid Utilization	**23.32544%**
Occupancy:	**83.25092%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**104.64389%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	292,247	543,971	430,727	65,094	0	1,332,039
1a	Audit Adjustments						
2	Cost Per Diem	50.2834	93.5945	74.1099	**11.1999**		229.1877
3	Cost Per Diem Inflated	52.3447	96.0565	77.1480			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.3447**	**96.0565**	**77.1480**	**11.1999**		236.7491
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	71.2192		95.6607			
7	Provider Target Rate	**73.0094**		**98.0653**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.4247**	**91.4056**	**58.4725**	**11.1999**		209.5027
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**48.4247**	**91.4056**	**58.4725**	**11.1999**		**209.5027**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210374-00 - 2011/01

214.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Azalea Trace

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/01**
Indexed Asset Value	**3,096,767**
FRVS Base Asset:	**2,040,570**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,225,224.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.2900**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**3.2900**	**%**
Interest Only:	**False**	
Yearly Payment:	**169,225**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,477,414**	**6.2823**
20% ROE(2):	**619,353**	**0.6707**
Insurance Cost(3):	**9,290**	**0.3728**
Taxes Cost(3):	**10,250**	**0.4114**
Home Office(3):	**54,391**	**2.1829**
Replacement(3&4):	**1,504,473**	**0.0000**
Total FRVS PD:		**9.9201**

(1) 80% Capital ($2,477,414) amortized at 3.2900% for 20 years Principal & Interest of $169,225 divided by annual available days (29,930) divided by Occup. Adj. (0.9000) = $6.2823

(2) 20% ROE ($619,353) times the ROE factor (0.029170) divided by annual available days (29,930) divided by Occup. Adj. (0.9000) = $0.6707

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1980**	Used Per Bed Standard:	**22,673**
Comparison Bed	**90**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,040,570**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.4247**	**48.4247**	**0.4224**	**48.0023**	
Patient Care					
Direct Care	**91.4056**	**91.4056**	**0.7974**	**90.6082**	
Indirect Care	**58.4725**	**58.4725**	**0.5101**	**57.9624**	
Property	**11.1999**	**9.9201**	**0.0865**	**9.8336**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**209.5027**	**208.2229**	**1.8164**	**214.0036**	

***Medicaid Trend Adjustment :**

0 210463-00 - 2011/01

237.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Village on the Isle

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
950 SOUTH TAMIAMI TRAI		**01/01/2009-12/31/2009**		Number of Beds:	**60**	Superior:	**0**
Venice FL 34285		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**21,338**	Total:	**181**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**2,688**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**7,784**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/1/1984**						
Acquired Date:	**10/1/1984**						
Entered Medicaid	**10/1/1984**						
Med # Active Date:	**5/12/1988**						
Previous Med #	**208051**						

Medicaid Utilization	**36.47952%**
Occupancy:	**97.43379%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**122.47133%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	399,360	745,500	553,305	147,974	0	1,846,139
1a	Audit Adjustments						
2	Cost Per Diem	51.3052	95.7734	71.0823	**19.0100**		237.1709
3	Cost Per Diem Inflated	53.4084	98.2927	73.9963			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.4084**	**98.2927**	**73.9963**	**19.0100**		244.7074
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.6298		66.7497			
7	Provider Target Rate	**51.9025**		**68.4276**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.9025**	**98.2927**	**68.4276**	**13.6500**		232.2728
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.9025**	**98.2927**	**68.4276**	**13.6500**		**232.2728**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210463-00 - 2011/01

237.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Village on the Isle

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**2,327,672**
FRVS Base Asset:	**1,710,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,036,512.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.7050**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**11.7050**	**%**
Interest Only:	**False**	
Yearly Payment:	**241,465**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,862,138**	**12.2509**
20% ROE(2):	**465,534**	**0.6890**
Insurance Cost(3):	**990**	**0.0464**
Taxes Cost(3):	**14,896**	**0.6981**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.6844**

(1) 80% Capital ($1,862,138) amortized at 11.7050% for 20 years Principal & Interest of $241,465 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $12.2509
(2) 20% ROE ($465,534) times the ROE factor (0.029170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.6890
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9025**	**51.9025**	**0.4528**	**51.4497**	
Patient Care					
Direct Care	**98.2927**	**98.2927**	**0.8574**	**97.4353**	
Indirect Care	**68.4276**	**68.4276**	**0.5969**	**67.8307**	
Property	**13.6500**	**13.6844**	**0.1191**	**13.5309**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**232.2728**	**232.3072**	**2.0262**	**237.8437**	

***Medicaid Trend Adjustment :**

0 210587-00 - 2011/01

229.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

HealthPark Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
16131 Rose Rush Court	**10/01/2008-09/30/2009**	Number of Beds: **112**	Superior: **0**
Ft. Myers FL 33908	Days In CR **365**	Maximum: **40,880**	Standard: **181**
County: **Lee[36]**	First Used: **2011/01**	Max Annualized: **40,880**	Conditional: **0**
Region: **South[2]** Area: **8**	Last Used: **2011/01**	Total Patient: **38,241**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **14,769**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **9,730**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **10/28/1992**			
Acquired Date: **10/28/1992**			
Entered Medicaid **12/18/1992**			
Med # Active Date: **12/18/1992**			
Previous Med #			

Medicaid Utilization	**25.44390%**
Occupancy:	**93.54452%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.58264%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	591,199	1,031,381	502,386	132,912	0	2,257,878
1a	Audit Adjustments						
2	Cost Per Diem	60.7604	106.0001	51.6327	**13.6600**		232.0532
3	Cost Per Diem Inflated	63.5332	109.1650	53.9890			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**63.5332**	**109.1650**	**53.9890**	**13.6600**		240.3472
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	126.2632		68.1861			
7	Provider Target Rate	**129.4371**		**69.9001**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**96.5967**	**53.9890**	**13.6500**		214.5735
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.3378**	**96.5967**	**53.9890**	**13.6500**		**214.5735**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210587-00 - 2011/01

229.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

HealthPark Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/18/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1992/07**
Indexed Asset Value	**4,608,726**
FRVS Base Asset:	**2,844,810**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**6,100,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.3900**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**4.3900**	**%**
Interest Only:	**False**	
Yearly Payment:	**277,288**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,686,981**	**7.5366**
20% ROE(2):	**921,745**	**0.7541**
Insurance Cost(3):	**23,411**	**0.6122**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**94,320**	**2.4665**
Replacement(3&4):	**179,778**	**0.0000**
Total FRVS PD:		**11.3694**

(1) 80% Capital ($3,686,981) amortized at 4.3900% for 20 years Principal & Interest of $277,288 divided by annual available days (40,880) divided by Occup. Adj. (0.9000) = $7.5366

(2) 20% ROE ($921,745) times the ROE factor (0.030100) divided by annual available days (40,880) divided by Occup. Adj. (0.9000) = $0.7541

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1992**	Used Per Bed Standard:	**31,609**
Comparison Bed	**90**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,844,810**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**96.5967**	**96.5967**	**0.8427**	**95.7540**	
Indirect Care	**53.9890**	**53.9890**	**0.4710**	**53.5180**	
Property	**13.6500**	**11.3694**	**0.0992**	**11.2702**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.5577**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**214.5735**	**212.2929**	**1.8520**	**229.5957**	

***Medicaid Trend Adjustment :**

0 210617-00 - 2011/01

241.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Miami Gardens Care Centre

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
190 NE 191 Street	**08/01/2009-07/31/2010**	Number of Beds: **120**	Superior: **0**
North Miami FL 33170	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Dade[13]**	First Used: **2011/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **South[2]** Area: **11**	Last Used: **2011/01**	Total Patient: **32,322**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **6,558**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **24,751**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **2/4/1992**			
Acquired Date: **2/4/1992**			
Entered Medicaid **3/11/1992**			
Med # Active Date: **5/17/1992**			
Previous Med # **204226**			

Medicaid Utilization	**76.57633%**
Occupancy:	**73.79452%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**92.75749%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,165,575	2,299,274	1,623,738	630,655	0	5,719,242
1a	Audit Adjustments						
2	Cost Per Diem	47.0920	92.8962	65.6029	**25.4800**		231.0711
3	Cost Per Diem Inflated	48.4038	94.6596	67.4303			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.4038**	**94.6596**	**67.4303**	**25.4800**		235.9737
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.7505		59.1125			
7	Provider Target Rate	**42.8000**		**60.5984**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.8000**	**94.6596**	**56.8989**	**13.6500**		208.0085
12/13	Medicaid Adjustment Rate		2.8302	1.7012			
14	Prospective Per Diem 11	**42.8000**	**97.4898**	**58.6001**	**13.6500**		**212.5399**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210617-00 - 2011/01

241.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Miami Gardens Care Centre

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/11/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1992/01**
Indexed Asset Value	**5,044,910**
FRVS Base Asset:	**3,718,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**3,300,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.1250**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**11.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**499,901**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,035,928**	**12.6814**
20% ROE(2):	**1,008,982**	**0.7945**
Insurance Cost(3):	**192,124**	**5.9441**
Taxes Cost(3):	**77,734**	**2.4050**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**21.8250**

(1) 80% Capital ($4,035,928) amortized at 11.0000% for 20 years Principal & Interest of $499,901 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.6814
(2) 20% ROE ($1,008,982) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7945
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1991**	Used Per Bed Standard:	**30,986**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,718,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.8000**	**42.8000**	**0.3734**	**42.4266**	
Patient Care					
Direct Care	**97.4898**	**97.4898**	**0.8504**	**96.6394**	
Indirect Care	**58.6001**	**58.6001**	**0.5112**	**58.0889**	
Property	**13.6500**	**21.8250**	**0.1904**	**21.6346**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.0095**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**212.5399**	**220.7149**	**1.9254**	**241.3961**	

***Medicaid Trend Adjustment :**

0 210676-00 - 2011/01

234.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

AVANTE AT BOCA RATON, INC.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1130 NORTHWEST 15TH ST		**06/01/2009-05/31/2010**		Number of Beds:	**144**	Superior:	**0**
Boca Raton FL 33486-1343		Days In CR	**365**	Maximum:	**52,560**	Standard:	**181**
County: **Palm Beach[50]**		First Used:	**2011/01**	Max Annualized:	**52,560**	Conditional:	**0**
Region: **South[2]**	Area: **9**	Last Used:	**2011/01**	Total Patient:	**42,374**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**6,150**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**20,839**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date: **12/25/1985**							
Acquired Date: **12/25/1985**							
Entered Medicaid **12/25/1985**							
Med # Active Date: **4/1/1993**							
Previous Med # **203394**							

Medicaid Utilization	**49.17874%**
Occupancy:	**80.62024%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**101.33722%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20371855**
Semester Index:	**1.24282006**
Cost:	**1.03248393**
Target:	**1.01759574**
DC FY Index:	**1.16533216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02116808**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	964,508	1,755,265	1,148,446	281,327	0	4,149,546
1a	Audit Adjustments						
2	Cost Per Diem	46.2838	84.2298	55.1104	**13.5000**		199.1240
3	Cost Per Diem Inflated	47.7873	86.0128	56.9006			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.7873**	**86.0128**	**56.9006**	**13.5000**		204.2007
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.5305		56.5937			
7	Provider Target Rate	**49.7504**		**58.0163**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7873**	**86.0128**	**56.8989**	**13.5000**		204.1990
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.7873**	**86.0128**	**56.8989**	**13.5000**		**204.1990**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210676-00 - 2011/01

234.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

AVANTE AT BOCA RATON, INC.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**7,077,456**
FRVS Base Asset:	**3,136,303**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**3,600,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**11.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**701,306**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,661,965**	**14.8255**
20% ROE(2):	**1,415,491**	**0.9540**
Insurance Cost(3):	**80,672**	**1.9038**
Taxes Cost(3):	**114,944**	**2.7126**
Home Office(3):	**51,920**	**1.2253**
Replacement(3&4):	**200,779**	**0.0000**
Total FRVS PD:		**21.6212**

(1) 80% Capital ($5,661,965) amortized at 11.0000% for 20 years Principal & Interest of $701,306 divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = $14.8255
(2) 20% ROE ($1,415,491) times the ROE factor (0.031880) divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = $0.9540
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7873**	**47.7873**	**0.4169**	**47.3704**	
Patient Care					
Direct Care	**86.0128**	**86.0128**	**0.7503**	**85.2625**	
Indirect Care	**56.8989**	**56.8989**	**0.4964**	**56.4025**	
Property	**13.5000**	**21.6212**	**0.1886**	**21.4326**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.0971**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**204.1990**	**212.3202**	**1.8522**	**234.1622**	

***Medicaid Trend Adjustment :**

0 210684-00 - 2011/01

221.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Edgewater at Waterman Village

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
300 Brookfield Ave.		**10/01/2008-09/30/2009**		Number of Beds:	**120**	Superior:	**0**
Mount Dora FL 32757		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Lake[35]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**42,267**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**14,883**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**16,514**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/19/1993**						
Acquired Date:	**4/19/1993**						
Entered Medicaid	**5/3/1993**						
Med # Active Date:	**5/3/1993**						
Previous Med #							

Medicaid Utilization	**39.07067%**
Occupancy:	**96.50000%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**121.29759%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	889,999	1,483,598	1,287,500	330,445	0	3,991,542
1a	Audit Adjustments						
2	Cost Per Diem	53.8936	89.8388	77.9642	**20.0100**		241.7066
3	Cost Per Diem Inflated	56.3531	92.5211	81.5221			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.3531**	**92.5211**	**81.5221**	**20.0100**		250.4063
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.8955		71.9366			
7	Provider Target Rate	**67.5519**		**73.7449**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**92.5211**	**53.4956**	**13.6500**		204.9130
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.2463**	**92.5211**	**53.4956**	**13.6500**		**204.9130**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210684-00 - 2011/01

221.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Edgewater at Waterman Village

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/3/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/01**
Indexed Asset Value	**5,423,553**
FRVS Base Asset:	**3,861,960**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**8,858,400.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.0000**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**4.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**315,510**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,338,842**	**8.0038**
20% ROE(2):	**1,084,711**	**0.8283**
Insurance Cost(3):	**92,416**	**2.1865**
Taxes Cost(3):	**29,977**	**0.7092**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**84,718**	**0.0000**
Total FRVS PD:		**11.7278**

(1) 80% Capital ($4,338,842) amortized at 4.0000% for 20 years Principal & Interest of $315,510 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.0038
(2) 20% ROE ($1,084,711) times the ROE factor (0.030100) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8283
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**8/1/1992**	Used Per Bed Standard:	**32,183**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,861,960**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**92.5211**	**92.5211**	**0.8071**	**91.7140**	
Indirect Care	**53.4956**	**53.4956**	**0.4667**	**53.0289**	
Property	**13.6500**	**11.7278**	**0.1023**	**11.6255**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.1996**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**204.9130**	**202.9908**	**1.7708**	**221.0167**	

***Medicaid Trend Adjustment :**

0 210781-00 - 2011/01

224.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Brighton Gardens of Port St. Lucie

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1699 E. Lyngate Drive		**01/01/2009-12/31/2009**		Number of Beds:	**30**	Superior:	**0**
Port St. Lucie FL 34952		Days In CR	**365**	Maximum:	**10,950**	Standard:	**181**
County:	**St Lucie[56]**	First Used:	**2010/07**	Max Annualized:	**10,950**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**9,216**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,304**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**3,820**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/13/1993**						
Acquired Date:	**10/13/1993**						
Entered Medicaid	**10/18/1993**						
Med # Active Date:	**10/18/1993**						
Previous Med #							

Medicaid Utilization	**41.44965%**
Occupancy:	**84.16438%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**105.79209%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	185,445	325,998	227,745	117,694	0	856,882
1a	Audit Adjustments						
2	Cost Per Diem	48.5458	85.3398	59.6191	**30.8099**		224.3146
3	Cost Per Diem Inflated	50.5359	87.5846	62.0631			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.5359**	**87.5846**	**62.0631**	**30.8099**		230.9935
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.4005		60.2330			
7	Provider Target Rate	**63.9690**		**61.7471**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.5359**	**87.5846**	**61.7471**	**13.6500**		213.5176
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.5359**	**87.5846**	**61.7471**	**13.6500**		**213.5176**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210781-00 - 2011/01

224.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Brighton Gardens of Port St. Lucie

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/18/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/07**
Indexed Asset Value	**1,399,604**
FRVS Base Asset:	**982,590**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**1,968,820.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**125,243**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,119,683**	**12.7086**
20% ROE(2):	**279,921**	**0.8285**
Insurance Cost(3):	**8,180**	**0.8876**
Taxes Cost(3):	**20,582**	**2.2333**
Home Office(3):	**25,189**	**2.7332**
Replacement(3&4):	**26,064**	**0.0000**
Total FRVS PD:		**19.3912**

(1) 80% Capital ($1,119,683) amortized at 9.5000% for 20 years Principal & Interest of $125,243 divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = $12.7086
(2) 20% ROE ($279,921) times the ROE factor (0.029170) divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = $0.8285
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1993**	Used Per Bed Standard:	**32,753**
Comparison Bed	**30**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**982,590**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.5359**	**50.5359**	**0.4408**	**50.0951**	
Patient Care					
Direct Care	**87.5846**	**87.5846**	**0.7640**	**86.8206**	
Indirect Care	**61.7471**	**61.7471**	**0.5386**	**61.2085**	
Property	**13.6500**	**19.3912**	**0.1692**	**19.2220**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**213.5176**	**219.2588**	**1.9126**	**224.9433**	

***Medicaid Trend Adjustment :**

0 210889-00 - 2011/01

219.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Emory L. Bennett State Veteran's Nursing Home

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1920 Mason Avenue		**07/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Daytona Beach FL 32117		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Volusia[64]**		First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**35,436**	Total:	**181**
Control **Government Non-Prof**		**Unaudited [3]**		Medicare:	**4,572**	Inflation	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**12,315**	FY Index:	**1.18376228**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**34.75279%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**80.90411%**	Cost:	**1.04988990**
Open Date: **12/27/1993**		Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date: **12/27/1993**		Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15050000**
Entered Medicaid **1/19/1994**		Low Occupancy Adjustment Factor:			**101.69402%**	**DC Sem Index:**	**1.19000000**
Med # Active Date: **1/19/1994**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03433290**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	691,422	1,096,824	852,863	124,382	0	2,765,491
1a	Audit Adjustments						
2	Cost Per Diem	56.1447	89.0641	69.2540	**10.1000**		224.5628
3	Cost Per Diem Inflated	58.9458	92.1219	72.7091			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.9458**	**92.1219**	**72.7091**	**10.1000**		233.8768
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	69.0496		54.8058			
7	Provider Target Rate	**70.7853**		**56.1834**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**92.1219**	**53.4956**	**10.1000**		200.9638
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.2463**	**92.1219**	**53.4956**	**10.1000**		**200.9638**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210889-00 - 2011/01

219.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Emory L. Bennett State Veteran's Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/19/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/07**
Indexed Asset Value	**4,897,680**
FRVS Base Asset:	**3,930,360**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**6.0000**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**6.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**232,243**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,918,144**	**5.8915**
20% ROE(2):	**979,536**	**0.7870**
Insurance Cost(3):	**70**	**0.0020**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**68,094**	**0.0000**
Total FRVS PD:		**6.6805**

(1) 80% Capital ($3,918,144) amortized at 6.0000% for 20 years Interest of $232,243 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.8915
(2) 20% ROE ($979,536) times the ROE factor (0.031670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7870
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1993**	Used Per Bed Standard:	**32,753**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,930,360**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**92.1219**	**92.1219**	**0.8036**	**91.3183**	
Indirect Care	**53.4956**	**53.4956**	**0.4667**	**53.0289**	
Property	**10.1000**	**6.6805**	**0.0583**	**6.6222**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.4005**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**200.9638**	**197.5443**	**1.7233**	**219.8186**	

***Medicaid Trend Adjustment :**

0 210943-00 - 2011/01

227.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Stratford Court at Palm Harbor

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
45 Katherine Blvd		**01/01/2009-12/31/2009**		Number of Beds:	**60**	Superior:	**0**
Palm Harbor FL 34684		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**19,720**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,796**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**6,866**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/15/1992**						
Acquired Date:	**1/15/1992**						
Entered Medicaid	**2/12/1992**						
Med # Active Date:	**10/8/1993**						
Previous Med #	**204374**						

Medicaid Utilization	**34.81744%**
Occupancy:	**90.04566%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.18469%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	305,180	590,864	392,228	96,467	0	1,384,739
1a	Audit Adjustments						
2	Cost Per Diem	44.4480	86.0565	57.1261	**14.0500**		201.6806
3	Cost Per Diem Inflated	46.2701	88.3202	59.4679			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.2701**	**88.3202**	**59.4679**	**14.0500**		208.1082
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.1869		57.0462			
7	Provider Target Rate	**58.6244**		**58.4802**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.2701**	**88.3202**	**58.4802**	**13.6500**		206.7205
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.2701**	**88.3202**	**58.4802**	**13.6500**		**206.7205**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210943-00 - 2011/01

227.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Stratford Court at Palm Harbor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/12/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1992/01**
Indexed Asset Value	**2,367,569**
FRVS Base Asset:	**1,859,160**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,493,048.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.2000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**211,861**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,894,055**	**10.7489**
20% ROE(2):	**473,514**	**0.7008**
Insurance Cost(3):	**11,559**	**0.5862**
Taxes Cost(3):	**18,389**	**0.9325**
Home Office(3):	**49,832**	**2.5270**
Replacement(3&4):	**39,785**	**0.0000**
Total FRVS PD:		**15.4954**

(1) 80% Capital ($1,894,055) amortized at 9.5000% for 20 years Principal & Interest of $211,861 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $10.7489

(2) 20% ROE ($473,514) times the ROE factor (0.029170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.7008

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1991**	Used Per Bed Standard:	**30,986**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,859,160**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.2701**	**46.2701**	**0.4036**	**45.8665**	
Patient Care					
Direct Care	**88.3202**	**88.3202**	**0.7705**	**87.5497**	
Indirect Care	**58.4802**	**58.4802**	**0.5101**	**57.9701**	
Property	**13.6500**	**15.4954**	**0.1352**	**15.3602**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.2956**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**206.7205**	**208.5659**	**1.8194**	**227.6392**	

***Medicaid Trend Adjustment :**

0 210951-00 - 2011/01

191.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Sabal Palms Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
499 Alternate Keene Road	**07/01/2008-06/30/2009**	Number of Beds: **244**	Superior: **0**
Largo FL 33771-1652	Days In CR **365**	Maximum: **89,060**	Standard: **181**
County: **Pinellas[52]**	First Used: **2010/01**	Max Annualized: **89,060**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2011/01**	Total Patient: **83,981**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **10,486**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **57,260**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **5/18/1990**			
Acquired Date: **4/15/1990**			
Entered Medicaid **5/18/1990**			
Med # Active Date: **1/7/1994**			
Previous Med # **202134**			

Medicaid Utilization	**68.18209%**
Occupancy:	**94.29711%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.52862%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,004,204	4,395,464	2,449,392	1,423,484	0	10,272,544
1a	Audit Adjustments						
2	Cost Per Diem	35.0018	76.7633	42.7767	**24.8600**		179.4018
3	Cost Per Diem Inflated	36.7480	79.3988	44.9108			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.7480**	**79.3988**	**44.9108**	**24.8600**		185.9176
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0057		47.0996			
7	Provider Target Rate	**39.9862**		**48.2835**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.7480**	**79.3988**	**44.9108**	**13.6500**		174.7076
12/13	Medicaid Adjustment Rate		1.6241	0.9186			
14	Prospective Per Diem 11	**36.7480**	**81.0229**	**45.8294**	**13.6500**		**177.2503**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210951-00 - 2011/01

191.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Sabal Palms Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/18/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/01**
Indexed Asset Value	**11,020,837**
FRVS Base Asset:	**3,602,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**3,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4000**	**%**
Chase Rate:	**7.9800**	**%**
Amortization Rate:	**10.4000**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,049,189**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**8,816,670**	**13.0897**
20% ROE(2):	**2,204,167**	**0.8709**
Insurance Cost(3):	**128,949**	**1.5355**
Taxes Cost(3):	**189,757**	**2.2595**
Home Office(3):	**53,458**	**0.6365**
Replacement(3&4):	**283,066**	**0.0000**
Total FRVS PD:		**18.3921**

(1) 80% Capital ($8,816,670) amortized at 10.4000% for 20 years Principal & Interest of $1,049,189 divided by annual available days (89,060) divided by Occup. Adj. (0.9000) = $13.0897
(2) 20% ROE ($2,204,167) times the ROE factor (0.031670) divided by annual available days (89,060) divided by Occup. Adj. (0.9000) = $0.8709
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.7480**	**36.7480**	**0.3206**	**36.4274**	
Patient Care					
Direct Care	**81.0229**	**81.0229**	**0.7068**	**80.3161**	
Indirect Care	**45.8294**	**45.8294**	**0.3998**	**45.4296**	
Property	**13.6500**	**18.3921**	**0.1604**	**18.2317**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.4130**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**177.2503**	**181.9924**	**1.5876**	**191.4149**	

***Medicaid Trend Adjustment :**

0 211010-00 - 2011/01

230.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Stratford Court at Boca Pointe

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
6343 Via Sonrisa Del Sur		**01/01/2009-12/31/2009**		Number of Beds:	**60**	Superior:	**0**
Boca Raton FL 33433		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County: **Palm Beach[50]**		First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **South[2]**	Area: **9**	Last Used:	**2011/01**	Total Patient:	**19,184**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**7,932**		
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**6,971**		
Class at 1/94: **South Small [3]**							
Operating Ex **> 18 months [1]**							
Open Date:	**3/17/1994**						
Acquired Date:	**3/17/1994**						
Entered Medicaid	**3/17/1994**						
Med # Active Date:	**3/17/1994**						
Previous Med #							

Medicaid Utilization	**36.33757%**
Occupancy:	**87.59817%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**110.10827%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	306,990	587,193	419,712	126,384	0	1,440,279
1a	Audit Adjustments						
2	Cost Per Diem	44.0382	84.2337	60.2083	**18.1300**		206.6102
3	Cost Per Diem Inflated	45.8435	86.4494	62.6765			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.8435**	**86.4494**	**62.6765**	**18.1300**		213.0994
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	68.4431		69.3898			
7	Provider Target Rate	**70.1635**		**71.1340**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.8435**	**86.4494**	**62.6765**	**13.6500**		208.6194
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.8435**	**86.4494**	**62.6765**	**13.6500**		**208.6194**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211010-00 - 2011/01

230.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Stratford Court at Boca Pointe

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/17/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/01**
Indexed Asset Value	**2,680,744**
FRVS Base Asset:	**1,995,300**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,217,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**239,885**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,144,595**	**12.1707**
20% ROE(2):	**536,149**	**0.7935**
Insurance Cost(3):	**16,968**	**0.8845**
Taxes Cost(3):	**42,379**	**2.2091**
Home Office(3):	**54,704**	**2.8515**
Replacement(3&4):	**26,165**	**0.0000**
Total FRVS PD:		**18.9093**

(1) 80% Capital ($2,144,595) amortized at 9.5000% for 20 years Principal & Interest of $239,885 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $12.1707
(2) 20% ROE ($536,149) times the ROE factor (0.029170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.7935
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1993**	Used Per Bed Standard:	**33,255**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,995,300**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.8435**	**45.8435**	**0.3999**	**45.4436**	
Patient Care					
Direct Care	**86.4494**	**86.4494**	**0.7541**	**85.6953**	
Indirect Care	**62.6765**	**62.6765**	**0.5468**	**62.1297**	
Property	**13.6500**	**18.9093**	**0.1650**	**18.7443**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.0444**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**208.6194**	**213.8787**	**1.8658**	**230.6544**	

***Medicaid Trend Adjustment :**

0 211052-00 - 2011/01

234.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

W. FRANK WELLS NURSING FACILITY

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
159 NORTH THIRD STREE		**10/01/2008-09/30/2009**		Number of Beds:	**68**	Superior:	**181**
Macclenny FL 32063		Days In CR	**365**	Maximum:	**24,820**	Standard:	**0**
County: **Baker[2]**		First Used:	**2010/07**	Max Annualized:	**24,820**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**14,959**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**1,657**	Inflation	
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**11,719**	FY Index:	**1.18857853**
Class at 1/94: **North Small [1]**		Medicaid Utilization			**78.34080%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**60.26995%**	Cost:	**1.04563563**
Open Date: **1/1/1970**		Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date: **1/1/1970**		Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15550000**
Entered Medicaid **1/1/1970**		Low Occupancy Adjustment Factor:			**75.75751%**	**DC Sem Index:**	**1.19000000**
Med # Active Date: **10/1/1993**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02985720**
Previous Med # **200042**						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,143,540	1,397,089	1,067,913	267,545	0	3,876,087
1a	Audit Adjustments						
2	Cost Per Diem	97.5800	119.2157	91.1266	**22.8300**		330.7523
3	Cost Per Diem Inflated	102.0331	122.7751	95.2852			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**102.0331**	**122.7751**	**95.2852**	**22.8300**		342.9234
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.3616		68.3716			
7	Provider Target Rate	**69.0549**		**70.0902**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.4247**	**91.4056**	**58.4725**	**13.6500**		211.9528
12/13	Medicaid Adjustment Rate		2.9143	1.8643			
14	Prospective Per Diem 11	**48.4247**	**94.3199**	**60.3368**	**13.6500**		**216.7314**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211052-00 - 2011/01

234.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

W. FRANK WELLS NURSING FACILITY

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**1,946,358**
FRVS Base Asset:	**965,194**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**193,589**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,557,086**	**8.6664**
20% ROE(2):	**389,272**	**0.5245**
Insurance Cost(3):	**0**	**0.0000**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**9.1909**

(1) 80% Capital ($1,557,086) amortized at 12.5000% for 20 years Interest of $193,589 divided by annual available days (24,820) divided by Occup. Adj. (0.9000) = $8.6664
(2) 20% ROE ($389,272) times the ROE factor (0.030100) divided by annual available days (24,820) divided by Occup. Adj. (0.9000) = $0.5245
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**68**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,938,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.4247**	**48.4247**	**0.4224**	**48.0023**	
Patient Care					
Direct Care	**94.3199**	**94.3199**	**0.8228**	**93.4971**	
Indirect Care	**60.3368**	**60.3368**	**0.5263**	**59.8105**	
Property	**13.6500**	**9.1909**	**0.0802**	**9.1107**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.7442**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**216.7314**	**212.2723**	**1.8517**	**234.7619**	

***Medicaid Trend Adjustment :**

0 211281-00 - 2011/01

196.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Huntington Place Care & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1775 Huntington Lane		**08/01/2008-07/31/2009**		Number of Beds:	**100**	Superior:	**0**
Rockledge FL 32955		Days In CR	**365**	Maximum:	**36,500**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2010/07**	Max Annualized:	**36,500**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**34,122**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,913**	Inflation	
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**19,636**	FY Index:	**1.18536552**
Class at 1/94:	**North Small [1]**	Medicaid Utilization			**57.54645%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**93.48493%**	Cost:	**1.04846989**
Open Date:	**1/1/1972**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/1/1972**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15216426**
Entered Medicaid	**1/1/1972**	Low Occupancy Adjustment Factor:			**117.50774%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**10/1/1994**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03283884**
Previous Med #	**203742**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	866,841	1,514,287	726,536	499,540	0	3,607,204
1a	Audit Adjustments						
2	Cost Per Diem	44.1455	77.1179	37.0002	**25.4400**		183.7036
3	Cost Per Diem Inflated	46.2852	79.6504	38.7936			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.2852**	**79.6504**	**38.7936**	**25.4400**		190.1692
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4035		52.6829			
7	Provider Target Rate	**45.5197**		**54.0072**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.5197**	**79.6504**	**38.7936**	**13.6500**		177.6137
12/13	Medicaid Adjustment Rate		0.6762	0.3293			
14	Prospective Per Diem 11	**45.5197**	**80.3266**	**39.1229**	**13.6500**		**178.6192**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211281-00 - 2011/01

196.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Huntington Place Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1972/01**
Indexed Asset Value	**2,253,535**
FRVS Base Asset:	**1,346,503**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**2,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4400**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**10.4400**	**%**
Interest Only:	**False**	
Yearly Payment:	**215,118**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,802,828**	**6.5485**
20% ROE(2):	**450,707**	**0.4274**
Insurance Cost(3):	**6,537**	**0.1916**
Taxes Cost(3):	**53,547**	**1.5693**
Home Office(3):	**29,302**	**0.8587**
Replacement(3&4):	**45,898**	**0.0000**
Total FRVS PD:		**9.5955**

(1) 80% Capital ($1,802,828) amortized at 10.4400% for 20 years Principal & Interest of $215,118 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $6.5485
(2) 20% ROE ($450,707) times the ROE factor (0.031150) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $0.4274
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**100**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,850,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.5197**	**45.5197**	**0.3971**	**45.1226**	
Patient Care					
Direct Care	**80.3266**	**80.3266**	**0.7007**	**79.6259**	
Indirect Care	**39.1229**	**39.1229**	**0.3413**	**38.7816**	
Property	**13.6500**	**9.5955**	**0.0837**	**9.5118**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.5669**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**178.6192**	**174.5647**	**1.5228**	**196.2059**	

***Medicaid Trend Adjustment :**

0 211435-00 - 2011/01

191.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Hardee Manor Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
401 ORANGE DRIVE		**08/01/2007-07/31/2008**		Number of Beds:	**79**	Superior:	**0**
Wauchula FL 33873		Days In CR	**366**	Maximum:	**28,914**	Standard:	**181**
County:	**Hardee[25]**	First Used:	**2009/01**	Max Annualized:	**28,835**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**25,010**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,005**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**17,826**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1980**						
Acquired Date:	**9/1/1980**						
Entered Medicaid	**10/1/1980**						
Med # Active Date:	**4/1/1982**						
Previous Med #	**206636**						

Inflation	
FY Index:	**1.14587551**
Semester Index:	**1.24282006**
Cost:	**1.08460304**
Target:	**1.01759574**
DC FY Index:	**1.12132619**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.06124338**
PS Target:	**1.02513678**

Medicaid Utilization		**71.27549%**
Occupancy:		**86.49789%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**108.72525%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	705,169	1,280,723	573,520	424,259	0	2,983,671
1a	Audit Adjustments						
2	Cost Per Diem	39.5585	71.8458	32.1732	**23.8000**		167.3775
3	Cost Per Diem Inflated	42.9053	76.2459	34.8952			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.9053**	**76.2459**	**34.8952**	**23.8000**		177.8464
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4035		51.4890			
7	Provider Target Rate	**45.5197**		**53.6513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.9053**	**76.2459**	**34.8952**	**13.6500**		167.6964
12/13	Medicaid Adjustment Rate		1.8249	0.8352			
14	Prospective Per Diem 11	**42.9053**	**78.0708**	**35.7304**	**13.6500**		**170.3565**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211435-00 - 2011/01

191.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Hardee Manor Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/07**
Indexed Asset Value	**2,394,309**
FRVS Base Asset:	**893,513**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.040100**

Mortgage Information		
Amount:	**926,800.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**229,481**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,915,447**	**8.8427**
20% ROE(2):	**478,862**	**0.7399**
Insurance Cost(3):	**34,544**	**1.3812**
Taxes Cost(3):	**35,150**	**1.4054**
Home Office(3):	**20,202**	**0.8078**
Replacement(3&4):	**113,702**	**0.0000**
Total FRVS PD:		**13.1770**

(1) 80% Capital ($1,915,447) amortized at 10.5000% for 20 years Principal & Interest of $229,481 divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = $8.8427
(2) 20% ROE ($478,862) times the ROE factor (0.040100) divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = $0.7399
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.9053**	**42.9053**	**0.3743**	**42.5310**	
Patient Care					
Direct Care	**78.0708**	**78.0708**	**0.6810**	**77.3898**	
Indirect Care	**35.7304**	**35.7304**	**0.3117**	**35.4187**	
Property	**13.6500**	**13.1770**	**0.1149**	**13.0621**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8146**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**170.3565**	**169.8835**	**1.4819**	**191.8133**	

***Medicaid Trend Adjustment :**

0 211516-00 - 2011/01

203.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

LAUREL POINTE HEALTH AND REHABILITA

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
703 South 26th Street		**09/01/2008-08/31/2009**		Number of Beds:	**107**	Superior:	**0**
Ft. Pierce FL 34947		Days In CR	**365**	Maximum:	**39,055**	Standard:	**181**
County:	**St Lucie[56]**	First Used:	**2010/07**	Max Annualized:	**39,055**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**33,029**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,636**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**23,334**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/1/1980**						
Acquired Date:	**12/1/1980**						
Entered Medicaid	**12/1/1980**						
Med # Active Date:	**12/20/1993**						
Previous Med #	**209121**						

Medicaid Utilization	**70.64701%**
Occupancy:	**84.57048%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**106.30255%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18697094**
Semester Index:	**1.24282006**
Cost:	**1.04705180**
Target:	**1.01759574**
DC FY Index:	**1.15383092**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03134695**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	939,337	1,866,658	1,027,849	368,444	0	4,202,288
1a	Audit Adjustments						
2	Cost Per Diem	40.2561	79.9973	44.0494	**15.7900**		180.0928
3	Cost Per Diem Inflated	42.1502	82.5050	46.1220			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.1502**	**82.5050**	**46.1220**	**15.7900**		186.5672
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		46.7809			
7	Provider Target Rate	**40.1320**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.1320**	**82.5050**	**46.1220**	**13.6500**		182.4090
12/13	Medicaid Adjustment Rate		1.9164	1.0713			
14	Prospective Per Diem 11	**40.1320**	**84.4214**	**47.1933**	**13.6500**		**185.3967**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211516-00 - 2011/01

203.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

LAUREL POINTE HEALTH AND REHABILITA

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/1/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/07**
Indexed Asset Value	**2,755,252**
FRVS Base Asset:	**1,564,975**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**3,382,588.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0940**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**8.0940**	**%**
Interest Only:	**False**	
Yearly Payment:	**222,792**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,204,202**	**6.3384**
20% ROE(2):	**551,050**	**0.4802**
Insurance Cost(3):	**28,374**	**0.8591**
Taxes Cost(3):	**54,440**	**1.6482**
Home Office(3):	**8,122**	**0.2459**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**9.5718**

(1) 80% Capital ($2,204,202) amortized at 8.0940% for 20 years Principal & Interest of $222,792 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $6.3384
(2) 20% ROE ($551,050) times the ROE factor (0.030630) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $0.4802
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**107**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,049,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.1320**	**40.1320**	**0.3501**	**39.7819**	
Patient Care					
Direct Care	**84.4214**	**84.4214**	**0.7364**	**83.6850**	
Indirect Care	**47.1933**	**47.1933**	**0.4117**	**46.7816**	
Property	**13.6500**	**9.5718**	**0.0835**	**9.4883**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.1870**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**185.3967**	**181.3185**	**1.5817**	**203.5209**	

***Medicaid Trend Adjustment :**

0 211532-00 - 2011/01

202.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Citrus County

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3325 Jerwayne Lane		**08/01/2009-07/31/2010**		Number of Beds:	**120**	Superior:	**0**
Lecanto FL 34461		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Citrus[9]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**37,607**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**20,208**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**12,311**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**11/15/1994**						
Acquired Date:	**11/15/1994**						
Entered Medicaid	**11/15/1994**						
Med # Active Date:	**11/15/1994**						
Previous Med #							

Medicaid Utilization	**32.73593%**
Occupancy:	**85.86073%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**107.92435%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	490,545	1,049,415	656,404	303,343	0	2,499,707
1a	Audit Adjustments						
2	Cost Per Diem	39.8461	85.2421	53.3185	**24.6400**		203.0467
3	Cost Per Diem Inflated	40.9560	86.8602	54.8037			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.9560**	**86.8602**	**54.8037**	**24.6400**		207.2599
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1231		44.3748			
7	Provider Target Rate	**46.2573**		**45.4902**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.9560**	**86.8602**	**45.4902**	**13.6500**		186.9564
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**40.9560**	**86.8602**	**45.4902**	**13.6500**		**186.9564**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211532-00 - 2011/01

202.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Citrus County

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/15/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/07**
Indexed Asset Value	**5,567,242**
FRVS Base Asset:	**3,754,020**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**4,800,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.1315**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**360,140**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,453,794**	**9.1360**
20% ROE(2):	**1,113,448**	**0.8767**
Insurance Cost(3):	**19,032**	**0.5061**
Taxes Cost(3):	**96,793**	**2.5738**
Home Office(3):	**39,528**	**1.0511**
Replacement(3&4):	**77,847**	**0.0000**
Total FRVS PD:		**14.1437**

(1) 80% Capital ($4,453,794) amortized at 5.2500% for 20 years Principal & Interest of $360,140 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.1360
(2) 20% ROE ($1,113,448) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8767
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1994**	Used Per Bed Standard:	**33,820**
Comparison Bed	**111**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,754,020**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.9560**	**40.9560**	**0.3573**	**40.5987**	
Patient Care					
Direct Care	**86.8602**	**86.8602**	**0.7577**	**86.1025**	
Indirect Care	**45.4902**	**45.4902**	**0.3968**	**45.0934**	
Property	**13.6500**	**14.1437**	**0.1234**	**14.0203**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$8.7118**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**186.9564**	**187.4501**	**1.6352**	**202.1238**	

***Medicaid Trend Adjustment :**

0 211885-00 - 2011/01

206.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Plaza West

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
912 American Eagle Blvd		**01/01/2008-12/31/2008**		Number of Beds:	**113**	Superior:	**0**
Sun City Center FL 33573		Days In CR	**366**	Maximum:	**41,358**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2010/01**	Max Annualized:	**41,245**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**38,934**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,404**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**10,304**	FY Index:	**1.16972487**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**26.46530%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**94.13898%**	Cost:	**1.06248922**
Open Date:	**6/10/1994**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**6/10/1994**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.13550000**
Entered Medicaid	**6/10/1994**	Low Occupancy Adjustment Factor:			**118.32986%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**6/10/1994**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.04799648**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	480,226	836,642	532,370	834,109	0	2,683,347
1a	Audit Adjustments						
2	Cost Per Diem	46.6058	81.1958	51.6663	**80.9500**		260.4179
3	Cost Per Diem Inflated	49.5182	85.0929	54.8949			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.5182**	**85.0929**	**54.8949**	**80.9500**		270.4560
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.7807		51.4856			
7	Provider Target Rate	**45.9063**		**52.7798**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.9063**	**85.0929**	**52.7798**	**13.6500**		197.4290
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.9063**	**85.0929**	**52.7798**	**13.6500**		**197.4290**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211885-00 - 2011/01

206.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Plaza West

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/10/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/01**
Indexed Asset Value	**4,414,697**
FRVS Base Asset:	**1,396,710**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.036350**

Mortgage Information		
Amount:	**5,755,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.5654**	**%**
Chase Rate:	**8.8462**	**%**
Amortization Rate:	**8.5654**	**%**
Interest Only:	**False**	
Yearly Payment:	**369,548**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,531,758**	**9.9554**
20% ROE(2):	**882,939**	**0.8646**
Insurance Cost(3):	**24,755**	**0.6358**
Taxes Cost(3):	**41,439**	**1.0643**
Home Office(3):	**151,201**	**3.8835**
Replacement(3&4):	**4,629**	**0.0000**
Total FRVS PD:		**16.4036**

(1) 80% Capital ($3,531,758) amortized at 8.5654% for 20 years Principal & Interest of $369,548 divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = $9.9554

(2) 20% ROE ($882,939) times the ROE factor (0.036350) divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = $0.8646

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1993**	Used Per Bed Standard:	**33,255**
Comparison Bed	**42**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,396,710**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.9063**	**45.9063**	**0.4005**	**45.5058**	
Patient Care					
Direct Care	**85.0929**	**85.0929**	**0.7423**	**84.3506**	
Indirect Care	**52.7798**	**52.7798**	**0.4604**	**52.3194**	
Property	**13.6500**	**16.4036**	**0.1431**	**16.2605**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**197.4290**	**200.1826**	**1.7463**	**206.0334**	

***Medicaid Trend Adjustment :**

0 211923-00 - 2011/01

199.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lake Park of Madison

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
259 S. W. Captain Brown Rd.		**09/01/2006-08/31/2007**		Number of Beds:	**120**	Superior:	**0**
Madison FL 32340		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Madison[40]**	First Used:	**2008/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2011/01**	Total Patient:	**38,494**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,466**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**31,221**	FY Index:	**1.10995770**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**81.10615%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**87.88584%**	Cost:	**1.11970038**
Open Date:	**8/25/1995**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**8/25/1995**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.09332903**
Entered Medicaid	**8/25/1995**	Low Occupancy Adjustment Factor:			**110.46987%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**8/25/1995**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.08841892**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,137,317	2,179,126	1,256,188	615,678	0	5,188,309
1a	Audit Adjustments						
2	Cost Per Diem	36.4279	69.7968	40.2354	**19.7200**		166.1801
3	Cost Per Diem Inflated	40.7883	75.9682	45.0516			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.7883**	**75.9682**	**45.0516**	**19.7200**		181.5281
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	36.3320		43.1867			
7	Provider Target Rate	**37.2453**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.2453**	**75.9682**	**44.2723**	**13.6500**		171.1358
12/13	Medicaid Adjustment Rate		2.6585	1.5493			
14	Prospective Per Diem 11	**37.2453**	**78.6267**	**45.8216**	**13.6500**		**175.3436**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211923-00 - 2011/01

199.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Lake Park of Madison

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/25/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/07**
Indexed Asset Value	**4,855,181**
FRVS Base Asset:	**2,757,416**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.047500**

Mortgage Information		
Amount:	**3,760,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0532**	**%**
Chase Rate:	**7.6489**	**%**
Amortization Rate:	**9.0532**	**%**
Interest Only:	**False**	
Yearly Payment:	**420,956**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,884,145**	**10.6787**
20% ROE(2):	**971,036**	**1.1701**
Insurance Cost(3):	**86,567**	**2.2488**
Taxes Cost(3):	**39,769**	**1.0331**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**11,170**	**0.0000**
Total FRVS PD:		**15.1307**

(1) 80% Capital ($3,884,145) amortized at 9.0532% for 20 years Principal & Interest of $420,956 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.6787
(2) 20% ROE ($971,036) times the ROE factor (0.047500) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $1.1701
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1995**	Used Per Bed Standard:	**34,904**
Comparison Bed	**79**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,757,416**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.2453**	**37.2453**	**0.3249**	**36.9204**	
Patient Care					
Direct Care	**78.6267**	**78.6267**	**0.6859**	**77.9408**	
Indirect Care	**45.8216**	**45.8216**	**0.3997**	**45.4219**	
Property	**13.6500**	**15.1307**	**0.1320**	**14.9987**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6454**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**175.3436**	**176.8243**	**1.5425**	**199.5243**	

***Medicaid Trend Adjustment :**

0 212032-00 - 2011/01

248.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

E.J. Healey Rehabilitation and Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1200 45th Street	**10/01/2008-09/30/2009**	Number of Beds: **198**	Superior: **0**
West Palm Beach FL 33401	Days In CR **365**	Maximum: **72,270**	Standard: **181**
County: **Palm Beach[50]**	First Used: **2010/07**	Max Annualized: **72,270**	Conditional: **0**
Region: **South[2]** Area: **9**	Last Used: **2011/01**	Total Patient: **38,038**	Total: **181**
Control **Government Non-Prof**	**Unaudited [3]**	Medicare: **518**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **27,316**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **1/1/1970**			
Acquired Date: **1/1/1970**			
Entered Medicaid **1/1/1970**			
Med # Active Date: **10/1/1995**			
Previous Med # **201812**			

Medicaid Utilization	**71.81240%**
Occupancy:	**52.63318%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**66.15832%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,811,405	4,014,911	3,640,898	290,915	0	10,758,129
1a	Audit Adjustments						
2	Cost Per Diem	102.9215	146.9802	133.2881	**10.6500**		393.8398
3	Cost Per Diem Inflated	107.6184	151.3686	139.3708			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**107.6184**	**151.3686**	**139.3708**	**10.6500**		409.0078
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	90.4885		93.0911			
7	Provider Target Rate	**92.7631**		**95.4311**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**96.5967**	**56.8989**	**10.6500**		214.4834
12/13	Medicaid Adjustment Rate		2.3704	1.3962			
14	Prospective Per Diem 11	**50.3378**	**98.9671**	**58.2951**	**10.6500**		**218.2500**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212032-00 - 2011/01

248.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

E.J. Healey Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**9,471,874**
FRVS Base Asset:	**5,586,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**942,091**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,577,499**	**14.4841**
20% ROE(2):	**1,894,375**	**0.8767**
Insurance Cost(3):	**53,579**	**1.4086**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**195,877**	**0.0000**
Total FRVS PD:		**16.7694**

(1) 80% Capital ($7,577,499) amortized at 12.5000% for 20 years Interest of $942,091 divided by annual available days (72,270) divided by Occup. Adj. (0.9000) = $14.4841
(2) 20% ROE ($1,894,375) times the ROE factor (0.030100) divided by annual available days (72,270) divided by Occup. Adj. (0.9000) = $0.8767
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**196**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,586,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**98.9671**	**98.9671**	**0.8633**	**98.1038**	
Indirect Care	**58.2951**	**58.2951**	**0.5085**	**57.7866**	
Property	**10.6500**	**16.7694**	**0.1463**	**16.6231**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.5736**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**218.2500**	**224.3694**	**1.9572**	**248.5829**	

***Medicaid Trend Adjustment :**

0 212083-00 - 2011/01

200.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Westminster Woods on Julington Creek

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
25 William Bartram Scenic Hi		**04/01/2009-03/31/2010**		Number of Beds:	**60**	Superior:	**0**
Jacksonville FL 32259		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County: **Duval[16]**		First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**20,254**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**3,775**	Inflation	
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**6,770**	FY Index:	**1.19858405**
Class at 1/94: **North Small [1]**		Medicaid Utilization			**33.42550%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**92.48402%**	Cost:	**1.03690689**
Open Date: **12/12/1970**		Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date: **1/1/1996**		Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16300000**
Entered Medicaid **1/1/1996**		Low Occupancy Adjustment Factor:			**116.24963%**	**DC Sem Index:**	**1.19000000**
Med # Active Date: **1/1/1996**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02321582**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	331,412	540,646	463,452	131,067	0	1,466,577
1a	Audit Adjustments						
2	Cost Per Diem	48.9530	79.8591	68.4567	**19.3600**		216.6288
3	Cost Per Diem Inflated	50.7597	81.7131	70.9832			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.7597**	**81.7131**	**70.9832**	**19.3600**		222.8160
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.3400		74.7349			
7	Provider Target Rate	**53.6557**		**76.6135**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.4247**	**81.7131**	**58.4725**	**13.6500**		202.2603
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**48.4247**	**81.7131**	**58.4725**	**13.6500**		**202.2603**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212083-00 - 2011/01

200.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Westminster Woods on Julington Creek

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/01**
Indexed Asset Value	**754,043**
FRVS Base Asset:	**584,877**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030830**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**50,814**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**603,234**	**2.5781**
20% ROE(2):	**150,809**	**0.2359**
Insurance Cost(3):	**47,069**	**2.3239**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**12,856**	**0.6347**
Replacement(3&4):	**86,753**	**0.0000**
Total FRVS PD:		**5.7726**

(1) 80% Capital ($603,234) amortized at 8.5000% for 20 years Interest of $50,814 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $2.5781
(2) 20% ROE ($150,809) times the ROE factor (0.030830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.2359
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1971**	Used Per Bed Standard:	**10,261**
Comparison Bed	**57**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**584,877**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.4247**	**48.4247**	**0.4224**	**48.0023**	
Patient Care					
Direct Care	**81.7131**	**81.7131**	**0.7128**	**81.0003**	
Indirect Care	**58.4725**	**58.4725**	**0.5101**	**57.9624**	
Property	**13.6500**	**5.7726**	**0.0504**	**5.7222**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**202.2603**	**194.3829**	**1.6957**	**200.2843**	

***Medicaid Trend Adjustment :**

0 212121-00 - 2011/01

198.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Homestead Manor

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1330 NW First Avenue	**09/01/2008-08/31/2009**	Number of Beds: **64**	Superior: **0**
Homestead FL 33030	Days In CR **365**	Maximum: **23,360**	Standard: **181**
County: **Dade[13]**	First Used: **2010/01**	Max Annualized: **23,360**	Conditional: **0**
Region: **South[2]** Area: **11**	Last Used: **2011/01**	Total Patient: **22,415**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **3,077**	
Current Class **South Small [3]**	Initial CR? **False**	Medicaid: **15,503**	
Class at 1/94: **South Small [3]**			
Operating Ex **> 18 months [1]**			
Open Date: **1/1/1983**			
Acquired Date: **1/1/1983**			
Entered Medicaid **1/1/1983**			
Med # Active Date: **12/1/1995**			
Previous Med # **201464**			

Medicaid Utilization	**69.16351%**
Occupancy:	**95.95462%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.61207%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18697094**
Semester Index:	**1.24282006**
Cost:	**1.04705180**
Target:	**1.01759574**
DC FY Index:	**1.15383092**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03134695**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	698,638	971,324	722,337	271,458	6,989	2,670,746
1a	Audit Adjustments						
2	Cost Per Diem	45.0647	62.6539	46.5934	**17.5100**	**0.4508**	172.2728
3	Cost Per Diem Inflated	47.1851	64.6179	48.7857			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.1851**	**64.6179**	**48.7857**	**17.5100**	**0.4508**	178.5495
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7966		56.1408			
7	Provider Target Rate	**50.0232**		**58.5755**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.1851**	**64.6179**	**48.7857**	**13.6500**	**0.4508**	174.6895
12/13	Medicaid Adjustment Rate		1.3931	1.0518			
14	Prospective Per Diem 11	**47.1851**	**66.0110**	**49.8375**	**13.6500**	**0.4508**	**177.1344**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212121-00 - 2011/01

198.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Homestead Manor

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**2,789,989**
FRVS Base Asset:	**1,361,312**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**5,230,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.7000**	**%**
Chase Rate:	**8.7500**	**%**
Amortization Rate:	**8.7000**	**%**
Interest Only:	**False**	
Yearly Payment:	**235,838**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,231,991**	**11.2176**
20% ROE(2):	**557,998**	**0.8130**
Insurance Cost(3):	**34,544**	**1.5411**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**42,922**	**0.0000**
Total FRVS PD:		**13.5717**

(1) 80% Capital ($2,231,991) amortized at 8.7000% for 20 years Principal & Interest of $235,838 divided by annual available days (23,360) divided by Occup. Adj. (0.9000) = $11.2176
(2) 20% ROE ($557,998) times the ROE factor (0.030630) divided by annual available days (23,360) divided by Occup. Adj. (0.9000) = $0.8130
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**54**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,539,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.1851**	**47.1851**	**0.4116**	**46.7735**	
Patient Care					
Direct Care	**66.0110**	**66.0110**	**0.5758**	**65.4352**	
Indirect Care	**49.8375**	**49.8375**	**0.4348**	**49.4027**	
Property	**13.6500**	**13.5717**	**0.1191**	**13.5309**	
ROE	**0.4508**	**0.4917**	**0.0039**	**0.4469**	
ROE Adjustment	**-0.4508**	**-0.4917**	**-0.0039**	**-0.4469**	
Quality Assess-Medicaid Share				**$16.2451**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**176.6836**	**176.6053**	**1.5413**	**198.9845**	

***Medicaid Trend Adjustment :**

0 212164-00 - 2011/01

209.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Ybor City Healthcare and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1709 Taliaferro Ave.		**08/01/2009-07/31/2010**		Number of Beds:	**80**	Superior:	**0**
Tampa FL 33602		Days In CR	**365**	Maximum:	**29,200**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2011/01**	Max Annualized:	**29,200**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**27,827**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,766**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**23,199**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1970**						
Acquired Date:	**1/1/1970**						
Entered Medicaid	**1/1/1970**						
Med # Active Date:	**3/1/1996**						
Previous Med #	**200999**						

Medicaid Utilization	**83.36867%**
Occupancy:	**95.29794%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.78664%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	943,265	1,869,072	1,031,440	232,918	0	4,076,695
1a	Audit Adjustments						
2	Cost Per Diem	40.6597	80.5669	44.4605	**10.0400**		175.7271
3	Cost Per Diem Inflated	41.7923	82.0962	45.6990			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.7923**	**82.0962**	**45.6990**	**10.0400**		179.6275
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4035		51.4890			
7	Provider Target Rate	**45.5197**		**53.6513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.7923**	**82.0962**	**45.6990**	**10.0400**		179.6275
12/13	Medicaid Adjustment Rate		3.0819	1.7155			
14	Prospective Per Diem 11	**41.7923**	**85.1781**	**47.4145**	**10.0400**		**184.4249**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212164-00 - 2011/01

209.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Ybor City Healthcare and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**2,532,928**
FRVS Base Asset:	**924,242**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**235,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**13.0000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**251,930**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,026,342**	**9.5864**
20% ROE(2):	**506,586**	**0.5983**
Insurance Cost(3):	**32,497**	**1.1678**
Taxes Cost(3):	**12,026**	**0.4322**
Home Office(3):	**4,669**	**0.1678**
Replacement(3&4):	**25,303**	**0.0000**
Total FRVS PD:		**11.9525**

(1) 80% Capital ($2,026,342) amortized at 12.5000% for 20 years Interest of $251,930 divided by annual available days (29,200) divided by Occup. Adj. (0.9000) = $9.5864
(2) 20% ROE ($506,586) times the ROE factor (0.031040) divided by annual available days (29,200) divided by Occup. Adj. (0.9000) = $0.5983
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**80**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,280,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.7923**	**41.7923**	**0.3646**	**41.4277**	
Patient Care					
Direct Care	**85.1781**	**85.1781**	**0.7430**	**84.4351**	
Indirect Care	**47.4145**	**47.4145**	**0.4136**	**47.0009**	
Property	**10.0400**	**11.9525**	**0.1043**	**11.8482**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.6350**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**184.4249**	**186.3374**	**1.6255**	**209.9440**	

***Medicaid Trend Adjustment :**

0 212393-00 - 2011/01

213.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Fountains Nursing Home

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3800 North Federal Hwy.		**01/01/2009-12/31/2009**		Number of Beds:	**51**	Superior:	**0**
Boca Raton FL 33431		Days In CR	**365**	Maximum:	**18,615**	Standard:	**181**
County: **Palm Beach[50]**		First Used:	**2010/07**	Max Annualized:	**18,615**	Conditional:	**0**
Region: **South[2]**	Area: **9**	Last Used:	**2011/01**	Total Patient:	**15,054**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**793**	Inflation	
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**8,530**	FY Index:	**1.19387802**
Class at 1/94: **South Small [3]**		Medicaid Utilization			**56.66268%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**80.87026%**	Cost:	**1.04099417**
Open Date: **1/1/1970**		Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date: **1/1/1970**		Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid **1/1/1970**		Low Occupancy Adjustment Factor:			**101.65149%**	**DC Sem Index:**	**1.19000000**
Med # Active Date: **1/1/1996**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med # **201758**						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	456,992	564,152	451,897	98,180	0	1,571,221
1a	Audit Adjustments						
2	Cost Per Diem	53.5747	66.1374	52.9774	**11.5100**		184.1995
3	Cost Per Diem Inflated	55.7710	67.8771	55.1492			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.7710**	**67.8771**	**55.1492**	**11.5100**		190.3073
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.3944		56.1408			
7	Provider Target Rate	**54.7366**		**58.5755**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.7366**	**67.8771**	**55.1492**	**11.5100**		189.2729
12/13	Medicaid Adjustment Rate		0.5088	0.4134			
14	Prospective Per Diem 11	**54.7366**	**68.3859**	**55.5626**	**11.5100**		**190.1951**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212393-00 - 2011/01

213.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Fountains Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/1/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**1,147,692**
FRVS Base Asset:	**728,314**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**450,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.7500**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**97,366**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**918,154**	**5.8117**
20% ROE(2):	**229,538**	**0.3997**
Insurance Cost(3):	**17,460**	**1.1598**
Taxes Cost(3):	**55,580**	**3.6920**
Home Office(3):	**6,450**	**0.4285**
Replacement(3&4):	**28,970**	**0.0000**
Total FRVS PD:		**11.4917**

(1) 80% Capital ($918,154) amortized at 8.7500% for 20 years Principal & Interest of $97,366 divided by annual available days (18,615) divided by Occup. Adj. (0.9000) = $5.8117

(2) 20% ROE ($229,538) times the ROE factor (0.029170) divided by annual available days (18,615) divided by Occup. Adj. (0.9000) = $0.3997

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**51**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,453,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.7366**	**54.7366**	**0.4775**	**54.2591**	
Patient Care					
Direct Care	**68.3859**	**68.3859**	**0.5966**	**67.7893**	
Indirect Care	**55.5626**	**55.5626**	**0.4847**	**55.0779**	
Property	**11.5100**	**11.4917**	**0.1002**	**11.3915**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.8381**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**190.1951**	**190.1768**	**1.6590**	**213.9530**	

***Medicaid Trend Adjustment :**

0 212636-00 - 2011/01

171.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Woodland Terrace

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
120 Chipola Avenue		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Deland FL 32720		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Volusia[64]**		First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**42,815**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**6,487**	Inflation	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**27,955**	FY Index:	**1.19387802**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**65.29254%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**97.75114%**	Cost:	**1.04099417**
Open Date:	**9/27/1996**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**9/27/1996**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**9/27/1996**	Low Occupancy Adjustment Factor:			**122.87024%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**9/27/1996**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**299594**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	911,836	1,842,581	863,806	799,233	0	4,417,456
1a	Audit Adjustments						
2	Cost Per Diem	32.6180	65.9124	30.8999	**28.5900**		158.0203
3	Cost Per Diem Inflated	33.9551	67.6462	32.1666			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.9551**	**67.6462**	**32.1666**	**28.5900**		162.3579
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.4379		43.1867			
7	Provider Target Rate	**38.3790**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.9551**	**67.6462**	**32.1666**	**13.6500**		147.4179
12/13	Medicaid Adjustment Rate		1.1638	0.5534			
14	Prospective Per Diem 11	**33.9551**	**68.8100**	**32.7200**	**13.6500**		**149.1351**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212636-00 - 2011/01

171.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Woodland Terrace

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/27/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/07**
Indexed Asset Value	**5,230,418**
FRVS Base Asset:	**4,325,640**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,750,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.1900**	**%**
Chase Rate:	**5.2500**	**%**
Amortization Rate:	**7.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**396,864**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,184,334**	**10.0676**
20% ROE(2):	**1,046,084**	**0.7741**
Insurance Cost(3):	**49,521**	**1.1566**
Taxes Cost(3):	**77,717**	**1.8152**
Home Office(3):	**17,392**	**0.4062**
Replacement(3&4):	**80,522**	**0.0000**
Total FRVS PD:		**14.2197**

(1) 80% Capital ($4,184,334) amortized at 7.2500% for 20 years Principal & Interest of $396,864 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.0676

(2) 20% ROE ($1,046,084) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7741

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1996**	Used Per Bed Standard:	**36,047**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,325,640**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.9551**	**33.9551**	**0.2962**	**33.6589**	
Patient Care					
Direct Care	**68.8100**	**68.8100**	**0.6003**	**68.2097**	
Indirect Care	**32.7200**	**32.7200**	**0.2854**	**32.4346**	
Property	**13.6500**	**14.2197**	**0.1240**	**14.0957**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.9770**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**149.1351**	**149.7048**	**1.3059**	**171.9730**	

***Medicaid Trend Adjustment :**

0 212709-00 - 2011/01

185.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Suncoast Manor

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
6909 9th Street South		**04/01/2009-03/31/2010**		Number of Beds:	**120**	Superior:	**181**
St. Petersburg FL 33705-6272		Days In CR	**365**	Maximum:	**43,800**	Standard:	**0**
County: **Pinellas[52]**		First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2011/01**	Total Patient:	**39,460**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**5,835**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**19,072**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**6/1/1968**						
Acquired Date:	**8/23/1996**						
Entered Medicaid	**8/23/1996**						
Med # Active Date:	**8/23/1996**						
Previous Med #							

Medicaid Utilization	**48.33249%**
Occupancy:	**90.09132%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.24208%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19858405**
Semester Index:	**1.24282006**
Cost:	**1.03690689**
Target:	**1.01759574**
DC FY Index:	**1.16300000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02321582**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	886,515	1,460,807	1,138,215	268,915	0	3,754,452
1a	Audit Adjustments						
2	Cost Per Diem	46.4825	76.5943	59.6799	**14.1000**		196.8567
3	Cost Per Diem Inflated	48.1980	78.3725	61.8825			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.1980**	**78.3725**	**61.8825**	**14.1000**		202.5530
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9926		51.6863			
7	Provider Target Rate	**44.0733**		**52.9855**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.0733**	**78.3725**	**52.9855**	**13.6500**		189.0813
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.0733**	**78.3725**	**52.9855**	**13.6500**		**189.0813**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212709-00 - 2011/01

185.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Suncoast Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/23/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/07**
Indexed Asset Value	**1,555,764**
FRVS Base Asset:	**1,652,021**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030830**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**101,729**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,244,611**	**2.5806**
20% ROE(2):	**311,153**	**0.2433**
Insurance Cost(3):	**34,389**	**0.8715**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**22,150**	**0.5613**
Replacement(3&4):	**269,005**	**0.0000**
Total FRVS PD:		**4.2567**

(1) 80% Capital ($1,244,611) amortized at 8.2500% for 20 years Interest of $101,729 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $2.5806
(2) 20% ROE ($311,153) times the ROE factor (0.030830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2433
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1971**	Used Per Bed Standard:	**10,261**
Comparison Bed	**161**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,652,021**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.0733**	**44.0733**	**0.3845**	**43.6888**	
Patient Care					
Direct Care	**78.3725**	**78.3725**	**0.6837**	**77.6888**	
Indirect Care	**52.9855**	**52.9855**	**0.4622**	**52.5233**	
Property	**13.6500**	**4.2567**	**0.0371**	**4.2196**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.0813**	**179.6880**	**1.5675**	**185.7176**	

***Medicaid Trend Adjustment :**

0 212733-00 - 2011/01

164.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Oceanside Extended Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
550 9th Street		**01/01/2009-12/31/2009**		Number of Beds:	**196**	Superior:	**0**
Miami Beach FL 33139		Days In CR	**365**	Maximum:	**71,540**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2011/01**	Max Annualized:	**71,540**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**71,062**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**17,521**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**52,675**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/1/1976**						
Acquired Date:	**3/1/1976**						
Entered Medicaid	**3/1/1976**						
Med # Active Date:	**11/1/1996**						
Previous Med #	**209449**						

Medicaid Utilization	**74.12541%**
Occupancy:	**99.33184%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**124.85714%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,389,869	3,473,273	1,774,136	1,086,685	0	7,723,963
1a	Audit Adjustments						
2	Cost Per Diem	26.3857	65.9378	33.6808	**20.6300**		146.6343
3	Cost Per Diem Inflated	27.4674	67.6723	35.0615			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**27.4674**	**67.6723**	**35.0615**	**20.6300**		150.8312
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		46.7809			
7	Provider Target Rate	**40.1320**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**27.4674**	**67.6723**	**35.0615**	**13.6500**		143.8512
12/13	Medicaid Adjustment Rate		1.8367	0.9516			
14	Prospective Per Diem 11	**27.4674**	**69.5090**	**36.0131**	**13.6500**		**146.6395**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212733-00 - 2011/01

164.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Oceanside Extended Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1976/01**
Indexed Asset Value	**6,100,963**
FRVS Base Asset:	**3,339,389**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**6,150,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**508,278**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,880,770**	**7.8942**
20% ROE(2):	**1,220,193**	**0.5528**
Insurance Cost(3):	**110,218**	**1.5510**
Taxes Cost(3):	**73,047**	**1.0279**
Home Office(3):	**9,161**	**0.1289**
Replacement(3&4):	**134,726**	**0.0000**
Total FRVS PD:		**11.1548**

(1) 80% Capital ($4,880,770) amortized at 8.5000% for 20 years Principal & Interest of $508,278 divided by annual available days (71,540) divided by Occup. Adj. (0.9000) = $7.8942
(2) 20% ROE ($1,220,193) times the ROE factor (0.029170) divided by annual available days (71,540) divided by Occup. Adj. (0.9000) = $0.5528
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**196**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,586,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**27.4674**	**27.4674**	**0.2396**	**27.2278**	
Patient Care					
Direct Care	**69.5090**	**69.5090**	**0.6064**	**68.9026**	
Indirect Care	**36.0131**	**36.0131**	**0.3142**	**35.6989**	
Property	**13.6500**	**11.1548**	**0.0973**	**11.0575**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.1873**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**146.6395**	**144.1443**	**1.2575**	**164.6712**	

***Medicaid Trend Adjustment :**

0 212792-00 - 2011/01

199.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Florida Lutheran Retirement Church

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
450 NORTH MCDONALD AV		**07/01/2008-06/30/2009**		Number of Beds:	**60**	Superior:	**181**
DeLand FL 32724		Days In CR	**365**	Maximum:	**21,900**	Standard:	**0**
County: **Volusia[64]**		First Used:	**2010/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**21,067**	Total:	**181**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**1,553**	**Inflation**	
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**12,293**	FY Index:	**1.18376228**
Class at 1/94: **North Small [1]**						Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**						Cost:	**1.04988990**
Open Date:	**1/17/1997**					Target:	**1.01759574**
Acquired Date:	**1/17/1997**					**DC FY Index:**	**1.15050000**
Entered Medicaid	**1/17/1997**					**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/17/1997**					**DC Inflation:**	**1.03433290**
Previous Med #	**299604**					**PS Target:**	**1.02513678**

Medicaid Utilization	**58.35192%**
Occupancy:	**96.19635%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.91591%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	492,400	1,008,757	629,335	228,527	0	2,359,019
1a	Audit Adjustments						
2	Cost Per Diem	40.0553	82.0595	51.1946	**18.5900**		191.8994
3	Cost Per Diem Inflated	42.0537	84.8768	53.7487			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.0537**	**84.8768**	**53.7487**	**18.5900**		199.2692
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.0102		53.3808			
7	Provider Target Rate	**41.0159**		**54.7226**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.0159**	**84.8768**	**53.7487**	**13.6500**		193.2914
12/13	Medicaid Adjustment Rate		0.7975	0.5050			
14	Prospective Per Diem 11	**41.0159**	**85.6743**	**54.2537**	**13.6500**		**194.5939**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212792-00 - 2011/01

199.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Florida Lutheran Retirement Church

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/17/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**2,912,019**
FRVS Base Asset:	**2,191,560**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**3,300,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5100**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**6.5100**	**%**
Interest Only:	**False**	
Yearly Payment:	**208,592**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,329,615**	**10.5831**
20% ROE(2):	**582,404**	**0.9358**
Insurance Cost(3):	**17,713**	**0.8408**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**16,267**	**0.7722**
Replacement(3&4):	**62,426**	**0.0000**
Total FRVS PD:		**13.1319**

(1) 80% Capital ($2,329,615) amortized at 6.5100% for 20 years Principal & Interest of $208,592 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $10.5831
(2) 20% ROE ($582,404) times the ROE factor (0.031670) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.9358
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,191,560**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.0159**	**41.0159**	**0.3578**	**40.6581**	
Patient Care					
Direct Care	**85.6743**	**85.6743**	**0.7474**	**84.9269**	
Indirect Care	**54.2537**	**54.2537**	**0.4733**	**53.7804**	
Property	**13.6500**	**13.1319**	**0.1146**	**13.0173**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**194.5939**	**194.0758**	**1.6931**	**199.9798**	

***Medicaid Trend Adjustment :**

0 212806-00 - 2011/01

256.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Palmetto Sub Acute Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
7600 S.W. 8th Street		**08/01/2008-07/31/2009**		Number of Beds:	**95**	Superior:	**0**
Miami FL 33144		Days In CR	**365**	Maximum:	**34,675**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2010/01**	Max Annualized:	**34,675**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**31,524**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**21,074**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**10,068**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/24/1997**						
Acquired Date:	**1/24/1997**						
Entered Medicaid	**1/24/1997**						
Med # Active Date:	**1/24/1997**						
Previous Med #	**299608**						

Medicaid Utilization	**31.93757%**
Occupancy:	**90.91276%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.27460%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	562,197	1,021,198	653,765	273,145	0	2,510,305
1a	Audit Adjustments						
2	Cost Per Diem	55.8400	101.4301	64.9349	**27.1300**		249.3350
3	Cost Per Diem Inflated	58.5466	104.7609	68.0823			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.5466**	**104.7609**	**68.0823**	**27.1300**		258.5198
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.8343		65.0290			
7	Provider Target Rate	**59.2881**		**66.6636**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**58.5466**	**102.1952**	**66.6636**	**13.6500**		241.0554
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**58.5466**	**102.1952**	**66.6636**	**13.6500**		**241.0554**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212806-00 - 2011/01

256.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Palmetto Sub Acute Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/24/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**3,769,298**
FRVS Base Asset:	**3,104,710**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.1000**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**10.1000**	**%**
Interest Only:	**False**	
Yearly Payment:	**351,596**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,015,438**	**11.2664**
20% ROE(2):	**753,860**	**0.7525**
Insurance Cost(3):	**85,195**	**2.7025**
Taxes Cost(3):	**71,220**	**2.2592**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**157,816**	**0.0000**
Total FRVS PD:		**16.9806**

(1) 80% Capital ($3,015,438) amortized at 10.1000% for 20 years Principal & Interest of $351,596 divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = $11.2664

(2) 20% ROE ($753,860) times the ROE factor (0.031150) divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = $0.7525

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**85**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,104,710**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**58.5466**	**58.5466**	**0.5107**	**58.0359**	
Patient Care					
Direct Care	**102.1952**	**102.1952**	**0.8915**	**101.3037**	
Indirect Care	**66.6636**	**66.6636**	**0.5815**	**66.0821**	
Property	**13.6500**	**16.9806**	**0.1481**	**16.8325**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$6.2420**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**241.0554**	**244.3860**	**2.1318**	**256.0933**	

***Medicaid Trend Adjustment :**

0 212831-00 - 2011/01

210.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

University Center West

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
545 West Euclid Ave		**09/01/2009-08/31/2010**		Number of Beds:	**60**	Superior:	**0**
Deland FL 32720		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County: **Volusia[64]**		First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**16,829**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**924**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**15,458**		
Class at 1/94: **North Small [1]**							
Operating Ex **> 18 months [1]**							
Open Date:	**7/1/1972**						
Acquired Date:	**7/1/1972**						
Entered Medicaid	**7/1/1972**						
Med # Active Date:	**9/1/1996**						
Previous Med #	**210790**						

Medicaid Utilization	**91.85335%**
Occupancy:	**76.84475%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**96.59154%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21199123**
Semester Index:	**1.24282006**
Cost:	**1.02543651**
Target:	**1.01759574**
DC FY Index:	**1.16916514**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01782029**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	638,293	1,232,295	814,400	301,122	0	2,986,110
1a	Audit Adjustments						
2	Cost Per Diem	41.2921	79.7189	52.6847	**19.4800**		193.1757
3	Cost Per Diem Inflated	42.3424	81.1395	54.0248			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.3424**	**81.1395**	**54.0248**	**19.4800**		196.9867
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.3389		47.1885			
7	Provider Target Rate	**41.3529**		**48.7271**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.3529**	**81.1395**	**48.7271**	**13.6500**		184.8695
12/13	Medicaid Adjustment Rate		3.6513	2.1927			
14	Prospective Per Diem 11	**41.3529**	**84.7908**	**50.9198**	**13.6500**		**190.7135**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212831-00 - 2011/01

210.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

University Center West

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1972/07**
Indexed Asset Value	**1,272,978**
FRVS Base Asset:	**688,794**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030420**

Mortgage Information		
Amount:	**958,334.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**130,324**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,018,382**	**6.6121**
20% ROE(2):	**254,596**	**0.3929**
Insurance Cost(3):	**29,131**	**1.7310**
Taxes Cost(3):	**14,588**	**0.8668**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**20,503**	**0.0000**
Total FRVS PD:		**9.6028**

(1) 80% Capital ($1,018,382) amortized at 11.5000% for 20 years Principal & Interest of $130,324 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $6.6121

(2) 20% ROE ($254,596) times the ROE factor (0.030420) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.3929

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.3529**	**41.3529**	**0.3607**	**40.9922**	
Patient Care					
Direct Care	**84.7908**	**84.7908**	**0.7397**	**84.0511**	
Indirect Care	**50.9198**	**50.9198**	**0.4442**	**50.4756**	
Property	**13.6500**	**9.6028**	**0.0838**	**9.5190**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.7961**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**190.7135**	**186.6663**	**1.6284**	**210.4311**	

***Medicaid Trend Adjustment :**

0 212849-00 - 2011/01

199.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Tarpon Bayou Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
515 Chesapeake Drive		**09/01/2008-08/31/2009**		Number of Beds:	**120**	Superior:	**0**
Tarpon Springs FL 34689		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Pinellas[52]**		First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2011/01**	Total Patient:	**34,780**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**4,444**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**26,309**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**7/1/1972**						
Acquired Date:	**7/1/1972**						
Entered Medicaid	**7/1/1972**						
Med # Active Date:	**9/1/1996**						
Previous Med #	**210854**						

Medicaid Utilization	**75.64405%**
Occupancy:	**79.40639%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**99.81145%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18697094**
Semester Index:	**1.24282006**
Cost:	**1.04705180**
Target:	**1.01759574**
DC FY Index:	**1.15383092**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03134695**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	935,670	2,074,208	1,037,150	494,609	434	4,542,071
1a	Audit Adjustments						
2	Cost Per Diem	35.5646	78.8402	39.4219	**18.8000**	**0.0165**	172.6432
3	Cost Per Diem Inflated	37.2380	81.3116	41.2768			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.2380**	**81.3116**	**41.2768**	**18.8000**	**0.0165**	178.6429
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.2380**	**81.3116**	**41.2768**	**13.6500**	**0.0165**	173.4929
12/13	Medicaid Adjustment Rate		2.3458	1.1908			
14	Prospective Per Diem 11	**37.2380**	**83.6574**	**42.4676**	**13.6500**	**0.0165**	**177.0295**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212849-00 - 2011/01

199.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Tarpon Bayou Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1972/07**
Indexed Asset Value	**3,624,797**
FRVS Base Asset:	**1,883,680**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**4,166,667.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**371,097**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,899,838**	**9.4139**
20% ROE(2):	**724,959**	**0.5633**
Insurance Cost(3):	**92,339**	**2.6549**
Taxes Cost(3):	**46,923**	**1.3491**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**74,348**	**0.0000**
Total FRVS PD:		**13.9812**

(1) 80% Capital ($2,899,838) amortized at 11.5000% for 20 years Principal & Interest of $371,097 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.4139

(2) 20% ROE ($724,959) times the ROE factor (0.030630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5633

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.2380**	**37.2380**	**0.3248**	**36.9132**	
Patient Care					
Direct Care	**83.6574**	**83.6574**	**0.7298**	**82.9276**	
Indirect Care	**42.4676**	**42.4676**	**0.3705**	**42.0971**	
Property	**13.6500**	**13.9812**	**0.1220**	**13.8592**	
ROE	**0.0165**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.4240**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**177.0295**	**177.3442**	**1.5471**	**199.8182**	

***Medicaid Trend Adjustment :**

0 212865-00 - 2011/01

188.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lakeland Hills Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
610 East Bella Vista Drive		**09/01/2008-08/31/2009**		Number of Beds:	**120**	Superior:	**0**
Lakeland FL 33805		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Polk[53]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**38,248**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,110**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**26,012**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1972**						
Acquired Date:	**8/1/1972**						
Entered Medicaid	**8/1/1972**						
Med # Active Date:	**9/1/1996**						
Previous Med #	**210749**						

Medicaid Utilization	**68.00878%**
Occupancy:	**87.32420%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**109.76390%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18697094**
Semester Index:	**1.24282006**
Cost:	**1.04705180**
Target:	**1.01759574**
DC FY Index:	**1.15383092**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03134695**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	991,720	1,936,547	1,004,061	483,563	8,721	4,424,612
1a	Audit Adjustments						
2	Cost Per Diem	38.1255	74.4482	38.5999	**18.5900**	**0.3353**	170.0989
3	Cost Per Diem Inflated	39.9194	76.7819	40.4161			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.9194**	**76.7819**	**40.4161**	**18.5900**	**0.3353**	176.0427
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1474**	**76.7819**	**40.4161**	**13.6500**	**0.3353**	169.3307
12/13	Medicaid Adjustment Rate		1.5556	0.8188			
14	Prospective Per Diem 11	**38.1474**	**78.3375**	**41.2349**	**13.6500**	**0.3353**	**171.7051**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212865-00 - 2011/01

188.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lakeland Hills Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1972/07**
Indexed Asset Value	**2,658,627**
FRVS Base Asset:	**1,403,125**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**4,583,333.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.7500**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**6.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**194,066**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,126,902**	**4.9230**
20% ROE(2):	**531,725**	**0.4132**
Insurance Cost(3):	**76,532**	**2.0009**
Taxes Cost(3):	**39,342**	**1.0286**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**40,480**	**0.0000**
Total FRVS PD:		**8.3657**

(1) 80% Capital ($2,126,902) amortized at 6.7500% for 20 years Principal & Interest of $194,066 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $4.9230

(2) 20% ROE ($531,725) times the ROE factor (0.030630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4132

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1474**	**38.1474**	**0.3328**	**37.8146**	
Patient Care					
Direct Care	**78.3375**	**78.3375**	**0.6834**	**77.6541**	
Indirect Care	**41.2349**	**41.2349**	**0.3597**	**40.8752**	
Property	**13.6500**	**8.3657**	**0.0730**	**8.2927**	
ROE	**0.3353**	**0.3011**	**0.0026**	**0.2985**	
ROE Adjustment	**-0.3011**	**-0.3011**	**-0.0026**	**-0.2985**	
Quality Assess-Medicaid Share				**$16.3143**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**171.4040**	**166.0855**	**1.4489**	**188.5480**	

***Medicaid Trend Adjustment :**

0 212873-00 - 2011/01

208.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

University Center East

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
991 East New York Ave	**08/01/2009-07/31/2010**	Number of Beds: **60**	Superior: **181**
Deland FL 32724	Days In CR **365**	Maximum: **21,900**	Standard: **0**
County: **Volusia[64]**	First Used: **2011/01**	Max Annualized: **21,900**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2011/01**	Total Patient: **17,595**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **1,433**	
Current Class **North Small [1]**	Initial CR? **False**	Medicaid: **14,157**	
Class at 1/94: **North Small [1]**			
Operating Ex **> 18 months [1]**			
Open Date: **8/1/1972**			
Acquired Date: **8/1/1972**			
Entered Medicaid **8/1/1972**			
Med # Active Date: **9/1/1996**			
Previous Med # **210765**			

Medicaid Utilization	**80.46036%**
Occupancy:	**80.34247%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**100.98807%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	588,430	1,147,319	799,168	255,959	0	2,790,876
1a	Audit Adjustments						
2	Cost Per Diem	41.5646	81.0425	56.4504	**18.0800**		197.1375
3	Cost Per Diem Inflated	42.7224	82.5809	58.0228			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.7224**	**82.5809**	**58.0228**	**18.0800**		201.4061
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.0102		47.1885			
7	Provider Target Rate	**41.0159**		**48.7271**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.0159**	**82.5809**	**48.7271**	**13.6500**		185.9739
12/13	Medicaid Adjustment Rate		2.8299	1.6698			
14	Prospective Per Diem 11	**41.0159**	**85.4108**	**50.3969**	**13.6500**		**190.4736**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212873-00 - 2011/01

208.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

University Center East

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1972/07**
Indexed Asset Value	**1,044,790**
FRVS Base Asset:	**605,676**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**1,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**106,963**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**835,832**	**5.4268**
20% ROE(2):	**208,958**	**0.3291**
Insurance Cost(3):	**28,499**	**1.6197**
Taxes Cost(3):	**18,123**	**1.0300**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**26,125**	**0.0000**
Total FRVS PD:		**8.4056**

(1) 80% Capital ($835,832) amortized at 11.5000% for 20 years Principal & Interest of $106,963 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $5.4268

(2) 20% ROE ($208,958) times the ROE factor (0.031040) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.3291

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.0159**	**41.0159**	**0.3578**	**40.6581**	
Patient Care					
Direct Care	**85.4108**	**85.4108**	**0.7451**	**84.6657**	
Indirect Care	**50.3969**	**50.3969**	**0.4396**	**49.9573**	
Property	**13.6500**	**8.4056**	**0.0733**	**8.3323**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2964**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**190.4736**	**185.2292**	**1.6158**	**208.5069**	

***Medicaid Trend Adjustment :**

0 212881-00 - 2011/01

182.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Groves Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
512 South 11th Street	**09/01/2009-08/31/2010**	Number of Beds: **120**	Superior: **0**
Lake Wales FL 33853	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Polk[53]**	First Used: **2011/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2011/01**	Total Patient: **40,885**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **8,105**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **30,533**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **10/1/1973**			
Acquired Date: **10/1/1973**			
Entered Medicaid **10/1/1973**			
Med # Active Date: **9/1/1996**			
Previous Med # **210773**			

Medicaid Utilization	**74.68020%**
Occupancy:	**93.34475%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.33154%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21199123**
Semester Index:	**1.24282006**
Cost:	**1.02543651**
Target:	**1.01759574**
DC FY Index:	**1.16916514**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01782029**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	943,458	2,253,894	1,260,741	537,075	0	4,995,168
1a	Audit Adjustments						
2	Cost Per Diem	30.8996	73.8183	41.2911	**17.5900**		163.5990
3	Cost Per Diem Inflated	31.6856	75.1338	42.3414			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**31.6856**	**75.1338**	**42.3414**	**17.5900**		166.7508
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**31.6856**	**75.1338**	**42.3414**	**13.6500**		162.8108
12/13	Medicaid Adjustment Rate		2.0861	1.1756			
14	Prospective Per Diem 11	**31.6856**	**77.2199**	**43.5170**	**13.6500**		**166.0725**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212881-00 - 2011/01

182.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Groves Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1973/07**
Indexed Asset Value	**2,170,206**
FRVS Base Asset:	**1,240,145**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030420**

Mortgage Information		
Amount:	**2,708,333.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**222,180**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,736,165**	**5.6362**
20% ROE(2):	**434,041**	**0.3349**
Insurance Cost(3):	**64,545**	**1.5787**
Taxes Cost(3):	**34,856**	**0.8525**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**51,956**	**0.0000**
Total FRVS PD:		**8.4023**

(1) 80% Capital ($1,736,165) amortized at 11.5000% for 20 years Principal & Interest of $222,180 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.6362
(2) 20% ROE ($434,041) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3349
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**31.6856**	**31.6856**	**0.2764**	**31.4092**	
Patient Care					
Direct Care	**77.2199**	**77.2199**	**0.6736**	**76.5463**	
Indirect Care	**43.5170**	**43.5170**	**0.3796**	**43.1374**	
Property	**13.6500**	**8.4023**	**0.0733**	**8.3290**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.0972**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**166.0725**	**160.8248**	**1.4029**	**182.1162**	

***Medicaid Trend Adjustment :**

0 212890-00 - 2011/01

195.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Egret Cove Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
550 62nd Street South		**08/01/2009-07/31/2010**		Number of Beds:	**120**	Superior:	**0**
St. Petersburg FL 33707		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Pinellas[52]**		First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2011/01**	Total Patient:	**38,559**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**4,818**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**29,080**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**7/1/1971**						
Acquired Date:	**7/1/1971**						
Entered Medicaid	**7/1/1971**						
Med # Active Date:	**9/1/1996**						
Previous Med #	**210811**						

Medicaid Utilization	**75.41689%**
Occupancy:	**88.03425%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**110.65640%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	992,672	2,333,324	1,263,376	359,429	0	4,948,801
1a	Audit Adjustments						
2	Cost Per Diem	34.1359	80.2381	43.4448	**12.3600**		170.1788
3	Cost Per Diem Inflated	35.0868	81.7612	44.6550			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.0868**	**81.7612**	**44.6550**	**12.3600**		173.8630
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.0868**	**81.7612**	**44.6550**	**12.3600**		173.8630
12/13	Medicaid Adjustment Rate		2.3379	1.2769			
14	Prospective Per Diem 11	**35.0868**	**84.0991**	**45.9319**	**12.3600**		**177.4778**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212890-00 - 2011/01

195.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Egret Cove Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**2,031,187**
FRVS Base Asset:	**1,389,485**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**5,166,667.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**188,173**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,624,950**	**4.7735**
20% ROE(2):	**406,237**	**0.3199**
Insurance Cost(3):	**61,521**	**1.5955**
Taxes Cost(3):	**35,624**	**0.9239**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**116,575**	**0.0000**
Total FRVS PD:		**7.6128**

(1) 80% Capital ($1,624,950) amortized at 10.0000% for 20 years Principal & Interest of $188,173 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $4.7735
(2) 20% ROE ($406,237) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3199
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.0868**	**35.0868**	**0.3061**	**34.7807**	
Patient Care					
Direct Care	**84.0991**	**84.0991**	**0.7336**	**83.3655**	
Indirect Care	**45.9319**	**45.9319**	**0.4007**	**45.5312**	
Property	**12.3600**	**7.6128**	**0.0664**	**7.5464**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.4772**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**177.4778**	**172.7306**	**1.5068**	**195.2981**	

***Medicaid Trend Adjustment :**

0 212903-00 - 2011/01

192.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Emerald Coast Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
114 Third Street South		**08/01/2009-07/31/2010**		Number of Beds:	**120**	Superior:	**0**
Ft. Walton Beach FL 32548		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Okaloosa[46]**		First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **1**	Last Used:	**2011/01**	Total Patient:	**36,178**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**5,345**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**23,123**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**9/1/1973**						
Acquired Date:	**9/1/1973**						
Entered Medicaid	**9/1/1973**						
Med # Active Date:	**9/1/1996**						
Previous Med #	**210757**						

Medicaid Utilization	**63.91453%**
Occupancy:	**82.59817%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**103.82342%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	812,106	1,842,880	942,984	372,512	0	3,970,482
1a	Audit Adjustments						
2	Cost Per Diem	35.1211	79.6990	40.7812	**16.1100**		171.7113
3	Cost Per Diem Inflated	36.0994	81.2119	41.9172			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.0994**	**81.2119**	**41.9172**	**16.1100**		175.3385
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.0994**	**81.2119**	**41.9172**	**13.6500**		172.8785
12/13	Medicaid Adjustment Rate		1.2713	0.6562			
14	Prospective Per Diem 11	**36.0994**	**82.4832**	**42.5734**	**13.6500**		**174.8060**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212903-00 - 2011/01

192.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Emerald Coast Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1973/07**
Indexed Asset Value	**2,534,720**
FRVS Base Asset:	**1,330,721**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**5,708,333.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**259,498**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,027,776**	**6.5829**
20% ROE(2):	**506,944**	**0.3992**
Insurance Cost(3):	**53,399**	**1.4760**
Taxes Cost(3):	**16,732**	**0.4625**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**54,132**	**0.0000**
Total FRVS PD:		**8.9206**

(1) 80% Capital ($2,027,776) amortized at 11.5000% for 20 years Principal & Interest of $259,498 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.5829

(2) 20% ROE ($506,944) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3992

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.0994**	**36.0994**	**0.3149**	**35.7845**	
Patient Care					
Direct Care	**82.4832**	**82.4832**	**0.7195**	**81.7637**	
Indirect Care	**42.5734**	**42.5734**	**0.3714**	**42.2020**	
Property	**13.6500**	**8.9206**	**0.0778**	**8.8428**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.0480**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**174.8060**	**170.0766**	**1.4836**	**192.2381**	

***Medicaid Trend Adjustment :**

0 212911-00 - 2011/01

209.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Clearwater Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1270 Turner Street		**09/01/2009-08/31/2010**		Number of Beds:	**120**	Superior:	**0**
Clearwater FL 34616		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**34,113**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**2,905**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**29,399**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/1/1972**						
Acquired Date:	**1/1/1974**						
Entered Medicaid	**1/1/1974**						
Med # Active Date:	**9/1/1996**						
Previous Med #	**210838**						

Inflation	
FY Index:	**1.21199123**
Semester Index:	**1.24282006**
Cost:	**1.02543651**
Target:	**1.01759574**
DC FY Index:	**1.16916514**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01782029**
PS Target:	**1.02513678**

Medicaid Utilization		**86.18122%**
Occupancy:		**77.88356%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**97.89729%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,153,691	2,516,831	1,501,597	423,934	0	5,596,053
1a	Audit Adjustments						
2	Cost Per Diem	39.2425	85.6094	51.0765	**14.4200**		190.3484
3	Cost Per Diem Inflated	40.2407	87.1350	52.3757			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.2407**	**87.1350**	**52.3757**	**14.4200**		194.1714
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1474**	**87.1350**	**46.1145**	**13.6500**		185.0469
12/13	Medicaid Adjustment Rate		3.5467	1.8770			
14	Prospective Per Diem 11	**38.1474**	**90.6817**	**47.9915**	**13.6500**		**190.4706**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212911-00 - 2011/01

209.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Clearwater Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1974/01**
Indexed Asset Value	**2,426,147**
FRVS Base Asset:	**1,302,829**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030420**

Mortgage Information		
Amount:	**5,416,667.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**224,763**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,940,918**	**5.7018**
20% ROE(2):	**485,229**	**0.3744**
Insurance Cost(3):	**70,704**	**2.0726**
Taxes Cost(3):	**35,212**	**1.0322**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**153,159**	**0.0000**
Total FRVS PD:		**9.1810**

(1) 80% Capital ($1,940,918) amortized at 10.0000% for 20 years Principal & Interest of $224,763 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.7018

(2) 20% ROE ($485,229) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3744

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1474**	**38.1474**	**0.3328**	**37.8146**	
Patient Care					
Direct Care	**90.6817**	**90.6817**	**0.7911**	**89.8906**	
Indirect Care	**47.9915**	**47.9915**	**0.4186**	**47.5729**	
Property	**13.6500**	**9.1810**	**0.0801**	**9.1009**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2265**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**190.4706**	**186.0016**	**1.6226**	**209.2026**	

***Medicaid Trend Adjustment :**

0 212971-00 - 2011/01

202.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Florida Presbyterian Homes, Inc.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
16 Lake Hunter Drive	**01/01/2009-12/31/2009**	Number of Beds: **48**	Superior: **181**
Lakeland FL 33803	Days In CR **365**	Maximum: **17,520**	Standard: **0**
County: **Polk[53]**	First Used: **2011/01**	Max Annualized: **17,520**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2011/01**	Total Patient: **16,134**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **2,217**	
Current Class **Central Small [5]**	Initial CR? **False**	Medicaid: **4,981**	
Class at 1/94: **South Small [3]**			
Operating Ex **> 18 months [1]**			
Open Date: **1/14/1997**			
Acquired Date: **3/20/1997**			
Entered Medicaid **3/20/1997**			
Med # Active Date: **3/20/1997**			
Previous Med # **299625**			

Medicaid Utilization	**30.87269%**
Occupancy:	**92.08904%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.75315%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	214,367	404,963	271,786	58,128	0	949,244
1a	Audit Adjustments						
2	Cost Per Diem	43.0369	81.3015	54.5645	**11.6699**		190.5728
3	Cost Per Diem Inflated	44.8012	83.4401	56.8013			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.8012**	**83.4401**	**56.8013**	**11.6699**		196.7125
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.4407		60.6810			
7	Provider Target Rate	**62.9851**		**62.2063**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.8012**	**83.4401**	**56.8013**	**11.6699**		196.7125
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.8012**	**83.4401**	**56.8013**	**11.6699**		**196.7125**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212971-00 - 2011/01

202.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Florida Presbyterian Homes, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/20/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**2,188,384**
FRVS Base Asset:	**1,461,040**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**143,096**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,750,707**	**9.0751**
20% ROE(2):	**437,677**	**0.8097**
Insurance Cost(3):	**25,945**	**1.6081**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**71,496**	**0.0000**
Total FRVS PD:		**11.4929**

(1) 80% Capital ($1,750,707) amortized at 8.2500% for 20 years Interest of $143,096 divided by annual available days (17,520) divided by Occup. Adj. (0.9000) = $9.0751
(2) 20% ROE ($437,677) times the ROE factor (0.029170) divided by annual available days (17,520) divided by Occup. Adj. (0.9000) = $0.8097
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**40**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,461,040**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.8012**	**44.8012**	**0.3908**	**44.4104**	
Patient Care					
Direct Care	**83.4401**	**83.4401**	**0.7279**	**82.7122**	
Indirect Care	**56.8013**	**56.8013**	**0.4955**	**56.3058**	
Property	**11.6699**	**11.4929**	**0.1003**	**11.3926**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**196.7125**	**196.5355**	**1.7145**	**202.4181**	

***Medicaid Trend Adjustment :**

0 212989-00 - 2011/01

203.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bay Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1336 St. Andrew Blvd		**09/01/2009-08/31/2010**		Number of Beds:	**160**	Superior:	**0**
Panama City FL 32405		Days In CR	**365**	Maximum:	**58,400**	Standard:	**181**
County: **Bay[3]**		First Used:	**2011/01**	Max Annualized:	**58,400**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2011/01**	Total Patient:	**40,284**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**5,509**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**32,315**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date: **8/1/1972**							
Acquired Date: **8/1/1972**							
Entered Medicaid **8/1/1972**							
Med # Active Date: **9/1/1996**							
Previous Med # **210820**							

Medicaid Utilization	**80.21795%**
Occupancy:	**68.97945%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**86.70509%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21199123**
Semester Index:	**1.24282006**
Cost:	**1.02543651**
Target:	**1.01759574**
DC FY Index:	**1.16916514**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01782029**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,121,881	2,744,157	1,371,313	760,695	0	5,998,046
1a	Audit Adjustments						
2	Cost Per Diem	34.7170	84.9190	42.4358	**23.5400**		185.6118
3	Cost Per Diem Inflated	35.6001	86.4323	43.5152			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.6001**	**86.4323**	**43.5152**	**23.5400**		189.0876
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.6001**	**86.4323**	**43.5152**	**13.6500**		179.1976
12/13	Medicaid Adjustment Rate		2.9383	1.4793			
14	Prospective Per Diem 11	**35.6001**	**89.3706**	**44.9945**	**13.6500**		**183.6152**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212989-00 - 2011/01

203.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Bay Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1972/07**
Indexed Asset Value	**4,170,666**
FRVS Base Asset:	**2,287,922**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030420**

Mortgage Information		
Amount:	**7,375,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**426,981**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,336,533**	**8.1237**
20% ROE(2):	**834,133**	**0.4828**
Insurance Cost(3):	**79,823**	**1.9815**
Taxes Cost(3):	**11,712**	**0.2907**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**34,521**	**0.0000**
Total FRVS PD:		**10.8787**

(1) 80% Capital ($3,336,533) amortized at 11.5000% for 20 years Principal & Interest of $426,981 divided by annual available days (58,400) divided by Occup. Adj. (0.9000) = $8.1237
(2) 20% ROE ($834,133) times the ROE factor (0.030420) divided by annual available days (58,400) divided by Occup. Adj. (0.9000) = $0.4828
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**160**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,560,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.6001**	**35.6001**	**0.3106**	**35.2895**	
Patient Care					
Direct Care	**89.3706**	**89.3706**	**0.7796**	**88.5910**	
Indirect Care	**44.9945**	**44.9945**	**0.3925**	**44.6020**	
Property	**13.6500**	**10.8787**	**0.0949**	**10.7838**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.2549**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**183.6152**	**180.8439**	**1.5776**	**203.1183**	

***Medicaid Trend Adjustment :**

0 212997-00 - 2011/01

194.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bartow Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2055 East Georgia Street		**09/01/2009-08/31/2010**		Number of Beds:	**120**	Superior:	**0**
Bartow FL 33830		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Polk[53]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**37,401**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,919**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**28,413**	FY Index:	**1.21199123**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**75.96856%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**85.39041%**	Cost:	**1.02543651**
Open Date:	**11/1/1972**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**11/1/1972**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16916514**
Entered Medicaid	**11/1/1972**	Low Occupancy Adjustment Factor:			**107.33318%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**9/1/1996**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.01782029**
Previous Med #	**210846**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,577,228	2,160,908	1,190,409	476,486	0	5,405,031
1a	Audit Adjustments						
2	Cost Per Diem	55.5108	76.0535	41.8966	**16.7700**		190.2309
3	Cost Per Diem Inflated	56.9228	77.4088	42.9623			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.9228**	**77.4088**	**42.9623**	**16.7700**		194.0639
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.3296		44.9838			
7	Provider Target Rate	**39.2931**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.2931**	**77.4088**	**42.9623**	**13.6500**		173.3142
12/13	Medicaid Adjustment Rate		2.2615	1.2551			
14	Prospective Per Diem 11	**39.2931**	**79.6703**	**44.2174**	**13.6500**		**176.8308**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212997-00 - 2011/01

194.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Bartow Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1972/07**
Indexed Asset Value	**2,427,388**
FRVS Base Asset:	**1,301,763**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030420**

Mortgage Information		
Amount:	**4,833,333.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**248,509**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,941,910**	**6.3041**
20% ROE(2):	**485,478**	**0.3746**
Insurance Cost(3):	**68,554**	**1.8329**
Taxes Cost(3):	**19,683**	**0.5263**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**107,750**	**0.0000**
Total FRVS PD:		**9.0379**

(1) 80% Capital ($1,941,910) amortized at 11.5000% for 20 years Principal & Interest of $248,509 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.3041
(2) 20% ROE ($485,478) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3746
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.2931**	**39.2931**	**0.3428**	**38.9503**	
Patient Care					
Direct Care	**79.6703**	**79.6703**	**0.6950**	**78.9753**	
Indirect Care	**44.2174**	**44.2174**	**0.3857**	**43.8317**	
Property	**13.6500**	**9.0379**	**0.0788**	**8.9591**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8500**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**176.8308**	**172.2187**	**1.5023**	**194.1635**	

***Medicaid Trend Adjustment :**

0 213004-00 - 2011/01

206.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Boca Ciega Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1414 59th Street South	**09/01/2008-08/31/2009**	Number of Beds: **120**	Superior: **0**
Gulfport FL 33707	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Pinellas[52]**	First Used: **2010/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2011/01**	Total Patient: **36,537**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **2,707**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **31,682**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **2/1/1973**			
Acquired Date: **2/1/1973**			
Entered Medicaid **2/1/1973**			
Med # Active Date: **9/1/1996**			
Previous Med # **210862**			

Medicaid Utilization	**86.71210%**
Occupancy:	**83.41781%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**104.85368%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18697094**
Semester Index:	**1.24282006**
Cost:	**1.04705180**
Target:	**1.01759574**
DC FY Index:	**1.15383092**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03134695**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,065,873	2,686,365	1,378,784	204,666	4,023	5,339,711
1a	Audit Adjustments						
2	Cost Per Diem	33.6429	84.7915	43.5195	**6.4600**	**0.1270**	168.5409
3	Cost Per Diem Inflated	35.2259	87.4495	45.5672			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.2259**	**87.4495**	**45.5672**	**6.4600**	**0.1270**	174.8296
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.2259**	**87.4495**	**45.5672**	**6.4600**	**0.1270**	174.8296
12/13	Medicaid Adjustment Rate		3.6118	1.8820			
14	Prospective Per Diem 11	**35.2259**	**91.0613**	**47.4492**	**6.4600**	**0.1270**	**180.3234**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213004-00 - 2011/01

206.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Boca Ciega Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1973/01**
Indexed Asset Value	**2,456,084**
FRVS Base Asset:	**1,377,951**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**2,583,333.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**227,537**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,964,867**	**5.7721**
20% ROE(2):	**491,217**	**0.3817**
Insurance Cost(3):	**71,633**	**1.9606**
Taxes Cost(3):	**30,579**	**0.8369**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**35,505**	**0.0000**
Total FRVS PD:		**8.9513**

(1) 80% Capital ($1,964,867) amortized at 10.0000% for 20 years Principal & Interest of $227,537 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.7721
(2) 20% ROE ($491,217) times the ROE factor (0.030630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3817
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.2259**	**35.2259**	**0.3073**	**34.9186**	
Patient Care					
Direct Care	**91.0613**	**91.0613**	**0.7944**	**90.2669**	
Indirect Care	**47.4492**	**47.4492**	**0.4139**	**47.0353**	
Property	**6.4600**	**8.9513**	**0.0781**	**8.8732**	
ROE	**0.1270**	**0.1170**	**0.0010**	**0.1160**	
ROE Adjustment	**-0.1170**	**-0.1170**	**-0.0010**	**-0.1160**	
Quality Assess-Medicaid Share				**$17.4349**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**180.2064**	**182.6877**	**1.5937**	**206.1260**	

***Medicaid Trend Adjustment :**

0 213098-00 - 2011/01

219.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Tamarac Rehabilitation and Health Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
7901 NW 88th Avenue		**02/01/2009-01/31/2010**		Number of Beds:	**120**	Superior:	**0**
Tamarac FL 33321		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2011/01**	Total Patient:	**32,673**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,234**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**18,161**	FY Index:	**1.19544464**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**55.58412%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**74.59589%**	Cost:	**1.03962996**
Open Date:	**2/1/1983**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**2/1/1983**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16066549**
Entered Medicaid	**2/1/1983**	Low Occupancy Adjustment Factor:			**93.76479%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/1997**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02527387**
Previous Med #	**207187**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	756,053	1,430,342	1,004,458	179,249	0	3,370,102
1a	Audit Adjustments						
2	Cost Per Diem	41.6306	78.7590	55.3085	**9.8700**		185.5681
3	Cost Per Diem Inflated	43.2804	80.7495	57.5004			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.2804**	**80.7495**	**57.5004**	**9.8700**		191.4003
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.7083		57.4875			
7	Provider Target Rate	**58.1338**		**58.9326**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.2804**	**80.7495**	**56.8989**	**9.8700**		190.7988
12/13	Medicaid Adjustment Rate		0.5073	0.3574			
14	Prospective Per Diem 11	**43.2804**	**81.2568**	**57.2563**	**9.8700**		**191.6635**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213098-00 - 2011/01

219.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Tamarac Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**4,147,096**
FRVS Base Asset:	**2,529,788**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030310**

Mortgage Information

Amount:	**1,920,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**9.2500**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**384,196**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**3,317,677**	**9.7462**
20% ROE(2):	**829,419**	**0.6377**
Insurance Cost(3):	**45,682**	**1.3982**
Taxes Cost(3):	**81,777**	**2.5029**
Home Office(3):	**10,262**	**0.3141**
Replacement(3&4):	**34,013**	**0.0000**
Total FRVS PD:		**14.5991**

(1) 80% Capital ($3,317,677) amortized at 10.0000% for 20 years Principal & Interest of $384,196 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.7462
(2) 20% ROE ($829,419) times the ROE factor (0.030310) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6377
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.2804**	**43.2804**	**0.3776**	**42.9028**	
Patient Care					
Direct Care	**81.2568**	**81.2568**	**0.7088**	**80.5480**	
Indirect Care	**57.2563**	**57.2563**	**0.4995**	**56.7568**	
Property	**9.8700**	**14.5991**	**0.1274**	**14.4717**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.5425**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**191.6635**	**196.3926**	**1.7133**	**219.8189**	

***Medicaid Trend Adjustment :**

0 213152-00 - 2011/01

255.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Water's Edge Extended Care

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1500 S.W. Capri		**01/01/2009-12/31/2009**		Number of Beds:	**36**	Superior:	**181**
Palm City FL 34990		Days In CR	**365**	Maximum:	**13,140**	Standard:	**0**
County:	**Martin[43]**	First Used:	**2010/07**	Max Annualized:	**13,140**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**11,155**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,573**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**1,791**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/30/1993**						
Acquired Date:	**4/21/1997**						
Entered Medicaid	**4/21/1997**						
Med # Active Date:	**4/23/1997**						
Previous Med #	**299638**						

Medicaid Utilization	**16.05558%**
Occupancy:	**84.89345%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**106.70851%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	140,432	218,833	198,473	27,832	0	585,570
1a	Audit Adjustments						
2	Cost Per Diem	78.4098	122.1848	110.8169	**15.5399**		326.9514
3	Cost Per Diem Inflated	81.6241	125.3988	115.3597			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**81.6241**	**125.3988**	**115.3597**	**15.5399**		337.9225
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	85.3148		108.8262			
7	Provider Target Rate	**87.4593**		**111.5617**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**59.5230**	**102.1952**	**70.2905**	**13.6500**		245.6587
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**59.5230**	**102.1952**	**70.2905**	**13.6500**		**245.6587**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213152-00 - 2011/01

255.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Water's Edge Extended Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/21/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**1,511,208**
FRVS Base Asset:	**1,375,626**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,616,800.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**8.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**121,347**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,208,966**	**10.2610**
20% ROE(2):	**302,242**	**0.7455**
Insurance Cost(3):	**50,367**	**4.5152**
Taxes Cost(3):	**31,893**	**2.8591**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**915,374**	**0.0000**
Total FRVS PD:		**18.3808**

(1) 80% Capital ($1,208,966) amortized at 8.0000% for 20 years Principal & Interest of $121,347 divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = $10.2610
(2) 20% ROE ($302,242) times the ROE factor (0.029170) divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = $0.7455
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1993**	Used Per Bed Standard:	**32,753**
Comparison Bed	**42**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,375,626**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**59.5230**	**59.5230**	**0.5192**	**59.0038**	
Patient Care					
Direct Care	**102.1952**	**102.1952**	**0.8915**	**101.3037**	
Indirect Care	**70.2905**	**70.2905**	**0.6132**	**69.6773**	
Property	**13.6500**	**18.3808**	**0.1603**	**18.2205**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**245.6587**	**250.3895**	**2.1842**	**255.8024**	

***Medicaid Trend Adjustment :**

0 213161-00 - 2011/01

195.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center at Wells Crossing

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
355 Crossing Boulevard	**08/01/2009-07/31/2010**	Number of Beds: **120**	Superior: **0**
Orange Park FL 32073	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Clay[10]**	First Used: **2011/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2011/01**	Total Patient: **39,578**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **15,658**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **15,627**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **6/16/1997**			
Acquired Date: **6/16/1997**			
Entered Medicaid **7/23/1997**			
Med # Active Date: **7/23/1997**			
Previous Med # **299641**			

Medicaid Utilization	**39.48406%**
Occupancy:	**90.36073%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.58072%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	574,013	1,272,743	802,488	303,945	0	2,953,189
1a	Audit Adjustments						
2	Cost Per Diem	36.7321	81.4451	51.3527	**19.4500**		188.9799
3	Cost Per Diem Inflated	37.7553	82.9911	52.7831			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.7553**	**82.9911**	**52.7831**	**19.4500**		192.9795
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.3185		43.1867			
7	Provider Target Rate	**47.4828**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.7553**	**82.9911**	**44.2723**	**13.6500**		178.6687
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**37.7553**	**82.9911**	**44.2723**	**13.6500**		**178.6687**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213161-00 - 2011/01

195.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Life Care Center at Wells Crossing

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/23/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**5,270,156**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**7,543,145.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.5000**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**5.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**348,026**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,216,125**	**8.8287**
20% ROE(2):	**1,054,031**	**0.8300**
Insurance Cost(3):	**22,991**	**0.5809**
Taxes Cost(3):	**82,109**	**2.0746**
Home Office(3):	**34,897**	**0.8817**
Replacement(3&4):	**149,587**	**0.0000**
Total FRVS PD:		**13.1959**

(1) 80% Capital ($4,216,125) amortized at 5.5000% for 20 years Principal & Interest of $348,026 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.8287
(2) 20% ROE ($1,054,031) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8300
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**111**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,054,386**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.7553**	**37.7553**	**0.3294**	**37.4259**	
Patient Care					
Direct Care	**82.9911**	**82.9911**	**0.7240**	**82.2671**	
Indirect Care	**44.2723**	**44.2723**	**0.3862**	**43.8861**	
Property	**13.6500**	**13.1959**	**0.1151**	**13.0808**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.3804**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**178.6687**	**178.2146**	**1.5547**	**195.6374**	

***Medicaid Trend Adjustment :**

0 213322-00 - 2011/01

210.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Haborchase of Venice

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
950 Pinebrook Road		**01/01/2009-12/31/2009**		Number of Beds:	**45**	Superior:	**0**
Venice FL 34292		Days In CR	**365**	Maximum:	**16,425**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2011/01**	Max Annualized:	**16,425**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**15,234**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,427**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**3,243**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/1/1997**						
Acquired Date:	**4/1/1997**						
Entered Medicaid	**4/1/1997**						
Med # Active Date:	**4/1/1997**						
Previous Med #							

Medicaid Utilization	**21.28791%**
Occupancy:	**92.74886%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.58252%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	168,101	259,632	192,418	102,284	0	722,435
1a	Audit Adjustments						
2	Cost Per Diem	51.8350	80.0592	59.3333	**31.5399**		222.7674
3	Cost Per Diem Inflated	53.9599	82.1651	61.7656			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.9599**	**82.1651**	**61.7656**	**31.5399**		229.4305
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7966		56.1408			
7	Provider Target Rate	**50.0232**		**58.5755**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.0232**	**82.1651**	**58.5755**	**13.6500**		204.4138
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.0232**	**82.1651**	**58.5755**	**13.6500**		**204.4138**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213322-00 - 2011/01

210.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Haborchase of Venice

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**1,961,391**
FRVS Base Asset:	**1,643,670**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,846,813.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.4300**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.4300**	**%**
Interest Only:	**False**	
Yearly Payment:	**162,572**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,569,113**	**10.9976**
20% ROE(2):	**392,278**	**0.7741**
Insurance Cost(3):	**15,888**	**1.0429**
Taxes Cost(3):	**23,769**	**1.5603**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**6,867**	**0.0000**
Total FRVS PD:		**14.3749**

(1) 80% Capital ($1,569,113) amortized at 8.4300% for 20 years Principal & Interest of $162,572 divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = $10.9976
(2) 20% ROE ($392,278) times the ROE factor (0.029170) divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = $0.7741
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**45**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,643,670**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.0232**	**50.0232**	**0.4364**	**49.5868**	
Patient Care					
Direct Care	**82.1651**	**82.1651**	**0.7168**	**81.4483**	
Indirect Care	**58.5755**	**58.5755**	**0.5110**	**58.0645**	
Property	**13.6500**	**14.3749**	**0.1254**	**14.2495**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**204.4138**	**205.1387**	**1.7896**	**210.9462**	

***Medicaid Trend Adjustment :**

0 213403-00 - 2011/01

204.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center Of Orlando

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3211 Rouse Road		**08/01/2009-07/31/2010**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32817		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**40,634**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**22,396**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**8,606**	FY Index:	**1.20913928**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**21.17931%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**92.77169%**	Cost:	**1.02785517**
Open Date:	**10/2/1997**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**10/2/1997**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16783181**
Entered Medicaid	**10/2/1997**	Low Occupancy Adjustment Factor:			**116.61122%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**10/2/1997**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.01898235**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	385,356	708,574	493,236	185,029	0	1,772,195
1a	Audit Adjustments						
2	Cost Per Diem	44.7776	82.3349	57.3130	**21.5000**		205.9255
3	Cost Per Diem Inflated	46.0249	83.8978	58.9095			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.0249**	**83.8978**	**58.9095**	**21.5000**		210.3322
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.6009		45.5123			
7	Provider Target Rate	**52.8980**		**46.6563**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.0249**	**83.8978**	**46.6563**	**13.6500**		190.2290
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.0249**	**83.8978**	**46.6563**	**13.6500**		**190.2290**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213403-00 - 2011/01

204.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center Of Orlando

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/2/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/07**
Indexed Asset Value	**5,650,244**
FRVS Base Asset:	**2,222,460**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**6,962,559.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.5625**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**3.5625**	**%**
Interest Only:	**False**	
Yearly Payment:	**316,329**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,520,195**	**8.0246**
20% ROE(2):	**1,130,049**	**0.8898**
Insurance Cost(3):	**28,578**	**0.7033**
Taxes Cost(3):	**101,809**	**2.5055**
Home Office(3):	**44,472**	**1.0945**
Replacement(3&4):	**175,545**	**0.0000**
Total FRVS PD:		**13.2177**

(1) 80% Capital ($4,520,195) amortized at 3.5625% for 20 years Principal & Interest of $316,329 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.0246

(2) 20% ROE ($1,130,049) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8898

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1997**	Used Per Bed Standard:	**37,041**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,222,460**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.0249**	**46.0249**	**0.4015**	**45.6234**	
Patient Care					
Direct Care	**83.8978**	**83.8978**	**0.7319**	**83.1659**	
Indirect Care	**46.6563**	**46.6563**	**0.4070**	**46.2493**	
Property	**13.6500**	**13.2177**	**0.1153**	**13.1024**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$8.4516**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**190.2290**	**189.7967**	**1.6557**	**204.1897**	

***Medicaid Trend Adjustment :**

0 213462-00 - 2011/01

219.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Madison Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
Route 3 Box 2310		**08/01/2009-07/31/2010**		Number of Beds:	**60**	Superior:	**0**
Madison FL 32340		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Madison[40]**	First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2011/01**	Total Patient:	**19,766**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,261**	**Inflation**	
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**14,256**	FY Index:	**1.20913928**
Class at 1/94:	**North Small [1]**	Medicaid Utilization			**72.12385%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.25571%**	Cost:	**1.02785517**
Open Date:	**3/1/1985**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**3/1/1985**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16783181**
Entered Medicaid	**3/1/1985**	Low Occupancy Adjustment Factor:			**113.44870%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**3/1/1998**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.01898235**
Previous Med #	**208311**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	675,825	1,144,465	812,965	243,492	0	2,876,747
1a	Audit Adjustments						
2	Cost Per Diem	47.4064	80.2795	57.0262	**17.0800**		201.7921
3	Cost Per Diem Inflated	48.7269	81.8034	58.6147			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.7269**	**81.8034**	**58.6147**	**17.0800**		206.2250
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.4824		48.2620			
7	Provider Target Rate	**41.5000**		**49.4752**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.5000**	**81.8034**	**49.4752**	**13.6500**		186.4286
12/13	Medicaid Adjustment Rate		2.0360	1.2314			
14	Prospective Per Diem 11	**41.5000**	**83.8394**	**50.7066**	**13.6500**		**189.6960**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213462-00 - 2011/01

219.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Madison Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**2,926,480**
FRVS Base Asset:	**1,710,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**1,950,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.7380**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**13.7380**	**%**
Interest Only:	**False**	
Yearly Payment:	**344,024**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,341,184**	**17.4543**
20% ROE(2):	**585,296**	**0.9217**
Insurance Cost(3):	**28,854**	**1.4598**
Taxes Cost(3):	**24,463**	**1.2376**
Home Office(3):	**3,337**	**0.1688**
Replacement(3&4):	**54,197**	**0.0000**
Total FRVS PD:		**21.2422**

(1) 80% Capital ($2,341,184) amortized at 13.7380% for 20 years Principal & Interest of $344,024 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $17.4543
(2) 20% ROE ($585,296) times the ROE factor (0.031040) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.9217
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.5000**	**41.5000**	**0.3620**	**41.1380**	
Patient Care					
Direct Care	**83.8394**	**83.8394**	**0.7314**	**83.1080**	
Indirect Care	**50.7066**	**50.7066**	**0.4423**	**50.2643**	
Property	**13.6500**	**21.2422**	**0.1853**	**21.0569**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6761**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.6960**	**197.2882**	**1.7210**	**219.8404**	

***Medicaid Trend Adjustment :**

0 213837-00 - 2011/01

238.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lakeside Village A Classic Residence by Hyatt

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2792 Donnelly Drive		**01/01/2009-12/31/2009**		Number of Beds:	**60**	Superior:	**0**
Lantana FL 33462		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**12,967**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,743**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**1**		
Class at 1/94:	**South Small [3]**					Inflation	
Operating Ex	**> 18 months [1]**	Medicaid Utilization			**0.00771%**	FY Index:	**1.19387802**
Open Date:	**8/22/1997**	Occupancy:			**59.21004%**	Semester Index:	**1.24282006**
Acquired Date:	**8/1/1998**	Statewide Low Occupancy Threshold:			**79.55640%**	Cost:	**1.04099417**
Entered Medicaid	**8/1/1998**	Medicaid Low Occupancy Threshold:			**41.59470%**	Target:	**1.01759574**
Med # Active Date:	**8/1/1998**	Low Occupancy Adjustment Factor:			**74.42524%**	**DC FY Index:**	**1.15950000**
Previous Med #		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Sem Index:**	**1.19000000**
						DC Inflation:	**1.02630444**
						PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	127	101	103	18	0	349
1a	Audit Adjustments						
2	Cost Per Diem	127.0000	101.0000	103.0000	**18.0000**		349.0000
3	Cost Per Diem Inflated	132.2063	103.6567	107.2224			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**132.2063**	**103.6567**	**107.2224**	**18.0000**		361.0854
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	132.1691		78.9182			
7	Provider Target Rate	**135.4914**		**80.9019**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**59.5230**	**102.1952**	**70.2905**	**13.6500**		245.6587
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**59.5230**	**102.1952**	**70.2905**	**13.6500**		**245.6587**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213837-00 - 2011/01

238.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Lakeside Village A Classic Residence by Hyatt

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/07**
Indexed Asset Value	**2,239,827**
FRVS Base Asset:	**2,222,460**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**150,940**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,791,862**	**7.6580**
20% ROE(2):	**447,965**	**0.6630**
Insurance Cost(3):	**-168,981**	**-13.0316**
Taxes Cost(3):	**75,467**	**5.8199**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**1,083,833**	**0.0000**
Total FRVS PD:		**1.1093**

(1) 80% Capital ($1,791,862) amortized at 8.5000% for 20 years Interest of $150,940 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $7.6580
(2) 20% ROE ($447,965) times the ROE factor (0.029170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.6630
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1997**	Used Per Bed Standard:	**37,041**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,222,460**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**59.5230**	**59.5230**	**0.5192**	**59.0038**	
Patient Care					
Direct Care	**102.1952**	**102.1952**	**0.8915**	**101.3037**	
Indirect Care	**70.2905**	**70.2905**	**0.6132**	**69.6773**	
Property	**13.6500**	**1.1093**	**0.0097**	**1.0996**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**245.6587**	**233.1180**	**2.0336**	**238.6815**	

***Medicaid Trend Adjustment :**

0 213900-00 - 2011/01

231.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Shady Rest Care Pavilion, Inc.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2310 North Airport Road	**10/01/2008-09/30/2009**	Number of Beds: **180**	Superior: **0**
Fort Myers FL 33907	Days In CR **365**	Maximum: **65,700**	Standard: **181**
County: **Lee[36]**	First Used: **2010/01**	Max Annualized: **65,700**	Conditional: **0**
Region: **South[2]** Area: **8**	Last Used: **2011/01**	Total Patient: **63,020**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **7,692**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **40,765**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **1/1/1970**			
Acquired Date: **1/1/1970**			
Entered Medicaid **1/1/1970**			
Med # Active Date: **10/1/1998**			
Previous Med # **201391**			

Medicaid Utilization	**64.68581%**
Occupancy:	**95.92085%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.56962%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,688,105	3,808,474	2,391,154	396,643	0	8,284,376
1a	Audit Adjustments						
2	Cost Per Diem	41.4106	93.4251	58.6570	**9.7300**		203.2227
3	Cost Per Diem Inflated	43.3004	96.2145	61.3338			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.3004**	**96.2145**	**61.3338**	**9.7300**		210.5787
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.2665		56.1900			
7	Provider Target Rate	**42.3038**		**57.6024**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.3038**	**96.2145**	**56.8989**	**9.7300**		205.1472
12/13	Medicaid Adjustment Rate		1.5896	0.9401			
14	Prospective Per Diem 11	**42.3038**	**97.8041**	**57.8390**	**9.7300**		**207.6769**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213900-00 - 2011/01

231.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Shady Rest Care Pavilion, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**7,607,388**
FRVS Base Asset:	**1,043,401**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**5,386,200.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.6650**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**5.6650**	**%**
Interest Only:	**False**	
Yearly Payment:	**509,201**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,085,910**	**8.6116**
20% ROE(2):	**1,521,478**	**0.7745**
Insurance Cost(3):	**112,728**	**1.7888**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**69,638**	**0.0000**
Total FRVS PD:		**11.1749**

(1) 80% Capital ($6,085,910) amortized at 5.6650% for 20 years Principal & Interest of $509,201 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $8.6116

(2) 20% ROE ($1,521,478) times the ROE factor (0.030100) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.7745

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**105**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,992,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.3038**	**42.3038**	**0.3690**	**41.9348**	
Patient Care					
Direct Care	**97.8041**	**97.8041**	**0.8532**	**96.9509**	
Indirect Care	**57.8390**	**57.8390**	**0.5046**	**57.3344**	
Property	**9.7300**	**11.1749**	**0.0975**	**11.0774**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5317**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**207.6769**	**209.1218**	**1.8243**	**231.4263**	

***Medicaid Trend Adjustment :**

0 213934-00 - 2011/01

211.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

TMH Skilled Nursing Facility

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1609 Medical Drive	**10/01/2008-09/30/2009**	Number of Beds: **113**	Superior: **0**
Tallahassee FL 32308	Days In CR **365**	Maximum: **41,245**	Standard: **181**
County: **Leon[37]**	First Used: **2010/07**	Max Annualized: **41,245**	Conditional: **0**
Region: **North [1]** Area: **2**	Last Used: **2011/01**	Total Patient: **13,456**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **2,812**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **636**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **8/1/1973**			
Acquired Date: **8/1/1973**			
Entered Medicaid **11/1/1974**			
Med # Active Date: **11/16/1998**			
Previous Med # **204447**			

Medicaid Utilization	**4.72652%**
Occupancy:	**32.62456%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**41.00809%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	78,278	134,650	182,813	14,412	0	410,153
1a	Audit Adjustments						
2	Cost Per Diem	123.0786	211.7138	287.4418	**22.6604**		644.8946
3	Cost Per Diem Inflated	128.6954	218.0350	300.5594			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**128.6954**	**218.0350**	**300.5594**	**22.6604**		669.9502
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	103.4352		342.1309			
7	Provider Target Rate	**106.0352**		**350.7310**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**94.8213**	**53.4956**	**13.6500**		207.2132
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.2463**	**94.8213**	**53.4956**	**13.6500**		**207.2132**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213934-00 - 2011/01

211.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

TMH Skilled Nursing Facility

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1973/07**
Indexed Asset Value	**4,231,049**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**420,828**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,384,839**	**11.3368**
20% ROE(2):	**846,210**	**0.6862**
Insurance Cost(3):	**1,301**	**0.0967**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**155,361**	**0.0000**
Total FRVS PD:		**12.1197**

(1) 80% Capital ($3,384,839) amortized at 12.5000% for 20 years Interest of $420,828 divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = $11.3368

(2) 20% ROE ($846,210) times the ROE factor (0.030100) divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = $0.6862

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1998**	Used Per Bed Standard:	**38,291**
Comparison Bed	**113**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,326,883**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**94.8213**	**94.8213**	**0.8272**	**93.9941**	
Indirect Care	**53.4956**	**53.4956**	**0.4667**	**53.0289**	
Property	**13.6500**	**12.1197**	**0.1057**	**12.0140**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**207.2132**	**205.6829**	**1.7943**	**211.4857**	

***Medicaid Trend Adjustment :**

0 214027-00 - 2011/01

208.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Gramercy Park Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
17475 S. Dixie Highway		**08/01/2008-07/31/2009**		Number of Beds:	**180**	Superior:	**0**
Miami FL 33157		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2010/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**59,420**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,354**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**45,745**	FY Index:	**1.18536552**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**76.98586%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.44140%**	Cost:	**1.04846989**
Open Date:	**1/1/1985**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/1/1985**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15216426**
Entered Medicaid	**1/1/1985**	Low Occupancy Adjustment Factor:			**113.68212%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**4/8/1997**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03283884**
Previous Med #	**208396**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,509,514	3,504,999	2,121,777	581,876	0	7,718,166
1a	Audit Adjustments						
2	Cost Per Diem	32.9984	76.6204	46.3827	**12.7200**		168.7215
3	Cost Per Diem Inflated	34.5978	79.1365	48.6309			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.5978**	**79.1365**	**48.6309**	**12.7200**		175.0852
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		46.7809			
7	Provider Target Rate	**40.1320**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.5978**	**79.1365**	**47.9568**	**12.7200**		174.4111
12/13	Medicaid Adjustment Rate		2.4025	1.4559			
14	Prospective Per Diem 11	**34.5978**	**81.5390**	**49.4127**	**12.7200**		**178.2695**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 214027-00 - 2011/01

208.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Gramercy Park Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**8,158,989**
FRVS Base Asset:	**5,130,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**6,105,900.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**11.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**808,475**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,527,191**	**13.6728**
20% ROE(2):	**1,631,798**	**0.8596**
Insurance Cost(3):	**52,566**	**0.8847**
Taxes Cost(3):	**180,900**	**3.0444**
Home Office(3):	**8,834**	**0.1487**
Replacement(3&4):	**183,496**	**0.0000**
Total FRVS PD:		**18.6102**

(1) 80% Capital ($6,527,191) amortized at 11.0000% for 20 years Principal & Interest of $808,475 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $13.6728
(2) 20% ROE ($1,631,798) times the ROE factor (0.031150) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.8596
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.5978**	**34.5978**	**0.3018**	**34.2960**	
Patient Care					
Direct Care	**81.5390**	**81.5390**	**0.7113**	**80.8277**	
Indirect Care	**49.4127**	**49.4127**	**0.4310**	**48.9817**	
Property	**12.7200**	**18.6102**	**0.1623**	**18.4479**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.0840**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**178.2695**	**184.1597**	**1.6064**	**208.2344**	

***Medicaid Trend Adjustment :**

0 214035-00 - 2011/01

245.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MIAMI SHORES NURSING AND REHAB CEN

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
9380 N.E 7TH AVENUE		**08/01/2009-07/31/2010**		Number of Beds:	**99**	Superior:	**0**
Miami FL 33150		Days In CR	**365**	Maximum:	**36,135**	Standard:	**181**
County: **Dade[13]**		First Used:	**2011/01**	Max Annualized:	**36,135**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2011/01**	Total Patient:	**34,360**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,829**		
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**24,627**		
Class at 1/94: **South Small [3]**							
Operating Ex **> 18 months [1]**							
Open Date: **1/1/1979**							
Acquired Date: **1/1/1979**							
Entered Medicaid **1/1/1979**							
Med # Active Date: **2/15/1999**							
Previous Med # **211982**							

Medicaid Utilization	**71.67346%**
Occupancy:	**95.08786%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.52258%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,413,614	2,478,700	1,479,189	282,964	0	5,654,467
1a	Audit Adjustments						
2	Cost Per Diem	57.4010	100.6497	60.0637	**11.4900**		229.6044
3	Cost Per Diem Inflated	58.9999	102.5603	61.7368			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.9999**	**102.5603**	**61.7368**	**11.4900**		234.7870
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7966		57.6245			
7	Provider Target Rate	**50.0232**		**59.0730**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.0232**	**102.1952**	**59.0730**	**11.4900**		222.7814
12/13	Medicaid Adjustment Rate		2.4918	1.4404			
14	Prospective Per Diem 11	**50.0232**	**104.6870**	**60.5134**	**11.4900**		**226.7136**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 214035-00 - 2011/01

245.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MIAMI SHORES NURSING AND REHAB CEN

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/01**
Indexed Asset Value	**2,520,508**
FRVS Base Asset:	**1,432,785**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**2,200,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.7500**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**11.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**262,223**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,016,406**	**8.0631**
20% ROE(2):	**504,102**	**0.4811**
Insurance Cost(3):	**18,082**	**0.5263**
Taxes Cost(3):	**42,708**	**1.2430**
Home Office(3):	**15,214**	**0.4428**
Replacement(3&4):	**64,834**	**0.0000**
Total FRVS PD:		**10.7563**

(1) 80% Capital ($2,016,406) amortized at 11.7500% for 20 years Principal & Interest of $262,223 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $8.0631

(2) 20% ROE ($504,102) times the ROE factor (0.031040) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $0.4811

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**99**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,821,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.0232**	**50.0232**	**0.4364**	**49.5868**	
Patient Care					
Direct Care	**104.6870**	**104.6870**	**0.9132**	**103.7738**	
Indirect Care	**60.5134**	**60.5134**	**0.5279**	**59.9855**	
Property	**11.4900**	**10.7563**	**0.0938**	**10.6625**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.9915**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**226.7136**	**225.9799**	**1.9713**	**245.5972**	

***Medicaid Trend Adjustment :**

0 214043-00 - 2011/01

232.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Marion House Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3930 E Silver Springs Blvd		**08/01/2009-07/31/2010**		Number of Beds:	**120**	Superior:	**181**
Ocala FL 32670		Days In CR	**365**	Maximum:	**43,800**	Standard:	**0**
County:	**Marion[42]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**39,785**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,303**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**28,666**	FY Index:	**1.20913928**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**72.05228%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.83334%**	Cost:	**1.02785517**
Open Date:	**4/4/1991**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**4/4/1991**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16783181**
Entered Medicaid	**4/18/1991**	Low Occupancy Adjustment Factor:			**114.17477%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**7/1/1998**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.01898235**
Previous Med #	**203602**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,166,783	2,667,102	1,581,010	447,763	0	5,862,658
1a	Audit Adjustments						
2	Cost Per Diem	40.7027	93.0406	55.1528	**15.6200**		204.5161
3	Cost Per Diem Inflated	41.8365	94.8067	56.6891			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.8365**	**94.8067**	**56.6891**	**15.6200**		208.9523
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.7379		56.5919			
7	Provider Target Rate	**42.7871**		**58.0144**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.8365**	**94.8067**	**53.4956**	**13.6500**		203.7888
12/13	Medicaid Adjustment Rate		2.3520	1.3272			
14	Prospective Per Diem 11	**41.8365**	**97.1587**	**54.8228**	**13.6500**		**207.4680**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 214043-00 - 2011/01

232.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Marion House Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/18/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**5,104,980**
FRVS Base Asset:	**3,642,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**4,899,145.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.7500**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**497,542**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,083,984**	**12.6216**
20% ROE(2):	**1,020,996**	**0.8040**
Insurance Cost(3):	**48,114**	**1.2094**
Taxes Cost(3):	**67,858**	**1.7056**
Home Office(3):	**7,720**	**0.1940**
Replacement(3&4):	**209,849**	**0.0000**
Total FRVS PD:		**16.5346**

(1) 80% Capital ($4,083,984) amortized at 10.7500% for 20 years Principal & Interest of $497,542 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.6216
(2) 20% ROE ($1,020,996) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8040
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.8365**	**41.8365**	**0.3650**	**41.4715**	
Patient Care					
Direct Care	**97.1587**	**97.1587**	**0.8476**	**96.3111**	
Indirect Care	**54.8228**	**54.8228**	**0.4782**	**54.3446**	
Property	**13.6500**	**16.5346**	**0.1442**	**16.3904**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3201**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**207.4680**	**210.3526**	**1.8350**	**232.4348**	

***Medicaid Trend Adjustment :**

0 214060-00 - 2011/01

193.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Hilliard

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
US 1 & 3rd Street		**08/01/2009-07/31/2010**		Number of Beds:	**120**	Superior:	**0**
Hilliard FL 32046		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Nassau[45]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**40,031**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,701**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**24,831**	FY Index:	**1.20913928**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**62.02943%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**91.39498%**	Cost:	**1.02785517**
Open Date:	**4/3/1990**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**4/3/1990**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16783181**
Entered Medicaid	**5/1/1990**	Low Occupancy Adjustment Factor:			**114.88074%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**2/1/1999**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.01898235**
Previous Med #	**201928**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	911,819	1,954,845	1,003,174	762,312	0	4,632,150
1a	Audit Adjustments						
2	Cost Per Diem	36.7210	78.7260	40.4001	**30.7000**		186.5471
3	Cost Per Diem Inflated	37.7439	80.2204	41.5255			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.7439**	**80.2204**	**41.5255**	**30.7000**		190.1898
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.5429		43.1867			
7	Provider Target Rate	**49.7631**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.7439**	**80.2204**	**41.5255**	**13.6500**		173.1398
12/13	Medicaid Adjustment Rate		1.0856	0.5620			
14	Prospective Per Diem 11	**37.7439**	**81.3060**	**42.0875**	**13.6500**		**174.7874**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 214060-00 - 2011/01

193.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Hilliard

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/1/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/01**
Indexed Asset Value	**5,070,195**
FRVS Base Asset:	**1,801,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**7.7500**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**True**	
Yearly Payment:	**311,258**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,056,156**	**7.8959**
20% ROE(2):	**1,014,039**	**0.7985**
Insurance Cost(3):	**18,905**	**0.4723**
Taxes Cost(3):	**36,139**	**0.9028**
Home Office(3):	**31,966**	**0.7985**
Replacement(3&4):	**70,312**	**0.0000**
Total FRVS PD:		**10.8680**

(1) 80% Capital ($4,056,156) amortized at 7.7500% for 20 years Interest of $311,258 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.8959
(2) 20% ROE ($1,014,039) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7985
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,801,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.7439**	**37.7439**	**0.3293**	**37.4146**	
Patient Care					
Direct Care	**81.3060**	**81.3060**	**0.7093**	**80.5967**	
Indirect Care	**42.0875**	**42.0875**	**0.3671**	**41.7204**	
Property	**13.6500**	**10.8680**	**0.0948**	**10.7732**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.2076**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**174.7874**	**172.0054**	**1.5005**	**193.3096**	

***Medicaid Trend Adjustment :**

0 214914-00 - 2011/01

227.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Baldomero Lopez State Veteran's Nursing Home

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6919 Parkway Boulevard	**07/01/2008-06/30/2009**	Number of Beds: **120**	Superior: **0**
Land O Lakes FL 34639	Days In CR **365**	Maximum: **43,800**	Standard: **171**
County: **Pasco[51]**	First Used: **2010/07**	Max Annualized: **43,800**	Conditional: **10**
Region: **Central[3]** Area: **5**	Last Used: **2011/01**	Total Patient: **41,559**	Total: **181**
Control **Government Non-Prof**	**Unaudited [3]**	Medicare: **1,739**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **26,764**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **1/1/1999**			
Acquired Date: **1/1/1999**			
Entered Medicaid **5/7/1999**			
Med # Active Date: **5/7/1999**			
Previous Med #			

Medicaid Utilization	**64.40001%**
Occupancy:	**94.88356%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.26578%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,193,220	2,322,815	1,426,127	213,577	0	5,155,739
1a	Audit Adjustments						
2	Cost Per Diem	44.5830	86.7888	53.2853	**7.9800**		192.6371
3	Cost Per Diem Inflated	46.8072	89.7685	55.9437			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.8072**	**89.7685**	**55.9437**	**7.9800**		200.4994
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.4852		54.5693			
7	Provider Target Rate	**56.8799**		**55.9410**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.8072**	**89.7685**	**55.1439**	**7.9800**		199.6996
12/13	Medicaid Adjustment Rate		1.3739	0.8440			
14	Prospective Per Diem 11	**46.8072**	**91.1424**	**55.9879**	**7.9800**		**201.9175**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 214914-00 - 2011/01

227.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Baldomero Lopez State Veteran's Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/7/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/01**
Indexed Asset Value	**5,409,857**
FRVS Base Asset:	**886,642**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**7.7500**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**True**	
Yearly Payment:	**332,110**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,327,886**	**8.4249**
20% ROE(2):	**1,081,971**	**0.8693**
Insurance Cost(3):	**0**	**0.0000**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**44,683**	**0.0000**
Total FRVS PD:		**9.2942**

(1) 80% Capital ($4,327,886) amortized at 7.7500% for 20 years Interest of $332,110 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.4249
(2) 20% ROE ($1,081,971) times the ROE factor (0.031670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8693
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1998**	Used Per Bed Standard:	**38,291**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,594,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.8072**	**46.8072**	**0.4083**	**46.3989**	
Patient Care					
Direct Care	**91.1424**	**91.1424**	**0.7951**	**90.3473**	
Indirect Care	**55.9879**	**55.9879**	**0.4884**	**55.4995**	
Property	**7.9800**	**9.2942**	**0.0811**	**9.2131**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.0421**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**201.9175**	**203.2317**	**1.7729**	**227.0980**	

***Medicaid Trend Adjustment :**

0 215597-00 - 2011/01

200.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Osprey Point Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1104 South Main Street		**01/01/2009-12/31/2009**		Number of Beds:	**60**	Superior:	**0**
Bushnell FL 33513		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Sumter[60]**	First Used:	**2010/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**20,759**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,692**	**Inflation**	
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**9,676**	FY Index:	**1.19387802**
Class at 1/94:	**North Small [1]**	Medicaid Utilization			**46.61111%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**94.78995%**	Cost:	**1.04099417**
Open Date:	**7/2/1999**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**7/2/1999**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**7/2/1999**	Low Occupancy Adjustment Factor:			**119.14811%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**7/2/1999**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	380,933	731,931	483,270	159,751	0	1,755,885
1a	Audit Adjustments						
2	Cost Per Diem	39.3689	75.6440	49.9452	**16.5100**		181.4681
3	Cost Per Diem Inflated	40.9828	77.6338	51.9927			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.9828**	**77.6338**	**51.9927**	**16.5100**		187.1193
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.6610		47.1885			
7	Provider Target Rate	**41.6831**		**48.7271**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.9828**	**77.6338**	**48.7271**	**13.6500**		180.9937
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**40.9828**	**77.6338**	**48.7271**	**13.6500**		**180.9937**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 215597-00 - 2011/01

200.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Osprey Point Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/2/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/07**
Indexed Asset Value	**2,763,930**
FRVS Base Asset:	**2,330,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,725,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.3700**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**9.3700**	**%**
Interest Only:	**False**	
Yearly Payment:	**245,081**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,211,144**	**12.4343**
20% ROE(2):	**552,786**	**0.8181**
Insurance Cost(3):	**12,383**	**0.5965**
Taxes Cost(3):	**34,416**	**1.6579**
Home Office(3):	**9,475**	**0.4564**
Replacement(3&4):	**34,060**	**0.0000**
Total FRVS PD:		**15.9632**

(1) 80% Capital ($2,211,144) amortized at 9.3700% for 20 years Principal & Interest of $245,081 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $12.4343

(2) 20% ROE ($552,786) times the ROE factor (0.029170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.8181

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1999**	Used Per Bed Standard:	**38,846**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,330,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.9828**	**40.9828**	**0.3575**	**40.6253**	
Patient Care					
Direct Care	**77.6338**	**77.6338**	**0.6772**	**76.9566**	
Indirect Care	**48.7271**	**48.7271**	**0.4251**	**48.3020**	
Property	**13.6500**	**15.9632**	**0.1393**	**15.8239**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.9457**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**180.9937**	**183.3069**	**1.5991**	**200.2506**	

***Medicaid Trend Adjustment :**

0 216399-00 - 2011/01

244.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Harbour's Edge

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
401 E. Linton Boulevard		**01/01/2009-12/31/2009**		Number of Beds:	**54**	Superior:	**0**
Delray Beach FL 33483		Days In CR	**365**	Maximum:	**19,710**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2011/01**	Max Annualized:	**19,710**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**14,690**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,918**	**Inflation**	
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**710**	FY Index:	**1.19387802**
Class at 1/94:	**South Small [3]**	Medicaid Utilization			**4.83322%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**74.53070%**	Cost:	**1.04099417**
Open Date:	**8/3/1987**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**8/3/1987**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**6/1/1999**	Low Occupancy Adjustment Factor:			**93.68284%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**6/1/1999**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	47,478	81,504	66,866	9,997	0	205,845
1a	Audit Adjustments						
2	Cost Per Diem	66.8704	114.7944	94.1775	**14.0803**		289.9226
3	Cost Per Diem Inflated	69.6117	117.8140	98.0382			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**69.6117**	**117.8140**	**98.0382**	**14.0803**		299.5442
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	100.7537		101.0778			
7	Provider Target Rate	**103.2863**		**103.6186**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**59.5230**	**102.1952**	**70.2905**	**13.6500**		245.6587
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**59.5230**	**102.1952**	**70.2905**	**13.6500**		**245.6587**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 216399-00 - 2011/01

244.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Harbour's Edge

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**984,329**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**0.0000**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**True**	
Yearly Payment:	**60,428**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**787,463**	**3.4065**
20% ROE(2):	**196,866**	**0.3237**
Insurance Cost(3):	**48,536**	**3.3040**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**2,179**	**0.1483**
Replacement(3&4):	**3,150,488**	**0.0000**
Total FRVS PD:		**7.1825**

(1) 80% Capital ($787,463) amortized at 7.7500% for 20 years Interest of $60,428 divided by annual available days (19,710) divided by Occup. Adj. (0.9000) = $3.4065

(2) 20% ROE ($196,866) times the ROE factor (0.029170) divided by annual available days (19,710) divided by Occup. Adj. (0.9000) = $0.3237

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**54**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,576,530**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**59.5230**	**59.5230**	**0.5192**	**59.0038**	
Patient Care					
Direct Care	**102.1952**	**102.1952**	**0.8915**	**101.3037**	
Indirect Care	**70.2905**	**70.2905**	**0.6132**	**69.6773**	
Property	**13.6500**	**7.1825**	**0.0627**	**7.1198**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**245.6587**	**239.1912**	**2.0866**	**244.7017**	

***Medicaid Trend Adjustment :**

0 217263-00 - 2011/01

208.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Crystal River Health & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
136 Northeast 12th Avenue		**07/01/2009-06/30/2010**		Number of Beds:	**150**	Superior:	**0**
Crystal River FL 34429		Days In CR	**365**	Maximum:	**54,750**	Standard:	**181**
County:	**Citrus[9]**	First Used:	**2011/01**	Max Annualized:	**54,750**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**39,019**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,194**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**28,647**	FY Index:	**1.20629404**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**73.41808%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**71.26758%**	Cost:	**1.03027953**
Open Date:	**12/8/1976**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**12/8/1976**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16650000**
Entered Medicaid	**12/8/1976**	Low Occupancy Adjustment Factor:			**89.58120%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**7/1/1999**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02014574**
Previous Med #	**206873**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,227,239	2,428,738	1,125,183	510,203	0	5,291,363
1a	Audit Adjustments						
2	Cost Per Diem	42.8401	84.7816	39.2775	**17.8100**		184.7092
3	Cost Per Diem Inflated	44.1373	86.4896	40.4668			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.1373**	**86.4896**	**40.4668**	**17.8100**		188.9037
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.4691		43.1867			
7	Provider Target Rate	**47.6372**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.1373**	**86.4896**	**40.4668**	**13.6500**		184.7437
12/13	Medicaid Adjustment Rate		2.2786	1.0661			
14	Prospective Per Diem 11	**44.1373**	**88.7682**	**41.5329**	**13.6500**		**188.0884**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 217263-00 - 2011/01

208.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Crystal River Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1976/07**
Indexed Asset Value	**5,101,544**
FRVS Base Asset:	**2,866,100**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**5,920,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5500**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**6.5500**	**%**
Interest Only:	**False**	
Yearly Payment:	**366,586**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,081,235**	**7.4396**
20% ROE(2):	**1,020,309**	**0.6535**
Insurance Cost(3):	**38,879**	**0.9964**
Taxes Cost(3):	**66,235**	**1.6975**
Home Office(3):	**48,888**	**1.2529**
Replacement(3&4):	**13,872**	**0.0000**
Total FRVS PD:		**12.0399**

(1) 80% Capital ($4,081,235) amortized at 6.5500% for 20 years Principal & Interest of $366,586 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $7.4396

(2) 20% ROE ($1,020,309) times the ROE factor (0.031560) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $0.6535

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**150**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,275,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.1373**	**44.1373**	**0.3850**	**43.7523**	
Patient Care					
Direct Care	**88.7682**	**88.7682**	**0.7744**	**87.9938**	
Indirect Care	**41.5329**	**41.5329**	**0.3623**	**41.1706**	
Property	**13.6500**	**12.0399**	**0.1050**	**11.9349**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3235**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**188.0884**	**186.4783**	**1.6267**	**208.7722**	

***Medicaid Trend Adjustment :**

0 217395-00 - 2011/01

193.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Ocala Health & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1201 Southeast 24th Road		**07/01/2009-06/30/2010**		Number of Beds:	**180**	Superior:	**0**
Ocala FL 34471		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Marion[42]**	First Used:	**2011/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**59,198**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,292**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**42,687**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**11/21/1977**						
Acquired Date:	**11/21/1977**						
Entered Medicaid	**11/21/1977**						
Med # Active Date:	**7/1/1999**						
Previous Med #	**206890**						

Medicaid Utilization	**72.10886%**
Occupancy:	**90.10350%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.25738%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,389,964	3,563,310	1,461,572	703,909	0	7,118,755
1a	Audit Adjustments						
2	Cost Per Diem	32.5618	83.4753	34.2393	**16.4900**		166.7664
3	Cost Per Diem Inflated	33.5478	85.1570	35.2761			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.5478**	**85.1570**	**35.2761**	**16.4900**		170.4709
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.5357		43.1867			
7	Provider Target Rate	**39.5044**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.5478**	**85.1570**	**35.2761**	**13.6500**		167.6309
12/13	Medicaid Adjustment Rate		2.1181	0.8774			
14	Prospective Per Diem 11	**33.5478**	**87.2751**	**36.1535**	**13.6500**		**170.6264**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 217395-00 - 2011/01

193.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Ocala Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1977/07**
Indexed Asset Value	**7,543,601**
FRVS Base Asset:	**4,016,165**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**6,160,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5500**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**6.5500**	**%**
Interest Only:	**False**	
Yearly Payment:	**542,067**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,034,881**	**9.1674**
20% ROE(2):	**1,508,720**	**0.8053**
Insurance Cost(3):	**96,019**	**1.6220**
Taxes Cost(3):	**53,830**	**0.9093**
Home Office(3):	**68,549**	**1.1580**
Replacement(3&4):	**126,819**	**0.0000**
Total FRVS PD:		**13.6620**

(1) 80% Capital ($6,034,881) amortized at 6.5500% for 20 years Principal & Interest of $542,067 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.1674
(2) 20% ROE ($1,508,720) times the ROE factor (0.031560) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.8053
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.5478**	**33.5478**	**0.2927**	**33.2551**	
Patient Care					
Direct Care	**87.2751**	**87.2751**	**0.7613**	**86.5138**	
Indirect Care	**36.1535**	**36.1535**	**0.3154**	**35.8381**	
Property	**13.6500**	**13.6620**	**0.1192**	**13.5428**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.8286**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**170.6264**	**170.6384**	**1.4886**	**193.5755**	

***Medicaid Trend Adjustment :**

0 217727-00 - 2011/01

204.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

West Melbourne Health & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2125 West New Havene Avenu		**07/01/2009-06/30/2010**		Number of Beds:	**180**	Superior:	**0**
West Melbourne FL 32904		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2011/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**51,198**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,903**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**31,307**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1979**						
Acquired Date:	**9/11/1980**						
Entered Medicaid	**9/11/1980**						
Med # Active Date:	**7/1/1999**						
Previous Med #	**206911**						

Medicaid Utilization	**61.14887%**
Occupancy:	**77.92694%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**97.95182%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,158,893	2,853,295	1,176,341	500,286	0	5,688,815
1a	Audit Adjustments						
2	Cost Per Diem	37.0171	91.1392	37.5744	**15.9800**		181.7107
3	Cost Per Diem Inflated	38.1380	92.9753	38.7121			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.1380**	**92.9753**	**38.7121**	**15.9800**		185.8054
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.6713		44.9838			
7	Provider Target Rate	**45.7942**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1380**	**92.9753**	**38.7121**	**13.6500**		183.4754
12/13	Medicaid Adjustment Rate		1.1661	0.4855			
14	Prospective Per Diem 11	**38.1380**	**94.1414**	**39.1976**	**13.6500**		**185.1270**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 217727-00 - 2011/01

204.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

West Melbourne Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/2011**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/07**
Indexed Asset Value	**5,682,551**
FRVS Base Asset:	**2,055,416**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**7,108,783.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.9264**	**%**
Chase Rate:	**5.3347**	**%**
Amortization Rate:	**5.9264**	**%**
Interest Only:	**False**	
Yearly Payment:	**388,518**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,546,041**	**6.5706**
20% ROE(2):	**1,136,510**	**0.6066**
Insurance Cost(3):	**13,226**	**0.2583**
Taxes Cost(3):	**88,879**	**1.7360**
Home Office(3):	**60,502**	**1.1817**
Replacement(3&4):	**79,625**	**0.0000**
Total FRVS PD:		**10.3532**

(1) 80% Capital ($4,546,041) amortized at 5.9264% for 20 years Principal & Interest of $388,518 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $6.5706

(2) 20% ROE ($1,136,510) times the ROE factor (0.031560) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.6066

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1380**	**38.1380**	**0.3327**	**37.8053**	
Patient Care					
Direct Care	**94.1414**	**94.1414**	**0.8212**	**93.3202**	
Indirect Care	**39.1976**	**39.1976**	**0.3419**	**38.8557**	
Property	**13.6500**	**10.3532**	**0.0903**	**10.2629**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6589**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**185.1270**	**181.8302**	**1.5861**	**204.5001**	

***Medicaid Trend Adjustment :**

0 217735-00 - 2011/01

213.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

St. Augustine Health & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
51 Sunrise Boulevard		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
St. Augustine FL 32086		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**St Johns[55]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**40,564**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,384**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**28,071**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/2/1976**						
Acquired Date:	**4/2/1976**						
Entered Medicaid	**4/2/1976**						
Med # Active Date:	**7/1/1999**						
Previous Med #	**206903**						

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Medicaid Utilization		**69.20176%**
Occupancy:		**92.61187%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**116.41034%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,153,556	2,558,037	1,167,556	456,715	0	5,335,864
1a	Audit Adjustments						
2	Cost Per Diem	41.0942	91.1274	41.5930	**16.2700**		190.0846
3	Cost Per Diem Inflated	42.3385	92.9632	42.8524			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.3385**	**92.9632**	**42.8524**	**16.2700**		194.4241
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.5044		43.1867			
7	Provider Target Rate	**52.7991**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.3385**	**92.9632**	**42.8524**	**13.6500**		191.8041
12/13	Medicaid Adjustment Rate		2.0082	0.9257			
14	Prospective Per Diem 11	**42.3385**	**94.9714**	**43.7781**	**13.6500**		**194.7380**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 217735-00 - 2011/01

213.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

St. Augustine Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1976/01**
Indexed Asset Value	**3,682,954**
FRVS Base Asset:	**2,002,828**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**5,760,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5500**	**%**
Chase Rate:	**5.7500**	**%**
Amortization Rate:	**6.5500**	**%**
Interest Only:	**False**	
Yearly Payment:	**264,649**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,946,363**	**6.7136**
20% ROE(2):	**736,591**	**0.5897**
Insurance Cost(3):	**36,687**	**0.9044**
Taxes Cost(3):	**43,093**	**1.0623**
Home Office(3):	**53,996**	**1.3311**
Replacement(3&4):	**62,498**	**0.0000**
Total FRVS PD:		**10.6011**

(1) 80% Capital ($2,946,363) amortized at 6.5500% for 20 years Principal & Interest of $264,649 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.7136

(2) 20% ROE ($736,591) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5897

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.3385**	**42.3385**	**0.3693**	**41.9692**	
Patient Care					
Direct Care	**94.9714**	**94.9714**	**0.8285**	**94.1429**	
Indirect Care	**43.7781**	**43.7781**	**0.3819**	**43.3962**	
Property	**13.6500**	**10.6011**	**0.0925**	**10.5086**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.4023**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**194.7380**	**191.6891**	**1.6722**	**213.0163**	

***Medicaid Trend Adjustment :**

0 217743-00 - 2011/01

206.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Daytona Beach Health and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1055 Third Avenue		**07/01/2009-06/30/2010**		Number of Beds:	**180**	Superior:	**0**
Daytona Beach FL 32117		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County: **Volusia[64]**		First Used:	**2011/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**55,044**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**5,176**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**43,691**		
Class at 1/94: **North Large [2]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.20629404**
Open Date:	**10/1/1977**					Semester Index:	**1.24282006**
Acquired Date:	**10/1/1977**					Cost:	**1.03027953**
Entered Medicaid	**10/1/1977**					Target:	**1.01759574**
Med # Active Date:	**7/1/1999**					**DC FY Index:**	**1.16650000**
Previous Med #	**206881**					**DC Sem Index:**	**1.19000000**
						DC Inflation:	**1.02014574**
						PS Target:	**1.02513678**

Medicaid Utilization		**79.37468%**
Occupancy:		**83.78082%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**105.30996%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,547,289	3,989,473	1,585,740	657,550	0	7,780,052
1a	Audit Adjustments						
2	Cost Per Diem	35.4144	91.3111	36.2944	**15.0500**		178.0699
3	Cost Per Diem Inflated	36.4867	93.1506	37.3934			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.4867**	**93.1506**	**37.3934**	**15.0500**		182.0807
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.1545		43.1867			
7	Provider Target Rate	**56.5409**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.4867**	**93.1506**	**37.3934**	**13.6500**		180.6807
12/13	Medicaid Adjustment Rate		3.0783	1.2357			
14	Prospective Per Diem 11	**36.4867**	**96.2289**	**38.6291**	**13.6500**		**184.9947**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 217743-00 - 2011/01

206.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Davtona Beach Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1977/07**
Indexed Asset Value	**5,483,798**
FRVS Base Asset:	**3,068,148**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**8,972,858.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.3000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**8.3000**	**%**
Interest Only:	**False**	
Yearly Payment:	**450,219**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,387,038**	**7.6141**
20% ROE(2):	**1,096,760**	**0.5854**
Insurance Cost(3):	**39,153**	**0.7113**
Taxes Cost(3):	**101,095**	**1.8366**
Home Office(3):	**62,632**	**1.1379**
Replacement(3&4):	**402,404**	**0.0000**
Total FRVS PD:		**11.8853**

(1) 80% Capital ($4,387,038) amortized at 8.3000% for 20 years Principal & Interest of $450,219 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $7.6141

(2) 20% ROE ($1,096,760) times the ROE factor (0.031560) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.5854

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.4867**	**36.4867**	**0.3183**	**36.1684**	
Patient Care					
Direct Care	**96.2289**	**96.2289**	**0.8394**	**95.3895**	
Indirect Care	**38.6291**	**38.6291**	**0.3370**	**38.2921**	
Property	**13.6500**	**11.8853**	**0.1037**	**11.7816**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.0593**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**184.9947**	**183.2300**	**1.5984**	**206.2880**	

***Medicaid Trend Adjustment :**

0 217824-00 - 2011/01

215.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Port St. Lucie

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3720 South Jennings Road		**08/01/2009-07/31/2010**		Number of Beds:	**123**	Superior:	**0**
Port St Lucie FL 34952		Days In CR	**365**	Maximum:	**44,895**	Standard:	**181**
County:	**St Lucie[56]**	First Used:	**2011/01**	Max Annualized:	**44,895**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**40,693**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**19,107**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**15,879**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/9/1999**						
Acquired Date:	**9/9/1999**						
Entered Medicaid	**9/9/1999**						
Med # Active Date:	**9/9/1999**						
Previous Med #							

Medicaid Utilization	**39.02145%**
Occupancy:	**90.64038%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.93223%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	717,627	1,401,177	854,455	404,597	0	3,377,856
1a	Audit Adjustments						
2	Cost Per Diem	45.1935	88.2409	53.8104	**25.4800**		212.7248
3	Cost Per Diem Inflated	46.4524	89.9159	55.3093			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.4524**	**89.9159**	**55.3093**	**25.4800**		217.1576
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.4184		47.9751			
7	Provider Target Rate	**51.6858**		**49.1810**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.4524**	**89.9159**	**49.1810**	**13.6500**		199.1993
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.4524**	**89.9159**	**49.1810**	**13.6500**		**199.1993**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 217824-00 - 2011/01

215.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Port St. Lucie

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/07**
Indexed Asset Value	**5,697,446**
FRVS Base Asset:	**4,778,058**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**8,495,769.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.2400**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**368,562**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,557,957**	**9.1216**
20% ROE(2):	**1,139,489**	**0.8754**
Insurance Cost(3):	**24,561**	**0.6036**
Taxes Cost(3):	**92,894**	**2.2828**
Home Office(3):	**42,324**	**1.0401**
Replacement(3&4):	**131,637**	**0.0000**
Total FRVS PD:		**13.9235**

(1) 80% Capital ($4,557,957) amortized at 5.2500% for 20 years Principal & Interest of $368,562 divided by annual available days (44,895) divided by Occup. Adj. (0.9000) = $9.1216

(2) 20% ROE ($1,139,489) times the ROE factor (0.031040) divided by annual available days (44,895) divided by Occup. Adj. (0.9000) = $0.8754

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1999**	Used Per Bed Standard:	**38,846**
Comparison Bed	**123**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,778,058**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.4524**	**46.4524**	**0.4052**	**46.0472**	
Patient Care					
Direct Care	**89.9159**	**89.9159**	**0.7844**	**89.1315**	
Indirect Care	**49.1810**	**49.1810**	**0.4290**	**48.7520**	
Property	**13.6500**	**13.9235**	**0.1215**	**13.8020**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$9.9886**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**199.1993**	**199.4728**	**1.7401**	**215.3184**	

***Medicaid Trend Adjustment :**

0 218057-00 - 2011/01

210.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lakeshore Villas Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
16002 Lakeshore Villas Drive	**02/01/2009-01/31/2010**	Number of Beds: **179**	Superior: **0**
Tampa FL 33613	Days In CR **365**	Maximum: **65,335**	Standard: **181**
County: **Hillsborough[29]**	First Used: **2011/01**	Max Annualized: **65,335**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2011/01**	Total Patient: **58,163**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **9,881**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **36,415**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **9/1/1986**			
Acquired Date: **9/1/1986**			
Entered Medicaid **9/1/1986**			
Med # Active Date: **7/1/1999**			
Previous Med # **209040**			

Medicaid Utilization	**62.60853%**
Occupancy:	**89.02273%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**111.89890%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19544464**
Semester Index:	**1.24282006**
Cost:	**1.03962996**
Target:	**1.01759574**
DC FY Index:	**1.16066549**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02527387**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,848,518	2,829,503	1,965,864	896,901	0	7,540,786
1a	Audit Adjustments						
2	Cost Per Diem	50.7625	77.7016	53.9850	**24.6300**		207.0791
3	Cost Per Diem Inflated	52.7742	79.6654	56.1244			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.7742**	**79.6654**	**56.1244**	**24.6300**		213.1940
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.1852		44.9838			
7	Provider Target Rate	**49.3964**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**79.6654**	**46.1145**	**13.6500**		187.2220
12/13	Medicaid Adjustment Rate		1.1300	0.6541			
14	Prospective Per Diem 11	**47.7921**	**80.7954**	**46.7686**	**13.6500**		**189.0061**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 218057-00 - 2011/01

210.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lakeshore Villas Health Care Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/07**
Indexed Asset Value	**7,381,134**
FRVS Base Asset:	**2,801,043**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030310**

Mortgage Information		
Amount:	**17,754,294.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.3640**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.3640**	**%**
Interest Only:	**False**	
Yearly Payment:	**564,956**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,904,907**	**9.6079**
20% ROE(2):	**1,476,227**	**0.7609**
Insurance Cost(3):	**53,844**	**0.9257**
Taxes Cost(3):	**604**	**0.0104**
Home Office(3):	**65,482**	**1.1258**
Replacement(3&4):	**118,728**	**0.0000**
Total FRVS PD:		**12.4307**

(1) 80% Capital ($5,904,907) amortized at 7.3640% for 20 years Principal & Interest of $564,956 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $9.6079

(2) 20% ROE ($1,476,227) times the ROE factor (0.030310) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $0.7609

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1986**	Used Per Bed Standard:	**28,737**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,448,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**80.7954**	**80.7954**	**0.7048**	**80.0906**	
Indirect Care	**46.7686**	**46.7686**	**0.4080**	**46.3606**	
Property	**13.6500**	**12.4307**	**0.1191**	**13.5309**	
ROE	**0.0000**	**0.0897**			
ROE Adjustment	**0.0000**	**-0.0897**			
Quality Assess-Medicaid Share				**$15.6311**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.0061**	**187.7868**	**1.6488**	**210.5855**	

***Medicaid Trend Adjustment :**

0 218171-00 - 2011/01

200.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

W. JACKSONVILLE HEALTH AND REHAB CE

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1650 Fouraker Road		**09/01/2008-08/31/2009**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32221		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Duval[16]**		First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**39,508**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**9,199**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**23,072**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**7/20/1990**						
Acquired Date:	**7/20/1990**						
Entered Medicaid	**8/10/1990**						
Med # Active Date:	**3/25/1999**						
Previous Med #	**202550**						

Medicaid Utilization	**58.39830%**
Occupancy:	**90.20091%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.37984%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18697094**
Semester Index:	**1.24282006**
Cost:	**1.04705180**
Target:	**1.01759574**
DC FY Index:	**1.15383092**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03134695**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	931,124	1,848,014	972,745	323,469	0	4,075,352
1a	Audit Adjustments						
2	Cost Per Diem	40.3573	80.0977	42.1613	**14.0200**		176.6363
3	Cost Per Diem Inflated	42.2562	82.6085	44.1451			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.2562**	**82.6085**	**44.1451**	**14.0200**		183.0298
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.5760		44.3510			
7	Provider Target Rate	**38.5205**		**45.4658**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.5205**	**82.6085**	**44.1451**	**13.6500**		178.9241
12/13	Medicaid Adjustment Rate		0.7805	0.4171			
14	Prospective Per Diem 11	**38.5205**	**83.3890**	**44.5622**	**13.6500**		**180.1217**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 218171-00 - 2011/01

200.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

W. JACKSONVILLE HEALTH AND REHAB CE

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/10/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/07**
Indexed Asset Value	**5,451,377**
FRVS Base Asset:	**3,620,880**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**4,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.7500**	**%**
Chase Rate:	**6.2500**	**%**
Amortization Rate:	**5.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**367,423**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,361,102**	**9.3207**
20% ROE(2):	**1,090,275**	**0.8472**
Insurance Cost(3):	**47,556**	**1.2037**
Taxes Cost(3):	**61,763**	**1.5633**
Home Office(3):	**10,804**	**0.2735**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.2084**

(1) 80% Capital ($4,361,102) amortized at 5.7500% for 20 years Principal & Interest of $367,423 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.3207
(2) 20% ROE ($1,090,275) times the ROE factor (0.030630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8472
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,620,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.5205**	**38.5205**	**0.3360**	**38.1845**	
Patient Care					
Direct Care	**83.3890**	**83.3890**	**0.7274**	**82.6616**	
Indirect Care	**44.5622**	**44.5622**	**0.3887**	**44.1735**	
Property	**13.6500**	**13.2084**	**0.1152**	**13.0932**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.4456**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**180.1217**	**179.6801**	**1.5673**	**200.1555**	

***Medicaid Trend Adjustment :**

0 219380-00 - 2011/01

202.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Winter Haven

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1510 Cypress Gardens Boulev		**08/01/2009-07/31/2010**		Number of Beds:	**177**	Superior:	**0**
Winter Haven FL 33884		Days In CR	**365**	Maximum:	**64,605**	Standard:	**181**
County: **Polk[53]**		First Used:	**2011/01**	Max Annualized:	**64,605**	Conditional:	**0**
Region: **Central[3]**	Area: **6**	Last Used:	**2011/01**	Total Patient:	**60,810**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**29,365**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**26,991**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date:	**11/3/1999**						
Acquired Date:	**11/3/1999**						
Entered Medicaid	**11/3/1999**						
Med # Active Date:	**11/3/1999**						
Previous Med #							

Medicaid Utilization	**44.38579%**
Occupancy:	**94.12584%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.31335%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,019,282	2,295,053	1,548,091	795,425	0	5,657,851
1a	Audit Adjustments						
2	Cost Per Diem	37.7638	85.0303	57.3558	**29.4700**		209.6199
3	Cost Per Diem Inflated	38.8157	86.6444	58.9535			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.8157**	**86.6444**	**58.9535**	**29.4700**		213.8836
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.5978		44.9838			
7	Provider Target Rate	**46.7440**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.8157**	**86.6444**	**46.1145**	**13.6500**		185.2246
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.8157**	**86.6444**	**46.1145**	**13.6500**		**185.2246**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 219380-00 - 2011/01

202.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Winter Haven

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/3/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/07**
Indexed Asset Value	**8,025,020**
FRVS Base Asset:	**6,875,742**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**13,959,827.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**6.0500**	**%**
Interest Only:	**False**	
Yearly Payment:	**554,164**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,420,016**	**9.5308**
20% ROE(2):	**1,605,004**	**0.8568**
Insurance Cost(3):	**36,127**	**0.5941**
Taxes Cost(3):	**183,880**	**3.0238**
Home Office(3):	**57,464**	**0.9450**
Replacement(3&4):	**108,679**	**0.0000**
Total FRVS PD:		**14.9505**

(1) 80% Capital ($6,420,016) amortized at 6.0500% for 20 years Principal & Interest of $554,164 divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = $9.5308
(2) 20% ROE ($1,605,004) times the ROE factor (0.031040) divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = $0.8568
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1999**	Used Per Bed Standard:	**38,846**
Comparison Bed	**177**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**6,875,742**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.8157**	**38.8157**	**0.3386**	**38.4771**	
Patient Care					
Direct Care	**86.6444**	**86.6444**	**0.7558**	**85.8886**	
Indirect Care	**46.1145**	**46.1145**	**0.4023**	**45.7122**	
Property	**13.6500**	**14.9505**	**0.1304**	**14.8201**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$9.7370**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**185.2246**	**186.5251**	**1.6271**	**202.2321**	

***Medicaid Trend Adjustment :**

0 220604-00 - 2011/01

218.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Century Care Center.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
6020 Industrial Blvd.		**08/01/2009-07/31/2010**		Number of Beds:	**88**	Superior:	**0**
Century FL 32535		Days In CR	**365**	Maximum:	**32,120**	Standard:	**181**
County:	**Escambia[17]**	First Used:	**2011/01**	Max Annualized:	**32,120**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2011/01**	Total Patient:	**30,551**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,047**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**24,094**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/12/1994**						
Acquired Date:	**8/12/1994**						
Entered Medicaid	**8/12/1994**						
Med # Active Date:	**2/29/2000**						
Previous Med #	**211168**						

Medicaid Utilization	**78.86485%**
Occupancy:	**95.11519%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.55693%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,091,494	2,081,179	1,173,580	487,663	0	4,833,916
1a	Audit Adjustments						
2	Cost Per Diem	45.3015	86.3775	48.7084	**20.2400**		200.6274
3	Cost Per Diem Inflated	46.5634	88.0171	50.0652			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.5634**	**88.0171**	**50.0652**	**20.2400**		204.8857
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.8322		47.1885			
7	Provider Target Rate	**41.8586**		**48.7271**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.8586**	**88.0171**	**48.7271**	**13.6500**		192.2528
12/13	Medicaid Adjustment Rate		2.8582	1.5823			
14	Prospective Per Diem 11	**41.8586**	**90.8753**	**50.3094**	**13.6500**		**196.6933**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 220604-00 - 2011/01

218.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Century Care Center.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/12/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/07**
Indexed Asset Value	**3,304,308**
FRVS Base Asset:	**2,367,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**2,207,800.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**9.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**285,405**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,643,446**	**9.8729**
20% ROE(2):	**660,862**	**0.7096**
Insurance Cost(3):	**43,429**	**1.4215**
Taxes Cost(3):	**28,144**	**0.9212**
Home Office(3):	**5,143**	**0.1683**
Replacement(3&4):	**5,182**	**0.0000**
Total FRVS PD:		**13.0935**

(1) 80% Capital ($2,643,446) amortized at 9.0000% for 20 years Principal & Interest of $285,405 divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = $9.8729

(2) 20% ROE ($660,862) times the ROE factor (0.031040) divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = $0.7096

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1994**	Used Per Bed Standard:	**33,820**
Comparison Bed	**70**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,367,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.8586**	**41.8586**	**0.3651**	**41.4935**	
Patient Care					
Direct Care	**90.8753**	**90.8753**	**0.7927**	**90.0826**	
Indirect Care	**50.3094**	**50.3094**	**0.4389**	**49.8705**	
Property	**13.6500**	**13.0935**	**0.1142**	**12.9793**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9520**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**196.6933**	**196.1368**	**1.7109**	**218.9750**	

***Medicaid Trend Adjustment :**

0 220612-00 - 2011/01

209.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Santa Rosa Health & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5386 Broad Steeet		**08/01/2009-07/31/2010**		Number of Beds:	**110**	Superior:	**0**
Milton FL 32570		Days In CR	**365**	Maximum:	**40,150**	Standard:	**181**
County:	**Santa Rosa[57]**	First Used:	**2011/01**	Max Annualized:	**40,150**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2011/01**	Total Patient:	**35,178**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,622**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**28,142**	FY Index:	**1.20913928**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**79.99886%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**87.61644%**	Cost:	**1.02785517**
Open Date:	**3/1/1971**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**3/1/1971**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16783181**
Entered Medicaid	**1/1/1971**	Low Occupancy Adjustment Factor:			**110.13123%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**2/29/2000**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.01898235**
Previous Med #	**203505**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,122,238	2,462,872	1,295,904	379,073	0	5,260,087
1a	Audit Adjustments						
2	Cost Per Diem	39.8777	87.5159	46.0488	**13.4700**		186.9124
3	Cost Per Diem Inflated	40.9885	89.1772	47.3315			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.9885**	**89.1772**	**47.3315**	**13.4700**		190.9672
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1628**	**89.1772**	**44.2723**	**13.4700**		183.0823
12/13	Medicaid Adjustment Rate		3.0096	1.4941			
14	Prospective Per Diem 11	**36.1628**	**92.1868**	**45.7664**	**13.4700**		**187.5860**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 220612-00 - 2011/01

209.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Santa Rosa Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**3,294,047**
FRVS Base Asset:	**1,673,412**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**815,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**8.2700**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**327,632**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,635,238**	**9.0669**
20% ROE(2):	**658,809**	**0.5659**
Insurance Cost(3):	**52,487**	**1.4920**
Taxes Cost(3):	**21,202**	**0.6027**
Home Office(3):	**5,892**	**0.1675**
Replacement(3&4):	**11,994**	**0.0000**
Total FRVS PD:		**11.8950**

(1) 80% Capital ($2,635,238) amortized at 12.5000% for 20 years Interest of $327,632 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $9.0669
(2) 20% ROE ($658,809) times the ROE factor (0.031040) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $0.5659
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1628**	**36.1628**	**0.3155**	**35.8473**	
Patient Care					
Direct Care	**92.1868**	**92.1868**	**0.8042**	**91.3826**	
Indirect Care	**45.7664**	**45.7664**	**0.3992**	**45.3672**	
Property	**13.4700**	**11.8950**	**0.1038**	**11.7912**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.4265**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**187.5860**	**186.0110**	**1.6227**	**209.4119**	

***Medicaid Trend Adjustment :**

0 220621-00 - 2011/01

224.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Sandy Ridge Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5360 Glover Lane		**08/01/2009-07/31/2010**		Number of Beds:	**60**	Superior:	**0**
Milton FL 32570		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Santa Rosa[57]**	First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2011/01**	Total Patient:	**19,896**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,939**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**15,022**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1985**						
Acquired Date:	**9/1/1985**						
Entered Medicaid	**4/24/1987**						
Med # Active Date:	**2/29/2000**						
Previous Med #	**209465**						

Medicaid Utilization	**75.50261%**
Occupancy:	**90.84932%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.19486%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	716,230	1,333,431	784,875	195,887	0	3,030,423
1a	Audit Adjustments						
2	Cost Per Diem	47.6787	88.7652	52.2484	**13.0400**		201.7323
3	Cost Per Diem Inflated	49.0068	90.4502	53.7038			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.0068**	**90.4502**	**53.7038**	**13.0400**		206.2008
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.0102		48.0213			
7	Provider Target Rate	**41.0159**		**49.2284**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.0159**	**90.4502**	**49.2284**	**13.0400**		193.7345
12/13	Medicaid Adjustment Rate		2.5951	1.4124			
14	Prospective Per Diem 11	**41.0159**	**93.0453**	**50.6408**	**13.0400**		**197.7420**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 220621-00 - 2011/01

224.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Sandy Ridge Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/29/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**2,774,611**
FRVS Base Asset:	**1,695,540**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**1,650,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4310**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**10.4310**	**%**
Interest Only:	**False**	
Yearly Payment:	**264,698**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,219,689**	**13.4296**
20% ROE(2):	**554,922**	**0.8739**
Insurance Cost(3):	**29,677**	**1.4916**
Taxes Cost(3):	**17,738**	**0.8915**
Home Office(3):	**3,324**	**0.1671**
Replacement(3&4):	**28,691**	**0.0000**
Total FRVS PD:		**16.8537**

(1) 80% Capital ($2,219,689) amortized at 10.4310% for 20 years Principal & Interest of $264,698 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $13.4296

(2) 20% ROE ($554,922) times the ROE factor (0.031040) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.8739

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1985**	Used Per Bed Standard:	**28,259**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,695,540**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.0159**	**41.0159**	**0.3578**	**40.6581**	
Patient Care					
Direct Care	**93.0453**	**93.0453**	**0.8117**	**92.2336**	
Indirect Care	**50.6408**	**50.6408**	**0.4418**	**50.1990**	
Property	**13.0400**	**16.8537**	**0.1470**	**16.7067**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9949**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**197.7420**	**201.5557**	**1.7583**	**224.3894**	

***Medicaid Trend Adjustment :**

0 221465-00 - 2011/01

185.33

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Westminster Care of Clermont

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
151 East Minnehaha Ave	**02/01/2009-01/31/2010**	Number of Beds: **182**	Superior: **0**
Clermont FL 34711	Days In CR **365**	Maximum: **66,430**	Standard: **181**
County: **Lake[35]**	First Used: **2010/07**	Max Annualized: **66,430**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2011/01**	Total Patient: **60,726**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **9,880**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **43,665**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **1/1/1968**			
Acquired Date: **7/1/1981**			
Entered Medicaid **7/1/1981**			
Med # Active Date: **9/29/1999**			
Previous Med # **212539**			

Medicaid Utilization	**71.90495%**
Occupancy:	**91.41352%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.90403%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19544464**
Semester Index:	**1.24282006**
Cost:	**1.03962996**
Target:	**1.01759574**
DC FY Index:	**1.16066549**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02527387**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,718,349	3,371,157	1,477,854	331,417	0	6,898,777
1a	Audit Adjustments						
2	Cost Per Diem	39.3530	77.2050	33.8453	**7.5900**		157.9933
3	Cost Per Diem Inflated	40.9126	79.1563	35.1866			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.9126**	**79.1563**	**35.1866**	**7.5900**		162.8455
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1628**	**79.1563**	**35.1866**	**7.5900**		158.0957
12/13	Medicaid Adjustment Rate		1.9507	0.8671			
14	Prospective Per Diem 11	**36.1628**	**81.1070**	**36.0537**	**7.5900**		**160.9135**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 221465-00 - 2011/01

185.33

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Westminster Care of Clermont

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**6,598,975**
FRVS Base Asset:	**2,631,593**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030310**

Mortgage Information		
Amount:	**2,153,991.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.2600**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**6.2600**	**%**
Interest Only:	**False**	
Yearly Payment:	**463,414**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,279,180**	**7.7511**
20% ROE(2):	**1,319,795**	**0.6691**
Insurance Cost(3):	**99,784**	**1.6432**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**336,855**	**0.0000**
Total FRVS PD:		**10.0634**

(1) 80% Capital ($5,279,180) amortized at 6.2600% for 20 years Principal & Interest of $463,414 divided by annual available days (66,430) divided by Occup. Adj. (0.9000) = $7.7511
(2) 20% ROE ($1,319,795) times the ROE factor (0.030310) divided by annual available days (66,430) divided by Occup. Adj. (0.9000) = $0.6691
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**142**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,047,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1628**	**36.1628**	**0.3155**	**35.8473**	
Patient Care					
Direct Care	**81.1070**	**81.1070**	**0.7075**	**80.3995**	
Indirect Care	**36.0537**	**36.0537**	**0.3145**	**35.7392**	
Property	**7.5900**	**10.0634**	**0.0878**	**9.9756**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.7664**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**160.9135**	**163.3869**	**1.4253**	**185.3251**	

***Medicaid Trend Adjustment :**

0 221473-00 - 2011/01

236.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Calusa Harbour

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2525 East First St.		**01/01/2009-12/31/2009**		Number of Beds:	**60**	Superior:	**0**
Ft. Myers FL 33901		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Lee[36]**	First Used:	**2010/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**20,161**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,283**	Inflation	
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**7,789**	FY Index:	**1.19387802**
Class at 1/94:	**South Small [3]**	Medicaid Utilization			**38.63400%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**92.05936%**	Cost:	**1.04099417**
Open Date:	**6/1/1984**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**6/1/1984**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**6/1/1984**	Low Occupancy Adjustment Factor:			**115.71585%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**4/23/1999**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**210935**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	431,070	657,869	486,799	133,192	0	1,708,930
1a	Audit Adjustments						
2	Cost Per Diem	55.3434	84.4613	62.4983	**17.1000**		219.4030
3	Cost Per Diem Inflated	57.6122	86.6830	65.0604			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.6122**	**86.6830**	**65.0604**	**17.1000**		226.4556
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	79.8235		59.1334			
7	Provider Target Rate	**81.8300**		**60.6198**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**57.6122**	**86.6830**	**60.6198**	**13.6500**		218.5650
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**57.6122**	**86.6830**	**60.6198**	**13.6500**		**218.5650**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 221473-00 - 2011/01

236.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Calusa Harbour

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**1,872,666**
FRVS Base Asset:	**1,177,008**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,120,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.2640**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**8.2640**	**%**
Interest Only:	**False**	
Yearly Payment:	**153,339**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,498,133**	**7.7798**
20% ROE(2):	**374,533**	**0.5543**
Insurance Cost(3):	**25,392**	**1.2595**
Taxes Cost(3):	**16,975**	**0.8420**
Home Office(3):	**55,945**	**2.7749**
Replacement(3&4):	**251,727**	**0.0000**
Total FRVS PD:		**13.2105**

(1) 80% Capital ($1,498,133) amortized at 8.2640% for 20 years Principal & Interest of $153,339 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $7.7798

(2) 20% ROE ($374,533) times the ROE factor (0.029170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.5543

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**100**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,850,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**57.6122**	**57.6122**	**0.5026**	**57.1096**	
Patient Care					
Direct Care	**86.6830**	**86.6830**	**0.7562**	**85.9268**	
Indirect Care	**60.6198**	**60.6198**	**0.5288**	**60.0910**	
Property	**13.6500**	**13.2105**	**0.1191**	**13.5309**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.0278**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**218.5650**	**218.1255**	**1.9067**	**236.2832**	

***Medicaid Trend Adjustment :**

0 221589-00 - 2011/01

201.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Westminster Care of Delanev Park

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
215 Annie St		**02/01/2009-01/31/2010**		Number of Beds:	**60**	Superior:	**0**
Orlando FL 32806		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2010/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**19,612**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,824**	**Inflation**	
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**10,514**	FY Index:	**1.19544464**
Class at 1/94:	**North Small [1]**	Medicaid Utilization			**53.61003%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**89.55251%**	Cost:	**1.03962996**
Open Date:	**7/1/1992**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**7/1/1992**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16066549**
Entered Medicaid	**3/30/1993**	Low Occupancy Adjustment Factor:			**112.56481%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**9/29/1999**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02527387**
Previous Med #	**213268**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	422,773	741,869	560,514	133,633	0	1,858,789
1a	Audit Adjustments						
2	Cost Per Diem	40.2105	70.5601	53.3112	**12.7100**		176.7918
3	Cost Per Diem Inflated	41.8040	72.3434	55.4239			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.8040**	**72.3434**	**55.4239**	**12.7100**		182.2813
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4035		51.4890			
7	Provider Target Rate	**45.5197**		**53.6513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.8040**	**72.3434**	**53.6513**	**12.7100**		180.5087
12/13	Medicaid Adjustment Rate		0.2938	0.2179			
14	Prospective Per Diem 11	**41.8040**	**72.6372**	**53.8692**	**12.7100**		**181.0204**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 221589-00 - 2011/01

201.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Westminster Care of Delaney Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/30/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1992/07**
Indexed Asset Value	**2,743,929**
FRVS Base Asset:	**1,896,540**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030310**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**184,911**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,195,143**	**9.3816**
20% ROE(2):	**548,786**	**0.8439**
Insurance Cost(3):	**42,116**	**2.1475**
Taxes Cost(3):	**2,271**	**0.1158**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**207,148**	**0.0000**
Total FRVS PD:		**12.4888**

(1) 80% Capital ($2,195,143) amortized at 8.5000% for 20 years Interest of $184,911 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $9.3816

(2) 20% ROE ($548,786) times the ROE factor (0.030310) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.8439

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1992**	Used Per Bed Standard:	**31,609**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,896,540**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.8040**	**41.8040**	**0.3647**	**41.4393**	
Patient Care					
Direct Care	**72.6372**	**72.6372**	**0.6336**	**72.0036**	
Indirect Care	**53.8692**	**53.8692**	**0.4699**	**53.3993**	
Property	**12.7100**	**12.4888**	**0.1089**	**12.3799**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.1983**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**181.0204**	**180.7992**	**1.5771**	**201.0175**	

***Medicaid Trend Adjustment :**

0 223239-00 - 2011/01

213.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Regents Park at Aventura

Type of Cost Report:Prospective with Interim Component[8] Type of Cost:Actual with Interim Component[3] Type of Rate:Prospective[1] Interim Component effective date :05/01/2009

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
18905 NE 25th Avenue		**09/01/2008-08/31/2009**		Number of Beds:	**180**	Superior:	**0**
North Miami Beach FL 33180		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County: **Dade[13]**		First Used:	**2010/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2011/01**	Total Patient:	**61,744**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**15,364**	Inflation	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**33,110**	FY Index:	**1.18697094**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**53.62464%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**93.97869%**	Cost:	**1.04705180**
Open Date:	**1/11/1988**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/11/1988**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15383092**
Entered Medicaid	**11/21/1988**	Low Occupancy Adjustment Factor:			**118.12838%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**5/1/2000**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03134695**
Previous Med #	**200450**	Interim Component Effective date:			**5/1/2009**	**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,312,776	2,517,037	1,866,012	693,323	0	6,389,148
1a	Audit Adjustments						
2	Cost Per Diem	39.6489	76.0204	56.3580	**20.9400**		192.9673
3	Cost Per Diem Inflated	41.5145	78.4034	59.0097			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.5145**	**78.4034**	**59.0097**	**20.9400**		199.8676
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		48.1198			
7	Provider Target Rate	**40.1320**		**49.3294**			
7a	Interim Adjustment	2.5125		5.5981			
7b	Interim Adjusted Provider Target Rate	**42.6445**		**54.9275**			
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.5145**	**78.4034**	**54.9275**	**13.6500**		188.4954
12/13	Medicaid Adjustment Rate		0.3197	0.2240			
14	Prospective Per Diem 11	**41.5145**	**78.7231**	**55.1515**	**13.6500**		**189.0391**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 223239-00 - 2011/01

213.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Regents Park at Aventura

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/21/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**8,811,934**
FRVS Base Asset:	**5,296,140**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**7,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.4000**	**%**
Chase Rate:	**5.7500**	**%**
Amortization Rate:	**5.4000**	**%**
Interest Only:	**False**	
Yearly Payment:	**577,148**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,049,547**	**9.7607**
20% ROE(2):	**1,762,387**	**0.9129**
Insurance Cost(3):	**307,443**	**4.9793**
Taxes Cost(3):	**169,161**	**2.7397**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**2,145**	**0.0000**
Total FRVS PD:		**18.3926**

(1) 80% Capital ($7,049,547) amortized at 5.4000% for 20 years Principal & Interest of $577,148 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.7607
(2) 20% ROE ($1,762,387) times the ROE factor (0.030630) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.9129
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,296,140**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.5145**	**41.5145**	**0.3621**	**41.1524**	
Patient Care					
Direct Care	**78.7231**	**78.7231**	**0.6867**	**78.0364**	
Indirect Care	**55.1515**	**55.1515**	**0.4811**	**54.6704**	
Property	**13.6500**	**18.3926**	**0.1604**	**18.2322**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.1445**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.0391**	**193.7817**	**1.6903**	**213.8330**	

***Medicaid Trend Adjustment :**

0 223654-00 - 2011/01

190.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Orlando Health and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
830 West 29th Street		**07/01/2009-06/30/2010**		Number of Beds:	**420**	Superior:	**0**
Orlando FL 32805		Days In CR	**365**	Maximum:	**153,300**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2011/01**	Max Annualized:	**153,300**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**118,903**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**10,356**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**98,339**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/1/1971**						
Acquired Date:	**5/1/1971**						
Entered Medicaid	**5/1/1971**						
Med # Active Date:	**9/29/1999**						
Previous Med #	**218367**						

Medicaid Utilization	**82.70523%**
Occupancy:	**77.56230%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**97.49347%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,757,685	7,829,033	4,181,043	1,106,314	0	16,874,076
1a	Audit Adjustments						
2	Cost Per Diem	38.2115	79.6127	42.5166	**11.2500**		171.5908
3	Cost Per Diem Inflated	39.3685	81.2166	43.8040			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.3685**	**81.2166**	**43.8040**	**11.2500**		175.6391
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1474**	**81.2166**	**43.8040**	**11.2500**		174.4180
12/13	Medicaid Adjustment Rate		2.9882	1.6117			
14	Prospective Per Diem 11	**38.1474**	**84.2048**	**45.4157**	**11.2500**		**179.0179**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 223654-00 - 2011/01

190.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Orlando Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**16,336,065**
FRVS Base Asset:	**8,041,774**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**16,200,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.7500**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**9.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,487,523**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**13,068,852**	**10.7815**
20% ROE(2):	**3,267,213**	**0.7474**
Insurance Cost(3):	**169,802**	**1.4281**
Taxes Cost(3):	**4,223**	**0.0355**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**774,921**	**0.0000**
Total FRVS PD:		**12.9925**

(1) 80% Capital ($13,068,852) amortized at 9.7500% for 20 years Principal & Interest of $1,487,523 divided by annual available days (153,300) divided by Occup. Adj. (0.9000) = $10.7815
(2) 20% ROE ($3,267,213) times the ROE factor (0.031560) divided by annual available days (153,300) divided by Occup. Adj. (0.9000) = $0.7474
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**420**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**11,970,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1474**	**38.1474**	**0.3328**	**37.8146**	
Patient Care					
Direct Care	**84.2048**	**84.2048**	**0.7346**	**83.4702**	
Indirect Care	**45.4157**	**45.4157**	**0.3962**	**45.0195**	
Property	**11.2500**	**12.9925**	**0.1133**	**12.8792**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.5603**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**179.0179**	**180.7604**	**1.5769**	**190.3409**	

***Medicaid Trend Adjustment :**

0 223786-00 - 2011/01

224.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Sarasota

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
8104 North Tuttle Avenue		**02/01/2009-01/31/2010**		Number of Beds:	**120**	Superior:	**0**
Sarasota Fl 34243		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**38,427**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**23,547**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**10,744**	FY Index:	**1.19544464**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**					Cost:	**1.03962996**
Open Date:	**5/5/2000**					Target:	**1.01759574**
Acquired Date:	**5/5/2000**					**DC FY Index:**	**1.16066549**
Entered Medicaid	**6/26/2000**					**DC Sem Index:**	**1.19000000**
Med # Active Date:	**6/29/2000**					**DC Inflation:**	**1.02527387**
Previous Med #						**PS Target:**	**1.02513678**

Medicaid Utilization	**27.95951%**	Statewide Low Occupancy Threshold:	**79.55640%**
Occupancy:	**87.73288%**	Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**110.27758%**	Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	513,313	1,015,992	625,970	549,233	0	2,704,508
1a	Audit Adjustments						
2	Cost Per Diem	47.7767	94.5637	58.2623	**51.1200**		251.7227
3	Cost Per Diem Inflated	49.6701	96.9537	60.5712			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.6701**	**96.9537**	**60.5712**	**51.1200**		258.3150
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.1350		46.8932			
7	Provider Target Rate	**53.4455**		**48.0719**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.6701**	**96.5967**	**48.0719**	**13.6500**		207.9887
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.6701**	**96.5967**	**48.0719**	**13.6500**		**207.9887**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 223786-00 - 2011/01

224.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Sarasota

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/29/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2000/01**
Indexed Asset Value	**5,871,447**
FRVS Base Asset:	**4,718,880**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030310**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**442,690**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,697,158**	**11.2301**
20% ROE(2):	**1,174,289**	**0.9029**
Insurance Cost(3):	**24,181**	**0.6293**
Taxes Cost(3):	**104,018**	**2.7069**
Home Office(3):	**46,979**	**1.2226**
Replacement(3&4):	**305,389**	**0.0000**
Total FRVS PD:		**16.6918**

(1) 80% Capital ($4,697,158) amortized at 9.5000% for 20 years Interest of $442,690 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.2301
(2) 20% ROE ($1,174,289) times the ROE factor (0.030310) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9029
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1999**	Used Per Bed Standard:	**39,324**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,718,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.6701**	**49.6701**	**0.4333**	**49.2368**	
Patient Care					
Direct Care	**96.5967**	**96.5967**	**0.8427**	**95.7540**	
Indirect Care	**48.0719**	**48.0719**	**0.4194**	**47.6525**	
Property	**13.6500**	**16.6918**	**0.1456**	**16.5462**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$7.2915**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**207.9887**	**211.0305**	**1.8410**	**224.0781**	

***Medicaid Trend Adjustment :**

0 223808-00 - 2011/01

220.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Avante at Orlando, inc.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2000 North Semoran Boulevar		**06/01/2009-05/31/2010**		Number of Beds:	**118**	Superior:	**0**
Orlando FL 32807		Days In CR	**365**	Maximum:	**43,070**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2011/01**	Max Annualized:	**43,070**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**37,019**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,991**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**29,860**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1970**						
Acquired Date:	**9/1/1970**						
Entered Medicaid	**10/1/1980**						
Med # Active Date:	**6/1/2000**						
Previous Med #	**213063**						

Medicaid Utilization	**80.66128%**
Occupancy:	**85.95078%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**108.03754%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20371855**
Semester Index:	**1.24282006**
Cost:	**1.03248393**
Target:	**1.01759574**
DC FY Index:	**1.16533216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02116808**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,237,491	2,553,908	1,458,606	185,132	0	5,435,137
1a	Audit Adjustments						
2	Cost Per Diem	41.4431	85.5294	48.8482	**6.2000**		182.0207
3	Cost Per Diem Inflated	42.7893	87.3399	50.4350			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.7893**	**87.3399**	**50.4350**	**6.2000**		186.7642
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.3500		51.2926			
7	Provider Target Rate	**42.3894**		**52.5819**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.3894**	**87.3399**	**50.4350**	**6.2000**		186.3643
12/13	Medicaid Adjustment Rate		3.0127	1.7397			
14	Prospective Per Diem 11	**42.3894**	**90.3526**	**52.1747**	**6.2000**		**191.1167**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 223808-00 - 2011/01

220.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Avante at Orlando, inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/1/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**3,507,347**
FRVS Base Asset:	**1,773,104**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**450,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**7.2000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**348,848**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,805,878**	**8.9995**
20% ROE(2):	**701,469**	**0.5769**
Insurance Cost(3):	**64,994**	**1.7557**
Taxes Cost(3):	**29,027**	**0.7841**
Home Office(3):	**37,344**	**1.0088**
Replacement(3&4):	**27,811**	**0.0000**
Total FRVS PD:		**13.1250**

(1) 80% Capital ($2,805,878) amortized at 12.5000% for 20 years Interest of $348,848 divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = $8.9995

(2) 20% ROE ($701,469) times the ROE factor (0.031880) divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = $0.5769

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**118**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,363,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.3894**	**42.3894**	**0.3698**	**42.0196**	
Patient Care					
Direct Care	**90.3526**	**90.3526**	**0.7882**	**89.5644**	
Indirect Care	**52.1747**	**52.1747**	**0.4551**	**51.7196**	
Property	**6.2000**	**13.1250**	**0.1145**	**13.0105**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.7999**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**191.1167**	**198.0417**	**1.7276**	**220.7111**	

***Medicaid Trend Adjustment :**

0 223883-00 - 2011/01

202.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Doctors Lake of Orange Park

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
833 Kingsley Avenue	**10/01/2008-09/30/2009**	Number of Beds: **120**	Superior: **0**
Orange Park FL 32073	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Clay[10]**	First Used: **2010/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2011/01**	Total Patient: **39,875**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **3,923**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **29,580**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **7/1/1987**			
Acquired Date: **7/1/1987**			
Entered Medicaid **11/3/1987**			
Med # Active Date: **4/1/2000**			
Previous Med # **213811**			

Medicaid Utilization	**74.18182%**
Occupancy:	**91.03881%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.43305%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,166,192	2,230,429	1,229,003	519,425	0	5,145,049
1a	Audit Adjustments						
2	Cost Per Diem	39.4250	75.4033	41.5484	**17.5600**		173.9367
3	Cost Per Diem Inflated	41.2242	77.6546	43.4445			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.2242**	**77.6546**	**43.4445**	**17.5600**		179.8833
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.4467		47.5356			
7	Provider Target Rate	**41.4634**		**48.7305**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.2242**	**77.6546**	**43.4445**	**13.6500**		175.9733
12/13	Medicaid Adjustment Rate		2.1126	1.1819			
14	Prospective Per Diem 11	**41.2242**	**79.7672**	**44.6264**	**13.6500**		**179.2678**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 223883-00 - 2011/01

202.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Doctors Lake of Orange Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/3/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**5,408,332**
FRVS Base Asset:	**3,503,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.7500**	**%**
Chase Rate:	**8.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**True**	
Yearly Payment:	**375,286**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,326,666**	**9.5202**
20% ROE(2):	**1,081,666**	**0.8259**
Insurance Cost(3):	**52,684**	**1.3212**
Taxes Cost(3):	**83,024**	**2.0821**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**10,879**	**0.0000**
Total FRVS PD:		**13.7494**

(1) 80% Capital ($4,326,666) amortized at 8.7500% for 20 years Interest of $375,286 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.5202
(2) 20% ROE ($1,081,666) times the ROE factor (0.030100) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8259
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,503,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.2242**	**41.2242**	**0.3596**	**40.8646**	
Patient Care					
Direct Care	**79.7672**	**79.7672**	**0.6958**	**79.0714**	
Indirect Care	**44.6264**	**44.6264**	**0.3893**	**44.2371**	
Property	**13.6500**	**13.7494**	**0.1199**	**13.6295**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9775**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**179.2678**	**179.3672**	**1.5646**	**202.3772**	

***Medicaid Trend Adjustment :**

0 224243-00 - 2011/01

204.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Pensacola Health Care Facility

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1717 West Avery Street		**07/01/2009-06/30/2010**		Number of Beds:	**118**	Superior:	**0**
Pensacola FL 32501		Days In CR	**365**	Maximum:	**43,070**	Standard:	**161**
County: **Escambia[17]**		First Used:	**2011/01**	Max Annualized:	**43,070**	Conditional:	**20**
Region: **North [1]**	Area: **1**	Last Used:	**2011/01**	Total Patient:	**31,907**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**3,544**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**25,305**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date: **5/1/1975**							
Acquired Date: **5/1/1975**							
Entered Medicaid **3/1/1984**							
Med # Active Date: **1/1/2000**							
Previous Med # **213772**							

Medicaid Utilization	**79.30862%**
Occupancy:	**74.08172%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**93.11850%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,266,884	2,058,744	1,292,417	381,346	0	4,999,391
1a	Audit Adjustments						
2	Cost Per Diem	50.0646	81.3572	51.0736	**15.0700**		197.5654
3	Cost Per Diem Inflated	51.5805	82.9962	52.6201			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.5805**	**82.9962**	**52.6201**	**15.0700**		202.2668
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	36.2381		48.2235			
7	Provider Target Rate	**37.1490**		**49.4357**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.1490**	**82.9962**	**49.4357**	**13.6500**		183.2309
12/13	Medicaid Adjustment Rate		2.4342	1.4499			
14	Prospective Per Diem 11	**37.1490**	**85.4304**	**50.8856**	**13.6500**		**187.1150**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 224243-00 - 2011/01

204.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Pensacola Health Care Facility

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/30/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1975/01**
Indexed Asset Value	**2,387,882**
FRVS Base Asset:	**1,100,592**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**10.2500**	**%**
Chase Rate:	**10.2500**	**%**
Amortization Rate:	**10.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**194,394**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,910,306**	**5.0149**
20% ROE(2):	**477,576**	**0.3888**
Insurance Cost(3):	**56,307**	**1.7647**
Taxes Cost(3):	**30,737**	**0.9633**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**38,813**	**0.0000**
Total FRVS PD:		**8.1317**

(1) 80% Capital ($1,910,306) amortized at 10.2500% for 20 years Interest of $194,394 divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = $5.0149

(2) 20% ROE ($477,576) times the ROE factor (0.031560) divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = $0.3888

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**118**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,363,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.1490**	**37.1490**	**0.3241**	**36.8249**	
Patient Care					
Direct Care	**85.4304**	**85.4304**	**0.7452**	**84.6852**	
Indirect Care	**50.8856**	**50.8856**	**0.4439**	**50.4417**	
Property	**13.6500**	**8.1317**	**0.0709**	**8.0608**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.7385**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**187.1150**	**181.5967**	**1.5841**	**204.3482**	

***Medicaid Trend Adjustment :**

0 224341-00 - 2011/01

196.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MK of Haines City LLC

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
409 10TH STREET		**12/01/2008-11/30/2009**		Number of Beds:	**120**	Superior:	**0**
Haines City FL 33844		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Polk[53]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**34,946**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,103**	Inflation	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**19,486**	FY Index:	**1.19210890**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**55.76032%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**79.78539%**	Cost:	**1.04253903**
Open Date:	**12/1/1983**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**12/1/1983**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15816513**
Entered Medicaid	**12/1/1983**	Low Occupancy Adjustment Factor:			**100.28783%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**7/1/2000**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02748733**
Previous Med #	**207578**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	650,248	1,486,312	872,936	323,468	0	3,332,964
1a	Audit Adjustments						
2	Cost Per Diem	33.3700	76.2759	44.7981	**16.6000**		171.0440
3	Cost Per Diem Inflated	34.7895	78.3725	46.7038			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.7895**	**78.3725**	**46.7038**	**16.6000**		176.4658
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.7895**	**78.3725**	**46.1145**	**13.6500**		172.9265
12/13	Medicaid Adjustment Rate		0.5079	0.2988			
14	Prospective Per Diem 11	**34.7895**	**78.8804**	**46.4133**	**13.6500**		**173.7332**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 224341-00 - 2011/01

196.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MK of Haines City LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**4,270,813**
FRVS Base Asset:	**2,611,879**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029060**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.4900**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**12.4900**	**%**
Interest Only:	**False**	
Yearly Payment:	**465,526**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,416,650**	**11.8094**
20% ROE(2):	**854,163**	**0.6297**
Insurance Cost(3):	**39,081**	**1.1183**
Taxes Cost(3):	**73,559**	**2.1049**
Home Office(3):	**4,873**	**0.1394**
Replacement(3&4):	**29,100**	**0.0000**
Total FRVS PD:		**15.8017**

(1) 80% Capital ($3,416,650) amortized at 12.4900% for 20 years Principal & Interest of $465,526 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.8094

(2) 20% ROE ($854,163) times the ROE factor (0.029060) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6297

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.7895**	**34.7895**	**0.3035**	**34.4860**	
Patient Care					
Direct Care	**78.8804**	**78.8804**	**0.6881**	**78.1923**	
Indirect Care	**46.4133**	**46.4133**	**0.4049**	**46.0084**	
Property	**13.6500**	**15.8017**	**0.1378**	**15.6639**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.4639**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**173.7332**	**175.8849**	**1.5343**	**196.4116**	

***Medicaid Trend Adjustment :**

0 224910-00 - 2011/01

209.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

South Tampa Health and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4610 S. Manhattan Avenue	**07/01/2008-06/30/2009**	Number of Beds: **179**	Superior: **0**
Tampa FL 33611	Days In CR **365**	Maximum: **65,335**	Standard: **181**
County: **Hillsborough[29]**	First Used: **2010/01**	Max Annualized: **65,335**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2011/01**	Total Patient: **57,407**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **8,402**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **43,183**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **10/1/1978**			
Acquired Date: **10/1/1978**			
Entered Medicaid **10/1/1978**			
Med # Active Date: **1/1/2000**			
Previous Med # **213799**			

Medicaid Utilization	**75.22253%**
Occupancy:	**87.86561%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**110.44444%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,700,402	3,755,328	1,865,792	586,425	0	7,907,947
1a	Audit Adjustments						
2	Cost Per Diem	39.3767	86.9631	43.2066	**13.5800**		183.1264
3	Cost Per Diem Inflated	41.3412	89.9488	45.3622			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.3412**	**89.9488**	**45.3622**	**13.5800**		190.2322
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.3489		44.9838			
7	Provider Target Rate	**38.2877**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.2877**	**89.9488**	**45.3622**	**13.5800**		187.1787
12/13	Medicaid Adjustment Rate		2.5523	1.2872			
14	Prospective Per Diem 11	**38.2877**	**92.5011**	**46.6494**	**13.5800**		**191.0182**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 224910-00 - 2011/01

209.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

South Tampa Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1978/07**
Indexed Asset Value	**4,871,207**
FRVS Base Asset:	**2,823,875**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information

Amount:	**4,850,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**451,279**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**3,896,966**	**7.6746**
20% ROE(2):	**974,241**	**0.5247**
Insurance Cost(3):	**75,502**	**1.3152**
Taxes Cost(3):	**13,403**	**0.2335**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**66,864**	**0.0000**
Total FRVS PD:		**9.7480**

(1) 80% Capital ($3,896,966) amortized at 10.0000% for 20 years Principal & Interest of $451,279 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $7.6746
(2) 20% ROE ($974,241) times the ROE factor (0.031670) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $0.5247
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**179**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,101,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.2877**	**38.2877**	**0.3340**	**37.9537**	
Patient Care					
Direct Care	**92.5011**	**92.5011**	**0.8069**	**91.6942**	
Indirect Care	**46.6494**	**46.6494**	**0.4069**	**46.2425**	
Property	**13.5800**	**9.7480**	**0.0850**	**9.6630**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.0741**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**191.0182**	**187.1862**	**1.6328**	**209.2246**	

***Medicaid Trend Adjustment :**

0 225053-00 - 2011/01

219.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MK of North Port LLC

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
6940 Outreach Way		**03/01/2009-02/28/2010**		Number of Beds:	**120**	Superior:	**0**
North Port FL 34287		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**31,107**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,472**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**15,523**	FY Index:	**1.19701332**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**					Cost:	**1.03826753**
Open Date:	**12/1/1985**					Target:	**1.01759574**
Acquired Date:	**12/1/1985**					**DC FY Index:**	**1.16183216**
Entered Medicaid	**12/17/1985**					**DC Sem Index:**	**1.19000000**
Med # Active Date:	**8/1/2000**					**DC Inflation:**	**1.02424433**
Previous Med #	**208736**					**PS Target:**	**1.02513678**

Medicaid Utilization	**49.90195%**
Occupancy:	**71.02055%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**89.27069%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	604,155	1,390,954	758,182	354,701	0	3,107,992
1a	Audit Adjustments						
2	Cost Per Diem	38.9200	89.6060	48.8425	**22.8500**		200.2185
3	Cost Per Diem Inflated	40.4094	91.7784	50.7116			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.4094**	**91.7784**	**50.7116**	**22.8500**		205.7494
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		46.7809			
7	Provider Target Rate	**40.1320**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.1320**	**91.7784**	**47.9568**	**13.6500**		193.5172
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**40.1320**	**91.7784**	**47.9568**	**13.6500**		**193.5172**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 225053-00 - 2011/01

219.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MK of North Port LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**5,096,055**
FRVS Base Asset:	**3,158,034**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**3,615,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.1170**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**13.1170**	**%**
Interest Only:	**False**	
Yearly Payment:	**577,242**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,076,844**	**14.6434**
20% ROE(2):	**1,019,211**	**0.7919**
Insurance Cost(3):	**31,988**	**1.0283**
Taxes Cost(3):	**65,389**	**2.1021**
Home Office(3):	**4,271**	**0.1373**
Replacement(3&4):	**66,365**	**0.0000**
Total FRVS PD:		**18.7030**

(1) 80% Capital ($4,076,844) amortized at 13.1170% for 20 years Principal & Interest of $577,242 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.6434

(2) 20% ROE ($1,019,211) times the ROE factor (0.030630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7919

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.1320**	**40.1320**	**0.3501**	**39.7819**	
Patient Care					
Direct Care	**91.7784**	**91.7784**	**0.8006**	**90.9778**	
Indirect Care	**47.9568**	**47.9568**	**0.4183**	**47.5385**	
Property	**13.6500**	**18.7030**	**0.1632**	**18.5398**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.9123**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**193.5172**	**198.5702**	**1.7322**	**219.3474**	

***Medicaid Trend Adjustment :**

0 225177-00 - 2011/01

221.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Victoria Nursing and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
955 NW 3rd Street		**03/01/2009-02/28/2010**		Number of Beds:	**264**	Superior:	**0**
Miami Fl 33128		Days In CR	**365**	Maximum:	**93,500**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2010/07**	Max Annualized:	**96,360**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**90,095**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,569**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**57,532**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**11/13/2000**						
Acquired Date:	**11/13/2000**						
Entered Medicaid	**11/13/2000**						
Med # Active Date:	**11/13/2000**						
Previous Med #							

Medicaid Utilization	**63.85704%**
Occupancy:	**96.35829%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**121.11946%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19701332**
Semester Index:	**1.24282006**
Cost:	**1.03826753**
Target:	**1.01759574**
DC FY Index:	**1.16183216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02424433**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,867,885	4,984,434	3,482,060	1,675,332	0	13,009,711
1a	Audit Adjustments						
2	Cost Per Diem	49.8485	86.6376	60.5239	**29.1200**		226.1300
3	Cost Per Diem Inflated	51.7561	88.7381	62.8400			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.7561**	**88.7381**	**62.8400**	**29.1200**		232.4542
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.2775		70.2534			
7	Provider Target Rate	**48.4659**		**72.0193**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.4659**	**88.7381**	**56.8989**	**13.6500**		207.7529
12/13	Medicaid Adjustment Rate		1.3834	0.8870			
14	Prospective Per Diem 11	**48.4659**	**90.1215**	**57.7859**	**13.6500**		**210.0233**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 225177-00 - 2011/01

221.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Victoria Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/13/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2000/07**
Indexed Asset Value	**12,029,914**
FRVS Base Asset:	**5,618,709**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**15,121,948.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**8.4408**	**%**
Amortization Rate:	**10.4408**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,148,413**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**9,623,931**	**13.2422**
20% ROE(2):	**2,405,983**	**0.8498**
Insurance Cost(3):	**28,763**	**0.3193**
Taxes Cost(3):	**160,565**	**1.7822**
Home Office(3):	**44,242**	**0.4911**
Replacement(3&4):	**22,952**	**0.0000**
Total FRVS PD:		**16.6846**

(1) 80% Capital ($9,623,931) amortized at 10.4408% for 20 years Principal & Interest of $1,148,413 divided by annual available days (96,360) divided by Occup. Adj. (0.9000) = $13.2422
(2) 20% ROE ($2,405,983) times the ROE factor (0.030630) divided by annual available days (96,360) divided by Occup. Adj. (0.9000) = $0.8498
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2000**	Used Per Bed Standard:	**39,849**
Comparison Bed	**141**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,618,709**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.4659**	**48.4659**	**0.4228**	**48.0431**	
Patient Care					
Direct Care	**90.1215**	**90.1215**	**0.7862**	**89.3353**	
Indirect Care	**57.7859**	**57.7859**	**0.5041**	**57.2818**	
Property	**13.6500**	**16.6846**	**0.1455**	**16.5391**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.1828**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**210.0233**	**213.0579**	**1.8586**	**221.9792**	

***Medicaid Trend Adjustment :**

0 225274-00 - 2011/01

202.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MK of Fernandina Beach LLC

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1625 Lime St		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Fernandina Beach FL 32034		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Nassau[45]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**36,746**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,777**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**25,714**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1984**						
Acquired Date:	**8/1/1984**						
Entered Medicaid	**8/1/1984**						
Med # Active Date:	**8/1/2000**						
Previous Med #	**207951**						

Medicaid Utilization	**69.97768%**
Occupancy:	**83.89498%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**105.45347%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	941,647	2,089,468	1,230,446	323,225	0	4,584,786
1a	Audit Adjustments						
2	Cost Per Diem	36.6200	81.2580	47.8512	**12.5700**		178.2992
3	Cost Per Diem Inflated	38.1212	83.3954	49.8128			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.1212**	**83.3954**	**49.8128**	**12.5700**		183.8994
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	36.2618		43.1867			
7	Provider Target Rate	**37.1733**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.1733**	**83.3954**	**44.2723**	**12.5700**		177.4110
12/13	Medicaid Adjustment Rate		1.8743	0.9950			
14	Prospective Per Diem 11	**37.1733**	**85.2697**	**45.2673**	**12.5700**		**180.2803**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 225274-00 - 2011/01

202.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MK of Fernandina Beach LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**4,031,071**
FRVS Base Asset:	**2,454,766**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.7530**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**12.7530**	**%**
Interest Only:	**False**	
Yearly Payment:	**446,588**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,224,857**	**11.3290**
20% ROE(2):	**806,214**	**0.5966**
Insurance Cost(3):	**28,827**	**0.7845**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**5,100**	**0.1388**
Replacement(3&4):	**67,364**	**0.0000**
Total FRVS PD:		**12.8489**

(1) 80% Capital ($3,224,857) amortized at 12.7530% for 20 years Principal & Interest of $446,588 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.3290

(2) 20% ROE ($806,214) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5966

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.1733**	**37.1733**	**0.3243**	**36.8490**	
Patient Care					
Direct Care	**85.2697**	**85.2697**	**0.7438**	**84.5259**	
Indirect Care	**45.2673**	**45.2673**	**0.3949**	**44.8724**	
Property	**12.5700**	**12.8489**	**0.1121**	**12.7368**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8697**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**180.2803**	**180.5592**	**1.5751**	**202.4509**	

***Medicaid Trend Adjustment :**

0 225291-00 - 2011/01

256.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Aristocrat

Type of Cost Report:Prospective with Interim Component[8] Type of Cost:Actual with Interim Component[3] Type of Rate:Prospective[1] Interim Component effective date :02/01/2010

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
10949 Parnu Street		**04/01/2009-03/31/2010**		Number of Beds:	**60**	Superior:	**0**
Naples FL 34109		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County: **Collier[11]**		First Used:	**2010/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2011/01**	Total Patient:	**18,148**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**6,196**	Inflation	
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**7,620**	FY Index:	**1.19858405**
Class at 1/94: **South Small [3]**		Medicaid Utilization			**41.98810%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**82.86758%**	Cost:	**1.03690689**
Open Date: **2/1/1993**		Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date: **6/9/1994**		Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16300000**
Entered Medicaid **6/9/1994**		Low Occupancy Adjustment Factor:			**104.16205%**	**DC Sem Index:**	**1.19000000**
Med # Active Date: **10/1/2000**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02321582**
Previous Med # **212601**		Interim Component Effective date:			**2/1/2010**	**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	548,867	771,574	581,438	228,143	0	2,130,022
1a	Audit Adjustments						
2	Cost Per Diem	72.0298	101.2564	76.3042	**29.9400**		279.5304
3	Cost Per Diem Inflated	74.6882	103.6072	79.1204			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**74.6882**	**103.6072**	**79.1204**	**29.9400**		287.3558
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7966		73.6257			
7	Provider Target Rate	**50.0232**		**75.4764**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.0232**	**102.1952**	**70.2905**	**13.6500**		236.1589
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.0232**	**102.1952**	**70.2905**	**13.6500**		**236.1589**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 225291-00 - 2011/01

256.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Aristocrat

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/9/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/01**
Indexed Asset Value	**2,639,314**
FRVS Base Asset:	**1,930,980**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030830**

Mortgage Information		
Amount:	**4,375,800.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.2740**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**9.2740**	**%**
Interest Only:	**False**	
Yearly Payment:	**232,451**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,111,451**	**11.7936**
20% ROE(2):	**527,863**	**0.8257**
Insurance Cost(3):	**27,885**	**1.5365**
Taxes Cost(3):	**38,907**	**2.1439**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**16.2997**

(1) 80% Capital ($2,111,451) amortized at 9.2740% for 20 years Principal & Interest of $232,451 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $11.7936

(2) 20% ROE ($527,863) times the ROE factor (0.030830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.8257

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**8/1/1992**	Used Per Bed Standard:	**32,183**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,930,980**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.0232**	**50.0232**	**0.4364**	**49.5868**	
Patient Care					
Direct Care	**102.1952**	**102.1952**	**0.8915**	**101.3037**	
Indirect Care	**70.2905**	**70.2905**	**0.6132**	**69.6773**	
Property	**13.6500**	**16.2997**	**0.1422**	**16.1575**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.4012**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**236.1589**	**238.8086**	**2.0833**	**256.7236**	

***Medicaid Trend Adjustment :**

0 225410-00 - 2011/01

209.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MK of Winter Garden LLC

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
12751 W Colonial Dr		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Winter Garden FL 31787		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**36,562**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,328**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**24,085**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1985**						
Acquired Date:	**8/1/1985**						
Entered Medicaid	**8/1/1985**						
Med # Active Date:	**8/1/2000**						
Previous Med #	**208523**						

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Medicaid Utilization		**65.87441%**
Occupancy:		**83.47489%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**104.92542%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,041,195	2,047,377	935,269	367,778	0	4,391,619
1a	Audit Adjustments						
2	Cost Per Diem	43.2300	85.0063	38.8320	**15.2700**		182.3383
3	Cost Per Diem Inflated	45.0022	87.2423	40.4239			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.0022**	**87.2423**	**40.4239**	**15.2700**		187.9384
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.1214		44.9838			
7	Provider Target Rate	**41.1299**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.1299**	**87.2423**	**40.4239**	**13.6500**		182.4461
12/13	Medicaid Adjustment Rate		1.5580	0.7219			
14	Prospective Per Diem 11	**41.1299**	**88.8003**	**41.1458**	**13.6500**		**184.7260**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 225410-00 - 2011/01

209.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MK of Winter Garden LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**4,854,959**
FRVS Base Asset:	**3,060,682**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,400,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.1000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**13.1000**	**%**
Interest Only:	**False**	
Yearly Payment:	**549,367**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,883,967**	**13.9363**
20% ROE(2):	**970,992**	**0.7185**
Insurance Cost(3):	**31,153**	**0.8521**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**4,801**	**0.1313**
Replacement(3&4):	**156,114**	**0.0000**
Total FRVS PD:		**15.6382**

(1) 80% Capital ($3,883,967) amortized at 13.1000% for 20 years Principal & Interest of $549,367 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.9363

(2) 20% ROE ($970,992) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7185

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.1299**	**41.1299**	**0.3588**	**40.7711**	
Patient Care					
Direct Care	**88.8003**	**88.8003**	**0.7746**	**88.0257**	
Indirect Care	**41.1458**	**41.1458**	**0.3589**	**40.7869**	
Property	**13.6500**	**15.6382**	**0.1364**	**15.5018**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6010**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**184.7260**	**186.7142**	**1.6287**	**209.2836**	

***Medicaid Trend Adjustment :**

0 225631-00 - 2011/01

215.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Springtree Rehab & Health Care Center, LLC

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4251 Springtree Drive		**09/01/2008-08/31/2009**		Number of Beds:	**110**	Superior:	**0**
Sunrise FL 33351		Days In CR	**365**	Maximum:	**40,150**	Standard:	**181**
County: **Broward[6]**		First Used:	**2010/07**	Max Annualized:	**40,150**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2011/01**	Total Patient:	**35,955**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**4,366**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**14,119**		
Class at 1/94: **South Large [4]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.18697094**
Open Date:	**9/1/1989**					Semester Index:	**1.24282006**
Acquired Date:	**9/1/1989**					Cost:	**1.04705180**
Entered Medicaid	**3/6/1990**					Target:	**1.01759574**
Med # Active Date:	**6/1/2000**					**DC FY Index:**	**1.15383092**
Previous Med #	**201871**					**DC Sem Index:**	**1.19000000**
						DC Inflation:	**1.03134695**
						PS Target:	**1.02513678**

Medicaid Utilization		**39.26853%**
Occupancy:		**89.55168%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**112.56377%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	572,478	1,062,628	787,645	202,890	0	2,625,641
1a	Audit Adjustments						
2	Cost Per Diem	40.5466	75.2623	55.7862	**14.3700**		185.9651
3	Cost Per Diem Inflated	42.4544	77.6215	58.4110			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.4544**	**77.6215**	**58.4110**	**14.3700**		192.8569
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.6259		57.7473			
7	Provider Target Rate	**45.7477**		**59.1989**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.4544**	**77.6215**	**56.8989**	**13.6500**		190.6248
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.4544**	**77.6215**	**56.8989**	**13.6500**		**190.6248**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 225631-00 - 2011/01

215.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Springtree Rehab & Health Care Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/6/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/07**
Indexed Asset Value	**4,710,505**
FRVS Base Asset:	**2,534,785**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**3,600,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0700**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**9.0700**	**%**
Interest Only:	**False**	
Yearly Payment:	**408,902**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,768,404**	**11.3160**
20% ROE(2):	**942,101**	**0.7986**
Insurance Cost(3):	**56,401**	**1.5687**
Taxes Cost(3):	**84,667**	**2.3548**
Home Office(3):	**12,852**	**0.3574**
Replacement(3&4):	**29,885**	**0.0000**
Total FRVS PD:		**16.3955**

(1) 80% Capital ($3,768,404) amortized at 9.0700% for 20 years Principal & Interest of $408,902 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $11.3160
(2) 20% ROE ($942,101) times the ROE factor (0.030630) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $0.7986
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**85**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,534,785**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.4544**	**42.4544**	**0.3703**	**42.0841**	
Patient Care					
Direct Care	**77.6215**	**77.6215**	**0.6771**	**76.9444**	
Indirect Care	**56.8989**	**56.8989**	**0.4964**	**56.4025**	
Property	**13.6500**	**16.3955**	**0.1430**	**16.2525**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5435**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**190.6248**	**193.3703**	**1.6868**	**215.8241**	

***Medicaid Trend Adjustment :**

0 225754-00 - 2011/01

238.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Pinecrest Convalescent Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
13650 NE Third Street		**09/01/2009-08/31/2010**		Number of Beds:	**100**	Superior:	**0**
North Miami FL 33161		Days In CR	**365**	Maximum:	**36,500**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2011/01**	Max Annualized:	**36,500**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**25,732**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,531**	**Inflation**	
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**20,292**	FY Index:	**1.21199123**
Class at 1/94:	**South Small [3]**	Medicaid Utilization			**78.85901%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**70.49863%**	Cost:	**1.02543651**
Open Date:	**1/1/1967**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**7/1/1971**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16916514**
Entered Medicaid	**7/1/1971**	Low Occupancy Adjustment Factor:			**88.61465%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**6/1/2000**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.01782029**
Previous Med #	**222429**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,028,990	1,787,398	1,158,120	250,809	0	4,225,317
1a	Audit Adjustments						
2	Cost Per Diem	50.7091	88.0839	57.0727	**12.3600**		208.2257
3	Cost Per Diem Inflated	51.9990	89.6536	58.5244			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.9990**	**89.6536**	**58.5244**	**12.3600**		212.5370
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7966		56.1408			
7	Provider Target Rate	**50.0232**		**58.5755**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.0232**	**89.6536**	**58.5244**	**12.3600**		210.5612
12/13	Medicaid Adjustment Rate		2.9107	1.9001			
14	Prospective Per Diem 11	**50.0232**	**92.5643**	**60.4245**	**12.3600**		**215.3720**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 225754-00 - 2011/01

238.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Pinecrest Convalescent Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**2,296,711**
FRVS Base Asset:	**1,306,769**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030420**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**228,435**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,837,369**	**6.9539**
20% ROE(2):	**459,342**	**0.4254**
Insurance Cost(3):	**60,119**	**2.3364**
Taxes Cost(3):	**57,367**	**2.2294**
Home Office(3):	**8,329**	**0.3237**
Replacement(3&4):	**24,329**	**0.0000**
Total FRVS PD:		**12.2688**

(1) 80% Capital ($1,837,369) amortized at 12.5000% for 20 years Interest of $228,435 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $6.9539

(2) 20% ROE ($459,342) times the ROE factor (0.030420) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $0.4254

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**100**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,850,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.0232**	**50.0232**	**0.4364**	**49.5868**	
Patient Care					
Direct Care	**92.5643**	**92.5643**	**0.8075**	**91.7568**	
Indirect Care	**60.4245**	**60.4245**	**0.5271**	**59.8974**	
Property	**12.3600**	**12.2688**	**0.1070**	**12.1618**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.7097**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**215.3720**	**215.2808**	**1.8780**	**238.7096**	

***Medicaid Trend Adjustment :**

0 225991-00 - 2011/01

189.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Stuart Nursing & Restorative Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1500 Palm Beach Road		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Stuart FL 33494		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Martin[43]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**34,513**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,929**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**21,458**		
Class at 1/94:	**South Large [4]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.19387802**
Open Date:	**6/1/1973**					Semester Index:	**1.24282006**
Acquired Date:	**6/1/1973**					Cost:	**1.04099417**
Entered Medicaid	**6/1/1973**					Target:	**1.01759574**
Med # Active Date:	**1/1/2001**					**DC FY Index:**	**1.15950000**
Previous Med #	**203998**					**DC Sem Index:**	**1.19000000**
						DC Inflation:	**1.02630444**
						PS Target:	**1.02513678**

Medicaid Utilization		**62.17367%**
Occupancy:		**78.79680%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**99.04521%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	922,050	1,568,267	720,886	226,382	0	3,437,585
1a	Audit Adjustments						
2	Cost Per Diem	42.9700	73.0854	33.5952	**10.5500**		160.2006
3	Cost Per Diem Inflated	44.7315	75.0079	34.9724			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.7315**	**75.0079**	**34.9724**	**10.5500**		165.2618
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.3671		46.7809			
7	Provider Target Rate	**42.4069**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.4069**	**75.0079**	**34.9724**	**10.5500**		162.9372
12/13	Medicaid Adjustment Rate		1.0273	0.4790			
14	Prospective Per Diem 11	**42.4069**	**76.0352**	**35.4514**	**10.5500**		**164.4435**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 225991-00 - 2011/01

189.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Stuart Nursing & Restorative Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1973/01**
Indexed Asset Value	**4,535,111**
FRVS Base Asset:	**2,626,513**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.3200**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.3200**	**%**
Interest Only:	**False**	
Yearly Payment:	**345,956**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,628,089**	**8.7762**
20% ROE(2):	**907,022**	**0.6712**
Insurance Cost(3):	**25,390**	**0.7357**
Taxes Cost(3):	**73,605**	**2.1327**
Home Office(3):	**3,796**	**0.1100**
Replacement(3&4):	**57,615**	**0.0000**
Total FRVS PD:		**12.4258**

(1) 80% Capital ($3,628,089) amortized at 7.3200% for 20 years Principal & Interest of $345,956 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.7762

(2) 20% ROE ($907,022) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6712

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**182**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,187,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.4069**	**42.4069**	**0.3699**	**42.0370**	
Patient Care					
Direct Care	**76.0352**	**76.0352**	**0.6633**	**75.3719**	
Indirect Care	**35.4514**	**35.4514**	**0.3093**	**35.1421**	
Property	**10.5500**	**12.4258**	**0.1084**	**12.3174**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6864**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**164.4435**	**166.3193**	**1.4509**	**189.1519**	

***Medicaid Trend Adjustment :**

0 226009-00 - 2011/01

207.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Port St. Lucie Nursing & Restorative Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
7300 Oleander Avenue		**01/01/2009-12/31/2009**		Number of Beds:	**180**	Superior:	**0**
Port St. Lucie FL 34952		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**St Lucie[56]**	First Used:	**2011/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**40,875**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,800**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**28,741**	FY Index:	**1.19387802**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**70.31437%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**62.21461%**	Cost:	**1.04099417**
Open Date:	**3/1/1982**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**3/1/1982**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**3/1/1982**	Low Occupancy Adjustment Factor:			**78.20190%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**206580**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,345,654	2,473,629	1,084,157	304,655	0	5,208,095
1a	Audit Adjustments						
2	Cost Per Diem	46.8200	86.0662	37.7216	**10.6000**		181.2078
3	Cost Per Diem Inflated	48.7393	88.3301	39.2680			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.7393**	**88.3301**	**39.2680**	**10.6000**		186.9374
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		46.7809			
7	Provider Target Rate	**40.1320**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.1320**	**88.3301**	**39.2680**	**10.6000**		178.3301
12/13	Medicaid Adjustment Rate		2.0187	0.8974			
14	Prospective Per Diem 11	**40.1320**	**90.3488**	**40.1654**	**10.6000**		**181.2462**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226009-00 - 2011/01

207.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Port St. Lucie Nursing & Restorative Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**8,503,010**
FRVS Base Asset:	**5,130,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,800,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.3200**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.3200**	**%**
Interest Only:	**False**	
Yearly Payment:	**648,642**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,802,408**	**10.9698**
20% ROE(2):	**1,700,602**	**0.8389**
Insurance Cost(3):	**26,058**	**0.6375**
Taxes Cost(3):	**91,030**	**2.2270**
Home Office(3):	**4,960**	**0.1213**
Replacement(3&4):	**448,831**	**0.0000**
Total FRVS PD:		**14.7945**

(1) 80% Capital ($6,802,408) amortized at 7.3200% for 20 years Principal & Interest of $648,642 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $10.9698
(2) 20% ROE ($1,700,602) times the ROE factor (0.029170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.8389
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.1320**	**40.1320**	**0.3501**	**39.7819**	
Patient Care					
Direct Care	**90.3488**	**90.3488**	**0.7881**	**89.5607**	
Indirect Care	**40.1654**	**40.1654**	**0.3504**	**39.8150**	
Property	**10.6000**	**14.7945**	**0.1291**	**14.6654**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.6974**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**181.2462**	**185.4407**	**1.6177**	**207.1175**	

***Medicaid Trend Adjustment :**

0 226017-00 - 2011/01

236.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Plantation Nursing & Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4250 NW 5th Street	**09/01/2009-08/31/2010**	Number of Beds: **152**	Superior: **0**
Plantation FL 33317	Days In CR **365**	Maximum: **55,480**	Standard: **181**
County: **Broward[6]**	First Used: **2011/01**	Max Annualized: **55,480**	Conditional: **0**
Region: **South[2]** Area: **10**	Last Used: **2011/01**	Total Patient: **40,104**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **1,342**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **29,706**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **3/1/1974**			
Acquired Date: **3/1/1974**			
Entered Medicaid **3/1/1974**			
Med # Active Date: **6/1/2000**			
Previous Med # **204307**			

Medicaid Utilization	**74.07241%**
Occupancy:	**72.28551%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**90.86071%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21199123**
Semester Index:	**1.24282006**
Cost:	**1.02543651**
Target:	**1.01759574**
DC FY Index:	**1.16916514**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01782029**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,305,399	2,796,740	1,607,273	328,845	0	6,038,257
1a	Audit Adjustments						
2	Cost Per Diem	43.9440	94.1473	54.1060	**11.0700**		203.2673
3	Cost Per Diem Inflated	45.0618	95.8250	55.4823			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.0618**	**95.8250**	**55.4823**	**11.0700**		207.4391
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0667		53.2998			
7	Provider Target Rate	**43.1241**		**54.6396**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.1241**	**95.8250**	**54.6396**	**11.0700**		204.6587
12/13	Medicaid Adjustment Rate		2.5951	1.4797			
14	Prospective Per Diem 11	**43.1241**	**98.4201**	**56.1193**	**11.0700**		**208.7335**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226017-00 - 2011/01

236.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Plantation Nursing & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1974/01**
Indexed Asset Value	**5,033,594**
FRVS Base Asset:	**2,107,125**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030420**

Mortgage Information		
Amount:	**1,030,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**13.1250**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**500,651**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,026,875**	**10.0267**
20% ROE(2):	**1,006,719**	**0.6133**
Insurance Cost(3):	**76,575**	**1.9094**
Taxes Cost(3):	**65,676**	**1.6376**
Home Office(3):	**18,513**	**0.4616**
Replacement(3&4):	**104,518**	**0.0000**
Total FRVS PD:		**14.6486**

(1) 80% Capital ($4,026,875) amortized at 12.5000% for 20 years Interest of $500,651 divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = $10.0267

(2) 20% ROE ($1,006,719) times the ROE factor (0.030420) divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = $0.6133

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**152**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,332,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.1241**	**43.1241**	**0.3762**	**42.7479**	
Patient Care					
Direct Care	**98.4201**	**98.4201**	**0.8586**	**97.5615**	
Indirect Care	**56.1193**	**56.1193**	**0.4896**	**55.6297**	
Property	**11.0700**	**14.6486**	**0.1278**	**14.5208**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.1999**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**208.7335**	**212.3121**	**1.8522**	**236.2569**	

***Medicaid Trend Adjustment :**

0 226033-00 - 2011/01

208.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Martin Nursing and Restorative Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
6001 SE Tower Road		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Stuart FL 34997		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Martin[43]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**35,378**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,671**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**21,878**	FY Index:	**1.19387802**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**61.84069%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**80.77169%**	Cost:	**1.04099417**
Open Date:	**10/16/1997**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**10/16/1997**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**10/16/1997**	Low Occupancy Adjustment Factor:			**101.52758%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**11/1/2000**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**213349**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,031,548	1,870,969	887,984	555,701	0	4,346,202
1a	Audit Adjustments						
2	Cost Per Diem	47.1500	85.5183	40.5880	**25.4000**		198.6563
3	Cost Per Diem Inflated	49.0829	87.7678	42.2519			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.0829**	**87.7678**	**42.2519**	**25.4000**		204.5026
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.6511		46.7809			
7	Provider Target Rate	**41.6729**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.6729**	**87.7678**	**42.2519**	**13.6500**		185.3426
12/13	Medicaid Adjustment Rate		1.1691	0.5628			
14	Prospective Per Diem 11	**41.6729**	**88.9369**	**42.8147**	**13.6500**		**187.0745**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226033-00 - 2011/01

208.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Martin Nursing and Restorative Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/16/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/07**
Indexed Asset Value	**5,288,235**
FRVS Base Asset:	**4,444,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,134,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.5000**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**408,976**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,230,588**	**10.3748**
20% ROE(2):	**1,057,647**	**0.7826**
Insurance Cost(3):	**4,805**	**0.1358**
Taxes Cost(3):	**116,439**	**3.2913**
Home Office(3):	**4,776**	**0.1350**
Replacement(3&4):	**69,886**	**0.0000**
Total FRVS PD:		**14.7195**

(1) 80% Capital ($4,230,588) amortized at 7.5000% for 20 years Principal & Interest of $408,976 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.3748
(2) 20% ROE ($1,057,647) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7826
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1997**	Used Per Bed Standard:	**37,041**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,444,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.6729**	**41.6729**	**0.3635**	**41.3094**	
Patient Care					
Direct Care	**88.9369**	**88.9369**	**0.7758**	**88.1611**	
Indirect Care	**42.8147**	**42.8147**	**0.3735**	**42.4412**	
Property	**13.6500**	**14.7195**	**0.1284**	**14.5911**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.7471**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**187.0745**	**188.1440**	**1.6412**	**208.8470**	

***Medicaid Trend Adjustment :**

0 226041-00 - 2011/01

201.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Manor At Blue Water Bav

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1500 North White Pt. Road		**09/01/2008-08/31/2009**		Number of Beds:	**120**	Superior:	**0**
Niceville FL 32578		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Okaloosa[46]**		First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **1**	Last Used:	**2011/01**	Total Patient:	**41,273**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**10,356**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**17,325**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date: **1/8/1993**							
Acquired Date: **1/8/1993**							
Entered Medicaid **2/2/1993**							
Med # Active Date: **1/1/2001**							
Previous Med # **205401**							

Medicaid Utilization	**41.97659%**
Occupancy:	**94.23059%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.44501%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18697094**
Semester Index:	**1.24282006**
Cost:	**1.04705180**
Target:	**1.01759574**
DC FY Index:	**1.15383092**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03134695**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	749,343	1,339,282	791,862	340,436	0	3,220,923
1a	Audit Adjustments						
2	Cost Per Diem	43.2521	77.3034	45.7063	**19.6500**		185.9118
3	Cost Per Diem Inflated	45.2872	79.7266	47.8569			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.2872**	**79.7266**	**47.8569**	**19.6500**		192.5207
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8798		46.5202			
7	Provider Target Rate	**38.8320**		**47.6896**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.8320**	**79.7266**	**47.6896**	**13.6500**		179.8982
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.8320**	**79.7266**	**47.6896**	**13.6500**		**179.8982**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226041-00 - 2011/01

201.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Manor At Blue Water Bav

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/2/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/01**
Indexed Asset Value	**5,451,899**
FRVS Base Asset:	**1,930,980**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**6,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.6200**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**8.6200**	**%**
Interest Only:	**False**	
Yearly Payment:	**458,186**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,361,519**	**11.6232**
20% ROE(2):	**1,090,380**	**0.8472**
Insurance Cost(3):	**56,749**	**1.3750**
Taxes Cost(3):	**50,275**	**1.2181**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**27,341**	**0.0000**
Total FRVS PD:		**15.0635**

(1) 80% Capital ($4,361,519) amortized at 8.6200% for 20 years Principal & Interest of $458,186 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.6232
(2) 20% ROE ($1,090,380) times the ROE factor (0.030630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8472
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**8/1/1992**	Used Per Bed Standard:	**32,183**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,930,980**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.8320**	**38.8320**	**0.3387**	**38.4933**	
Patient Care					
Direct Care	**79.7266**	**79.7266**	**0.6955**	**79.0311**	
Indirect Care	**47.6896**	**47.6896**	**0.4160**	**47.2736**	
Property	**13.6500**	**15.0635**	**0.1314**	**14.9321**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.1053**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**179.8982**	**181.3117**	**1.5816**	**201.4325**	

***Medicaid Trend Adjustment :**

0 226068-00 - 2011/01

216.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Cathedral Gerontology Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
333 East Ashley Street	**10/01/2009-09/30/2010**	Number of Beds: **120**	Superior: **0**
Jacksonville FL 32202	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Duval[16]**	First Used: **2011/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2011/01**	Total Patient: **38,510**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **4,854**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **30,695**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **3/1/1970**			
Acquired Date: **3/1/1970**			
Entered Medicaid **3/1/1970**			
Med # Active Date: **5/31/2000**			
Previous Med # **207764**			

Medicaid Utilization	**79.70657%**
Occupancy:	**87.92238%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**110.51579%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21484990**
Semester Index:	**1.24282006**
Cost:	**1.02302355**
Target:	**1.01759574**
DC FY Index:	**1.17050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01665955**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,578,247	2,668,077	1,247,124	255,075	0	5,748,523
1a	Audit Adjustments						
2	Cost Per Diem	51.4171	86.9222	40.6295	**8.3100**		187.2788
3	Cost Per Diem Inflated	52.6009	88.3703	41.5649			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.6009**	**88.3703**	**41.5649**	**8.3100**		190.8461
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.2946		43.1867			
7	Provider Target Rate	**58.7348**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**88.3703**	**41.5649**	**8.3100**		183.4915
12/13	Medicaid Adjustment Rate		2.9533	1.3891			
14	Prospective Per Diem 11	**45.2463**	**91.3236**	**42.9540**	**8.3100**		**187.8339**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226068-00 - 2011/01

216.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Cathedral Gerontology Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**5,897,880**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029580**

Mortgage Information

Amount:	**2,087,900.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**8.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**473,589**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,718,304**	**12.0139**
20% ROE(2):	**1,179,576**	**0.8851**
Insurance Cost(3):	**58,957**	**1.5310**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**146,762**	**0.0000**
Total FRVS PD:		**14.4300**

(1) 80% Capital ($4,718,304) amortized at 8.0000% for 20 years Principal & Interest of $473,589 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.0139
(2) 20% ROE ($1,179,576) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8851
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**91.3236**	**91.3236**	**0.7967**	**90.5269**	
Indirect Care	**42.9540**	**42.9540**	**0.3747**	**42.5793**	
Property	**8.3100**	**14.4300**	**0.1259**	**14.3041**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.4566**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**187.8339**	**193.9539**	**1.6920**	**216.3156**	

***Medicaid Trend Adjustment :**

0 226076-00 - 2011/01

219.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bavonet Point Health & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
7210 Beacon Woods Drive		**11/01/2008-10/31/2009**		Number of Beds:	**180**	Superior:	**0**
Hudson FL 34667		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County: **Pasco[51]**		First Used:	**2010/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2011/01**	Total Patient:	**54,658**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**13,494**	Inflation	
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**26,887**	FY Index:	**1.19034241**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**49.19134%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**83.19330%**	Cost:	**1.04408618**
Open Date:	**7/1/1986**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**7/1/1986**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15683180**
Entered Medicaid	**7/17/1986**	Low Occupancy Adjustment Factor:			**104.57147%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**10/1/2000**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02867158**
Previous Med #	**201600**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,120,031	2,511,415	1,397,902	422,126	0	5,451,474
1a	Audit Adjustments						
2	Cost Per Diem	41.6570	93.4063	51.9917	**15.7000**		202.7550
3	Cost Per Diem Inflated	43.4935	96.0844	54.2838			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.4935**	**96.0844**	**54.2838**	**15.7000**		209.5617
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		47.8603			
7	Provider Target Rate	**38.1474**		**49.0634**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1474**	**95.7090**	**49.0634**	**13.6500**		196.5698
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.1474**	**95.7090**	**49.0634**	**13.6500**		**196.5698**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226076-00 - 2011/01

219.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Bayonet Point Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/07**
Indexed Asset Value	**8,758,744**
FRVS Base Asset:	**3,242,820**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029580**

Mortgage Information		
Amount:	**6,437,087.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.4700**	**%**
Chase Rate:	**8.7500**	**%**
Amortization Rate:	**8.4700**	**%**
Interest Only:	**False**	
Yearly Payment:	**728,104**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,006,995**	**12.3136**
20% ROE(2):	**1,751,749**	**0.8763**
Insurance Cost(3):	**45,994**	**0.8415**
Taxes Cost(3):	**125,288**	**2.2922**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**12,924**	**0.0000**
Total FRVS PD:		**16.3236**

(1) 80% Capital ($7,006,995) amortized at 8.4700% for 20 years Principal & Interest of $728,104 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $12.3136
(2) 20% ROE ($1,751,749) times the ROE factor (0.029580) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.8763
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1986**	Used Per Bed Standard:	**28,737**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,172,660**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1474**	**38.1474**	**0.3328**	**37.8146**	
Patient Care					
Direct Care	**95.7090**	**95.7090**	**0.8349**	**94.8741**	
Indirect Care	**49.0634**	**49.0634**	**0.4280**	**48.6354**	
Property	**13.6500**	**16.3236**	**0.1424**	**16.1812**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.1812**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**196.5698**	**199.2434**	**1.7381**	**219.2836**	

***Medicaid Trend Adjustment :**

0 226173-00 - 2011/01

201.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Health Center of Lake City

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
560 S.W. McFarlane Ave.		**10/01/2008-09/30/2009**		Number of Beds:	**120**	Superior:	**0**
Lake City FL 32025		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Columbia[12]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**42,365**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,334**	Inflation	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**28,558**	FY Index:	**1.18857853**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**67.40942%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**96.72375%**	Cost:	**1.04563563**
Open Date:	**5/26/1992**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**5/26/1992**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15550000**
Entered Medicaid	**5/26/1992**	Low Occupancy Adjustment Factor:			**121.57884%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**10/1/2000**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02985720**
Previous Med #	**219398**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,041,986	2,253,252	1,161,998	610,856	0	5,068,092
1a	Audit Adjustments						
2	Cost Per Diem	36.4867	78.9009	40.6891	**21.3900**		177.4667
3	Cost Per Diem Inflated	38.1518	81.2567	42.5460			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.1518**	**81.2567**	**42.5460**	**21.3900**		183.3445
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.6007		43.1867			
7	Provider Target Rate	**40.5961**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1518**	**81.2567**	**42.5460**	**13.6500**		175.6045
12/13	Medicaid Adjustment Rate		1.5915	0.8333			
14	Prospective Per Diem 11	**38.1518**	**82.8482**	**43.3793**	**13.6500**		**178.0293**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226173-00 - 2011/01

201.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Health Center of Lake City

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1992/01**
Indexed Asset Value	**5,285,704**
FRVS Base Asset:	**1,859,160**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**5,815,265.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.7500**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**515,155**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,228,563**	**13.0684**
20% ROE(2):	**1,057,141**	**0.8072**
Insurance Cost(3):	**19,600**	**0.4626**
Taxes Cost(3):	**100,628**	**2.3753**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**16.7135**

(1) 80% Capital ($4,228,563) amortized at 10.7500% for 20 years Principal & Interest of $515,155 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.0684
(2) 20% ROE ($1,057,141) times the ROE factor (0.030100) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8072
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1991**	Used Per Bed Standard:	**30,986**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,859,160**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1518**	**38.1518**	**0.3328**	**37.8190**	
Patient Care					
Direct Care	**82.8482**	**82.8482**	**0.7227**	**82.1255**	
Indirect Care	**43.3793**	**43.3793**	**0.3784**	**43.0009**	
Property	**13.6500**	**16.7135**	**0.1458**	**16.5677**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.6813**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**178.0293**	**181.0928**	**1.5797**	**201.7915**	

***Medicaid Trend Adjustment :**

0 226327-00 - 2011/01

228.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Charlotte Harbor Health Care

Type of Cost Report:Prospective with Interim Component[8] Type of Cost:Actual with Interim Component[3] Type of Rate:Prospective[1] Interim Component effective date :07/01/2009

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4000 Kings Highway		**10/01/2008-09/30/2009**		Number of Beds:	**180**	Superior:	**0**
Port Charlotte FL 33980		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County: **Charlotte[8]**		First Used:	**2010/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2011/01**	Total Patient:	**57,619**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**14,730**	Inflation	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**27,199**	FY Index:	**1.18857853**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**47.20492%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**87.70015%**	Cost:	**1.04563563**
Open Date:	**4/25/1994**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**4/25/1994**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15550000**
Entered Medicaid	**6/2/1994**	Low Occupancy Adjustment Factor:			**110.23645%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**10/1/2000**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02985720**
Previous Med #	**210986**	Interim Component Effective date:			**7/1/2009**	**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,511,292	2,519,980	1,378,930	606,266	0	6,016,468
1a	Audit Adjustments						
2	Cost Per Diem	55.5642	92.6497	50.6978	**22.2900**		221.2017
3	Cost Per Diem Inflated	58.0999	95.4160	53.0114			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.0999**	**95.4160**	**53.0114**	**22.2900**		228.8173
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.3380		46.7809			
7	Provider Target Rate	**40.3268**		**47.9568**			
7a	Interim Adjustment	30.7988					
7b	Interim Adjusted Provider Target Rate	**71.1256**					
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**95.4160**	**47.9568**	**13.6500**		207.3606
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.3378**	**95.4160**	**47.9568**	**13.6500**		**207.3606**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226327-00 - 2011/01

228.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Charlotte Harbor Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/2/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/01**
Indexed Asset Value	**7,731,275**
FRVS Base Asset:	**5,985,900**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**11,057,639.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**620,808**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,185,020**	**10.4990**
20% ROE(2):	**1,546,255**	**0.7871**
Insurance Cost(3):	**94,880**	**1.6467**
Taxes Cost(3):	**128,375**	**2.2280**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**4,500**	**0.0000**
Total FRVS PD:		**15.1608**

(1) 80% Capital ($6,185,020) amortized at 8.0000% for 20 years Principal & Interest of $620,808 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $10.4990
(2) 20% ROE ($1,546,255) times the ROE factor (0.030100) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.7871
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1993**	Used Per Bed Standard:	**33,255**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,985,900**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**95.4160**	**95.4160**	**0.8324**	**94.5836**	
Indirect Care	**47.9568**	**47.9568**	**0.4183**	**47.5385**	
Property	**13.6500**	**15.1608**	**0.1323**	**15.0285**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.0162**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**207.3606**	**208.8714**	**1.8221**	**228.6626**	

***Medicaid Trend Adjustment :**

0 226335-00 - 2011/01

221.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Broward Nursing and Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1330 South Andrew Avenue		**09/01/2009-08/31/2010**		Number of Beds:	**198**	Superior:	**0**
Ft. Lauderdale FL 33316		Days In CR	**365**	Maximum:	**72,270**	Standard:	**181**
County: **Broward[6]**		First Used:	**2011/01**	Max Annualized:	**72,270**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2011/01**	Total Patient:	**52,131**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**3,585**	Inflation	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**37,648**	FY Index:	**1.21199123**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**72.21807%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**72.13367%**	Cost:	**1.02543651**
Open Date:	**1/1/1970**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/1/1970**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16916514**
Entered Medicaid	**1/1/1970**	Low Occupancy Adjustment Factor:			**90.66985%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**6/1/2000**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.01782029**
Previous Med #	**200140**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,585,431	3,282,100	1,616,909	185,605	0	6,670,045
1a	Audit Adjustments						
2	Cost Per Diem	42.1120	87.1786	42.9481	**4.9300**		177.1687
3	Cost Per Diem Inflated	43.1832	88.7321	44.0405			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.1832**	**88.7321**	**44.0405**	**4.9300**		180.8858
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.5149		46.9656			
7	Provider Target Rate	**44.6087**		**48.1462**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.1832**	**88.7321**	**44.0405**	**4.9300**		180.8858
12/13	Medicaid Adjustment Rate		2.2179	1.1008			
14	Prospective Per Diem 11	**43.1832**	**90.9500**	**45.1413**	**4.9300**		**184.2045**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226335-00 - 2011/01

221.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Broward Nursing and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**8,553,849**
FRVS Base Asset:	**5,007,861**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030420**

Mortgage Information		
Amount:	**794,480.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**850,782**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,843,079**	**13.0803**
20% ROE(2):	**1,710,770**	**0.8001**
Insurance Cost(3):	**122,700**	**2.3537**
Taxes Cost(3):	**104,377**	**2.0022**
Home Office(3):	**15,764**	**0.3024**
Replacement(3&4):	**72,830**	**0.0000**
Total FRVS PD:		**18.5387**

(1) 80% Capital ($6,843,079) amortized at 12.5000% for 20 years Interest of $850,782 divided by annual available days (72,270) divided by Occup. Adj. (0.9000) = $13.0803

(2) 20% ROE ($1,710,770) times the ROE factor (0.030420) divided by annual available days (72,270) divided by Occup. Adj. (0.9000) = $0.8001

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**198**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,643,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.1832**	**43.1832**	**0.3767**	**42.8065**	
Patient Care					
Direct Care	**90.9500**	**90.9500**	**0.7934**	**90.1566**	
Indirect Care	**45.1413**	**45.1413**	**0.3938**	**44.7475**	
Property	**4.9300**	**18.5387**	**0.1617**	**18.3770**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.5351**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**184.2045**	**197.8132**	**1.7256**	**221.2198**	

***Medicaid Trend Adjustment :**

0 226343-00 - 2011/01

211.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Health Center of Plant City

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
701 North Wilder Road		**10/01/2008-09/30/2009**		Number of Beds:	**180**	Superior:	**0**
Plant City FL 33566		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2010/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**60,706**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,631**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**37,633**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1985**						
Acquired Date:	**9/1/1985**						
Entered Medicaid	**9/27/1985**						
Med # Active Date:	**10/1/2000**						
Previous Med #	**203751**						

Medicaid Utilization	**61.99222%**
Occupancy:	**92.39878%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.14249%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,377,518	3,037,250	1,683,815	365,793	0	7,464,376
1a	Audit Adjustments						
2	Cost Per Diem	63.1764	80.7071	44.7430	**9.7200**		198.3465
3	Cost Per Diem Inflated	66.0595	83.1168	46.7849			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**66.0595**	**83.1168**	**46.7849**	**9.7200**		205.6812
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2833		44.9838			
7	Provider Target Rate	**45.3964**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.3964**	**83.1168**	**46.1145**	**9.7200**		184.3477
12/13	Medicaid Adjustment Rate		1.1213	0.6221			
14	Prospective Per Diem 11	**45.3964**	**84.2381**	**46.7366**	**9.7200**		**186.0911**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226343-00 - 2011/01

211.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Health Center of Plant City

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**8,273,247**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**4,050,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.1000**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**5.1000**	**%**
Interest Only:	**False**	
Yearly Payment:	**528,555**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,618,598**	**8.9389**
20% ROE(2):	**1,654,649**	**0.8423**
Insurance Cost(3):	**61,871**	**1.0192**
Taxes Cost(3):	**137,905**	**2.2717**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**5,865**	**0.0000**
Total FRVS PD:		**13.0721**

(1) 80% Capital ($6,618,598) amortized at 5.1000% for 20 years Principal & Interest of $528,555 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $8.9389
(2) 20% ROE ($1,654,649) times the ROE factor (0.030100) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.8423
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.3964**	**45.3964**	**0.3960**	**45.0004**	
Patient Care					
Direct Care	**84.2381**	**84.2381**	**0.7348**	**83.5033**	
Indirect Care	**46.7366**	**46.7366**	**0.4077**	**46.3289**	
Property	**9.7200**	**13.0721**	**0.1140**	**12.9581**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.4630**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**186.0911**	**189.4432**	**1.6525**	**211.8508**	

***Medicaid Trend Adjustment :**

0 226351-00 - 2011/01

205.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Ocean View Nursing and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2810 S. Atlanta Avenue		**02/01/2009-01/31/2010**		Number of Beds:	**239**	Superior:	**0**
New Smyrna Beach FL 32069		Days In CR	**365**	Maximum:	**87,235**	Standard:	**181**
County: **Volusia[64]**		First Used:	**2010/07**	Max Annualized:	**87,235**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**47,472**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**6,077**	Inflation	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**29,839**	FY Index:	**1.19544464**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**62.85600%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**54.41852%**	Cost:	**1.03962996**
Open Date:	**9/1/1980**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**9/1/1980**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16066549**
Entered Medicaid	**9/1/1980**	Low Occupancy Adjustment Factor:			**68.40245%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**6/1/2000**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02527387**
Previous Med #	**205877**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,160,963	2,507,856	1,312,411	456,238	21,420	5,458,888
1a	Audit Adjustments						
2	Cost Per Diem	38.9076	84.0462	43.9831	**15.2900**	**0.7179**	182.9447
3	Cost Per Diem Inflated	40.4495	86.1704	45.7261			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.4495**	**86.1704**	**45.7261**	**15.2900**	**0.7179**	188.3539
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	36.0679		43.1867			
7	Provider Target Rate	**36.9745**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.9745**	**86.1704**	**44.2723**	**13.6500**	**0.7179**	181.7851
12/13	Medicaid Adjustment Rate		1.2463	0.6403			
14	Prospective Per Diem 11	**36.9745**	**87.4167**	**44.9126**	**13.6500**	**0.7179**	**183.6717**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226351-00 - 2011/01

205.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Ocean View Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/07**
Indexed Asset Value	**8,662,576**
FRVS Base Asset:	**3,619,305**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030310**

Mortgage Information		
Amount:	**2,780,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0700**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**9.0700**	**%**
Interest Only:	**False**	
Yearly Payment:	**751,967**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,930,061**	**9.5778**
20% ROE(2):	**1,732,515**	**0.6689**
Insurance Cost(3):	**103,270**	**2.1754**
Taxes Cost(3):	**89,200**	**1.8790**
Home Office(3):	**14,971**	**0.3154**
Replacement(3&4):	**125,185**	**0.0000**
Total FRVS PD:		**14.6165**

(1) 80% Capital ($6,930,061) amortized at 9.0700% for 20 years Principal & Interest of $751,967 divided by annual available days (87,235) divided by Occup. Adj. (0.9000) = $9.5778

(2) 20% ROE ($1,732,515) times the ROE factor (0.030310) divided by annual available days (87,235) divided by Occup. Adj. (0.9000) = $0.6689

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**179**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,101,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.9745**	**36.9745**	**0.3225**	**36.6520**	
Patient Care					
Direct Care	**87.4167**	**87.4167**	**0.7626**	**86.6541**	
Indirect Care	**44.9126**	**44.9126**	**0.3918**	**44.5208**	
Property	**13.6500**	**14.6165**	**0.1191**	**13.5309**	
ROE	**0.7179**	**0.4055**	**0.0063**	**0.7116**	
ROE Adjustment	**-0.4055**	**-0.4055**	**-0.0035**	**-0.4020**	
Quality Assess-Medicaid Share				**$16.4195**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**183.2662**	**183.9203**	**1.5988**	**205.6840**	

***Medicaid Trend Adjustment :**

0 226360-00 - 2011/01

211.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

South Heritage Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
718 Lakeview Avenue South		**07/01/2009-06/30/2010**		Number of Beds:	**74**	Superior:	**0**
St. Petersburg FL 33705		Days In CR	**365**	Maximum:	**27,010**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**27,010**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**21,893**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**1,648**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**19,237**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1982**						
Acquired Date:	**6/1/1982**						
Entered Medicaid	**6/1/1982**						
Med # Active Date:	**1/1/2001**						
Previous Med #	**220817**						

Medicaid Utilization	**87.86827%**
Occupancy:	**81.05516%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**101.88390%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	823,022	1,462,299	910,172	353,191	0	3,548,684
1a	Audit Adjustments						
2	Cost Per Diem	42.7833	76.0149	47.3136	**18.3600**		184.4718
3	Cost Per Diem Inflated	44.0788	77.5463	48.7462			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.0788**	**77.5463**	**48.7462**	**18.3600**		188.7313
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4035		51.4890			
7	Provider Target Rate	**45.5197**		**53.6513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.0788**	**77.5463**	**48.7462**	**13.6500**		184.0213
12/13	Medicaid Adjustment Rate		3.3036	2.0767			
14	Prospective Per Diem 11	**44.0788**	**80.8499**	**50.8229**	**13.6500**		**189.4016**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226360-00 - 2011/01

211.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

South Heritage Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**1,665,772**
FRVS Base Asset:	**933,403**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**165,681**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,332,618**	**6.8156**
20% ROE(2):	**333,154**	**0.4325**
Insurance Cost(3):	**93,754**	**4.2824**
Taxes Cost(3):	**19,906**	**0.9092**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**20,957**	**0.0000**
Total FRVS PD:		**12.4397**

(1) 80% Capital ($1,332,618) amortized at 12.5000% for 20 years Interest of $165,681 divided by annual available days (27,010) divided by Occup. Adj. (0.9000) = $6.8156

(2) 20% ROE ($333,154) times the ROE factor (0.031560) divided by annual available days (27,010) divided by Occup. Adj. (0.9000) = $0.4325

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**75**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,137,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.0788**	**44.0788**	**0.3845**	**43.6943**	
Patient Care					
Direct Care	**80.8499**	**80.8499**	**0.7053**	**80.1446**	
Indirect Care	**50.8229**	**50.8229**	**0.4433**	**50.3796**	
Property	**13.6500**	**12.4397**	**0.1085**	**12.3312**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.4126**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.4016**	**188.1913**	**1.6416**	**211.5594**	

***Medicaid Trend Adjustment :**

0 226378-00 - 2011/01

232.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Imperial Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
900 Imperial Golf Course		**04/01/2009-03/31/2010**		Number of Beds:	**113**	Superior:	**0**
Naples FL 34110		Days In CR	**365**	Maximum:	**41,245**	Standard:	**181**
County:	**Collier[11]**	First Used:	**2010/07**	Max Annualized:	**41,245**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**36,651**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,728**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**18,709**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1991**						
Acquired Date:	**6/1/1991**						
Entered Medicaid	**6/1/1991**						
Med # Active Date:	**10/1/2000**						
Previous Med #	**211389**						

Medicaid Utilization	**51.04636%**
Occupancy:	**88.86168%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**111.69646%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19858405**
Semester Index:	**1.24282006**
Cost:	**1.03690689**
Target:	**1.01759574**
DC FY Index:	**1.16300000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02321582**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	866,839	1,828,620	1,192,092	431,991	0	4,319,542
1a	Audit Adjustments						
2	Cost Per Diem	46.3327	97.7401	63.7176	**23.0900**		230.8804
3	Cost Per Diem Inflated	48.0427	100.0092	66.0692			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.0427**	**100.0092**	**66.0692**	**23.0900**		237.2111
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.9199		62.5905			
7	Provider Target Rate	**49.1245**		**64.1638**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.0427**	**96.5967**	**56.8989**	**13.6500**		215.1883
12/13	Medicaid Adjustment Rate		0.1137	0.0670			
14	Prospective Per Diem 11	**48.0427**	**96.7104**	**56.9659**	**13.6500**		**215.3690**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226378-00 - 2011/01

232.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Imperial Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**4,258,371**
FRVS Base Asset:	**1,821,120**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030830**

Mortgage Information		
Amount:	**4,464,928.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.2641**	**%**
Chase Rate:	**6.2174**	**%**
Amortization Rate:	**8.2174**	**%**
Interest Only:	**False**	
Yearly Payment:	**347,492**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,406,697**	**9.3612**
20% ROE(2):	**851,674**	**0.7073**
Insurance Cost(3):	**46,641**	**1.2726**
Taxes Cost(3):	**52,626**	**1.4359**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.7770**

(1) 80% Capital ($3,406,697) amortized at 8.2174% for 20 years Principal & Interest of $347,492 divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = $9.3612
(2) 20% ROE ($851,674) times the ROE factor (0.030830) divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = $0.7073
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,821,120**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.0427**	**48.0427**	**0.4191**	**47.6236**	
Patient Care					
Direct Care	**96.7104**	**96.7104**	**0.8436**	**95.8668**	
Indirect Care	**56.9659**	**56.9659**	**0.4969**	**56.4690**	
Property	**13.6500**	**12.7770**	**0.1115**	**12.6655**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.7770**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**215.3690**	**214.4960**	**1.8711**	**231.9990**	

***Medicaid Trend Adjustment :**

0 226581-00 - 2011/01

233.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Health Center of Coconut Creek

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4125 W. Sample Road		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Coconut Creek FL 33073		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Broward[6]**		First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2011/01**	Total Patient:	**39,424**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**13,276**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**13,480**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date:	**12/9/1997**						
Acquired Date:	**12/9/1997**						
Entered Medicaid	**12/9/1997**						
Med # Active Date:	**10/1/2000**						
Previous Med #	**223221**						

Medicaid Utilization	**34.19237%**
Occupancy:	**90.00914%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.13877%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	610,243	1,248,743	734,154	534,886	0	3,128,026
1a	Audit Adjustments						
2	Cost Per Diem	45.2703	92.6367	54.4625	**39.6800**		232.0495
3	Cost Per Diem Inflated	47.1261	95.0735	56.6951			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.1261**	**95.0735**	**56.6951**	**39.6800**		238.5747
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.8626		55.9087			
7	Provider Target Rate	**52.1411**		**57.3141**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.1261**	**95.0735**	**56.6951**	**13.6500**		212.5447
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.1261**	**95.0735**	**56.6951**	**13.6500**		**212.5447**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226581-00 - 2011/01

233.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Health Center of Coconut Creek

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/9/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/07**
Indexed Asset Value	**5,044,230**
FRVS Base Asset:	**4,444,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**339,927**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,035,384**	**8.6232**
20% ROE(2):	**1,008,846**	**0.7465**
Insurance Cost(3):	**53,896**	**1.3671**
Taxes Cost(3):	**224,289**	**5.6891**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**16.4259**

(1) 80% Capital ($4,035,384) amortized at 8.5000% for 20 years Interest of $339,927 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.6232

(2) 20% ROE ($1,008,846) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7465

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1997**	Used Per Bed Standard:	**37,041**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,444,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.1261**	**47.1261**	**0.4111**	**46.7150**	
Patient Care					
Direct Care	**95.0735**	**95.0735**	**0.8294**	**94.2441**	
Indirect Care	**56.6951**	**56.6951**	**0.4946**	**56.2005**	
Property	**13.6500**	**16.4259**	**0.1433**	**16.2826**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.4890**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**212.5447**	**215.3206**	**1.8784**	**233.5283**	

***Medicaid Trend Adjustment :**

0 226602-00 - 2011/01

204.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Treasure Isle Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1735 North Treasure Drive	**07/01/2008-06/30/2009**	Number of Beds: **176**	Superior: **0**
North Bay Village FL 33141	Days In CR **365**	Maximum: **64,240**	Standard: **181**
County: **Dade[13]**	First Used: **2010/07**	Max Annualized: **64,240**	Conditional: **0**
Region: **South[2]** Area: **11**	Last Used: **2011/01**	Total Patient: **57,632**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **3,885**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **50,292**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **7/1/1983**			
Acquired Date: **7/1/1983**			
Entered Medicaid **1/1/1984**			
Med # Active Date: **1/1/2001**			
Previous Med # **220337**			

Medicaid Utilization	**87.26402%**
Occupancy:	**89.71357%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**112.76726%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,956,415	3,772,894	2,035,416	1,037,524	11,110	8,813,359
1a	Audit Adjustments						
2	Cost Per Diem	38.9011	75.0198	40.4720	**20.6300**	**0.2209**	175.2438
3	Cost Per Diem Inflated	40.8419	77.5954	42.4911			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.8419**	**77.5954**	**42.4911**	**20.6300**	**0.2209**	181.7793
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		46.7809			
7	Provider Target Rate	**40.1320**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.1320**	**77.5954**	**42.4911**	**13.6500**	**0.2209**	174.0894
12/13	Medicaid Adjustment Rate		3.2530	1.7813			
14	Prospective Per Diem 11	**40.1320**	**80.8484**	**44.2724**	**13.6500**	**0.2209**	**179.1237**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226602-00 - 2011/01

204.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Treasure Isle Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**5,748,196**
FRVS Base Asset:	**3,238,794**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information

Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**571,727**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,598,557**	**9.8887**
20% ROE(2):	**1,149,639**	**0.6297**
Insurance Cost(3):	**228,163**	**3.9590**
Taxes Cost(3):	**84,808**	**1.4715**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**34,439**	**0.0000**
Total FRVS PD:		**15.9489**

(1) 80% Capital ($4,598,557) amortized at 12.5000% for 20 years Interest of $571,727 divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = $9.8887
(2) 20% ROE ($1,149,639) times the ROE factor (0.031670) divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = $0.6297
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**176**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,016,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.1320**	**40.1320**	**0.3501**	**39.7819**	
Patient Care					
Direct Care	**80.8484**	**80.8484**	**0.7053**	**80.1431**	
Indirect Care	**44.2724**	**44.2724**	**0.3862**	**43.8862**	
Property	**13.6500**	**15.9489**	**0.1391**	**15.8098**	
ROE	**0.2209**	**0.2076**	**0.0018**	**0.2058**	
ROE Adjustment	**-0.2076**	**-0.2076**	**-0.0018**	**-0.2058**	
Quality Assess-Medicaid Share				**$17.5607**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**178.9161**	**181.2017**	**1.5807**	**204.7788**	

***Medicaid Trend Adjustment :**

0 226700-00 - 2011/01

217.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Health Center of Merritt Island

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
500 Crockett Boulevard		**01/01/2009-12/31/2009**		Number of Beds:	**180**	Superior:	**0**
Merritt Island FL 32953		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2011/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**59,116**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,117**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,978**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1990**						
Acquired Date:	**6/1/1990**						
Entered Medicaid	**8/1/1990**						
Med # Active Date:	**10/1/2000**						
Previous Med #	**202428**						

Medicaid Utilization	**40.56093%**
Occupancy:	**89.97869%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.10050%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	890,238	2,111,898	1,328,125	302,602	0	4,632,863
1a	Audit Adjustments						
2	Cost Per Diem	37.1273	88.0765	55.3893	**12.6200**		193.2131
3	Cost Per Diem Inflated	38.6493	90.3933	57.6599			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.6493**	**90.3933**	**57.6599**	**12.6200**		199.3225
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.5203		53.4549			
7	Provider Target Rate	**39.4886**		**54.7986**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.6493**	**90.3933**	**54.7986**	**12.6200**		196.4612
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.6493**	**90.3933**	**54.7986**	**12.6200**		**196.4612**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226700-00 - 2011/01

217.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Health Center of Merritt Island

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/1/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/01**
Indexed Asset Value	**7,819,093**
FRVS Base Asset:	**3,602,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**6,886,699.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.4700**	**%**
Chase Rate:	**8.8800**	**%**
Amortization Rate:	**7.4700**	**%**
Interest Only:	**False**	
Yearly Payment:	**603,329**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,255,274**	**10.2034**
20% ROE(2):	**1,563,819**	**0.7715**
Insurance Cost(3):	**54,747**	**0.9261**
Taxes Cost(3):	**101,714**	**1.7206**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**3,180**	**0.0000**
Total FRVS PD:		**13.6216**

(1) 80% Capital ($6,255,274) amortized at 7.4700% for 20 years Principal & Interest of $603,329 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $10.2034
(2) 20% ROE ($1,563,819) times the ROE factor (0.029170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.7715
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.6493**	**38.6493**	**0.3372**	**38.3121**	
Patient Care					
Direct Care	**90.3933**	**90.3933**	**0.7885**	**89.6048**	
Indirect Care	**54.7986**	**54.7986**	**0.4780**	**54.3206**	
Property	**12.6200**	**13.6216**	**0.1188**	**13.5028**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.6963**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**196.4612**	**197.4628**	**1.7225**	**217.0337**	

***Medicaid Trend Adjustment :**

0 227226-00 - 2011/01

153.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Fair Havens Center, LLC

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
201 Curtiss Parkway		**01/01/2009-12/31/2009**		Number of Beds:	**269**	Superior:	**0**
Miami Springs FL 33166		Days In CR	**365**	Maximum:	**98,185**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2010/07**	Max Annualized:	**98,185**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**96,505**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,462**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**58,919**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1970**						
Acquired Date:	**1/1/1970**						
Entered Medicaid	**1/1/1970**						
Med # Active Date:	**7/24/2000**						
Previous Med #	**200417**						

Medicaid Utilization	**61.05280%**
Occupancy:	**98.28894%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**123.54624%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,885,292	3,705,481	1,898,901	1,008,693	0	8,498,367
1a	Audit Adjustments						
2	Cost Per Diem	31.9980	62.8911	32.2290	**17.1200**		144.2381
3	Cost Per Diem Inflated	33.3097	64.5454	33.5502			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.3097**	**64.5454**	**33.5502**	**17.1200**		148.5253
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		46.7809			
7	Provider Target Rate	**40.1320**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.3097**	**64.5454**	**33.5502**	**13.6500**		145.0553
12/13	Medicaid Adjustment Rate		0.8026	0.4172			
14	Prospective Per Diem 11	**33.3097**	**65.3480**	**33.9674**	**13.6500**		**146.2751**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227226-00 - 2011/01

153.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Fair Havens Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**8,874,320**
FRVS Base Asset:	**4,456,011**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**8,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.1900**	**%**
Chase Rate:	**5.2500**	**%**
Amortization Rate:	**7.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**673,349**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,099,456**	**7.6200**
20% ROE(2):	**1,774,864**	**0.5859**
Insurance Cost(3):	**92,899**	**0.9626**
Taxes Cost(3):	**152,035**	**1.5754**
Home Office(3):	**10,657**	**0.1104**
Replacement(3&4):	**25,266**	**0.0000**
Total FRVS PD:		**10.8543**

(1) 80% Capital ($7,099,456) amortized at 7.2500% for 20 years Principal & Interest of $673,349 divided by annual available days (98,185) divided by Occup. Adj. (0.9000) = $7.6200
(2) 20% ROE ($1,774,864) times the ROE factor (0.029170) divided by annual available days (98,185) divided by Occup. Adj. (0.9000) = $0.5859
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**267**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**7,609,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.3097**	**33.3097**	**0.2906**	**33.0191**	
Patient Care					
Direct Care	**65.3480**	**65.3480**	**0.5701**	**64.7779**	
Indirect Care	**33.9674**	**33.9674**	**0.2963**	**33.6711**	
Property	**13.6500**	**10.8543**	**0.0947**	**10.7596**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.2347**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**146.2751**	**143.4794**	**1.2517**	**153.0595**	

***Medicaid Trend Adjustment :**

0 227251-00 - 2011/01

221.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Alpine Health and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3456 21st Avenue South		**07/01/2009-06/30/2010**		Number of Beds:	**57**	Superior:	**0**
St. Petersburg FL 33711		Days In CR	**365**	Maximum:	**20,805**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**20,805**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**16,975**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**1,915**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**14,327**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**2/1/1983**						
Acquired Date:	**2/1/1983**						
Entered Medicaid	**2/1/1983**						
Med # Active Date:	**1/1/2001**						
Previous Med #	**220680**						

Medicaid Utilization	**84.40059%**
Occupancy:	**81.59096%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**102.55738%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	708,693	1,074,107	827,820	428,521	0	3,039,141
1a	Audit Adjustments						
2	Cost Per Diem	49.4656	74.9708	57.7804	**29.9100**		212.1268
3	Cost Per Diem Inflated	50.9634	76.4811	59.5300			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.9634**	**76.4811**	**59.5300**	**29.9100**		216.8845
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.2352		51.4890			
7	Provider Target Rate	**47.3974**		**53.6513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.3974**	**76.4811**	**53.6513**	**13.6500**		191.1798
12/13	Medicaid Adjustment Rate		2.9599	2.0763			
14	Prospective Per Diem 11	**47.3974**	**79.4410**	**55.7276**	**13.6500**		**196.2160**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227251-00 - 2011/01

221.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Alpine Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**2,050,473**
FRVS Base Asset:	**747,623**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**203,944**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,640,378**	**10.8918**
20% ROE(2):	**410,095**	**0.6912**
Insurance Cost(3):	**72,203**	**4.2535**
Taxes Cost(3):	**17,198**	**1.0131**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**35,976**	**0.0000**
Total FRVS PD:		**16.8496**

(1) 80% Capital ($1,640,378) amortized at 12.5000% for 20 years Interest of $203,944 divided by annual available days (20,805) divided by Occup. Adj. (0.9000) = $10.8918
(2) 20% ROE ($410,095) times the ROE factor (0.031560) divided by annual available days (20,805) divided by Occup. Adj. (0.9000) = $0.6912
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**57**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,624,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.3974**	**47.3974**	**0.4135**	**46.9839**	
Patient Care					
Direct Care	**79.4410**	**79.4410**	**0.6930**	**78.7480**	
Indirect Care	**55.7276**	**55.7276**	**0.4861**	**55.2415**	
Property	**13.6500**	**16.8496**	**0.1470**	**16.7026**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.7057**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**196.2160**	**199.4156**	**1.7396**	**221.9788**	

***Medicaid Trend Adjustment :**

0 227544-00 - 2011/01

201.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Unity Health & Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1404 NW 22nd Street		**01/01/2009-12/31/2009**		Number of Beds:	**294**	Superior:	**0**
Miami FL 33142		Days In CR	**365**	Maximum:	**107,310**	Standard:	**69**
County:	**Dade[13]**	First Used:	**2010/07**	Max Annualized:	**107,310**	Conditional:	**112**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**91,795**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,954**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**83,267**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1984**						
Acquired Date:	**1/1/1984**						
Entered Medicaid	**1/1/1984**						
Med # Active Date:	**9/20/2000**						
Previous Med #	**220418**						

Medicaid Utilization	**90.70973%**
Occupancy:	**85.54189%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**107.52357%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	4,381,836	6,778,142	4,113,429	905,112	105,776	16,284,295
1a	Audit Adjustments						
2	Cost Per Diem	52.6239	81.4025	49.4005	**10.8700**	**1.2703**	195.5672
3	Cost Per Diem Inflated	54.7812	83.5437	51.4256			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.7812**	**83.5437**	**51.4256**	**10.8700**	**1.2703**	201.8908
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.5267		46.7809			
7	Provider Target Rate	**44.6208**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.6208**	**83.5437**	**47.9568**	**10.8700**	**1.2703**	188.2616
12/13	Medicaid Adjustment Rate		1.4332	0.8227			
14	Prospective Per Diem 11	**44.6208**	**84.9769**	**48.7795**	**10.8700**	**1.2703**	**190.5175**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227544-00 - 2011/01

201.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Unity Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**9,866,804**
FRVS Base Asset:	**5,044,343**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**5,562,567.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.1200**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.1200**	**%**
Interest Only:	**False**	
Yearly Payment:	**985,450**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,893,443**	**10.2036**
20% ROE(2):	**1,973,361**	**0.5960**
Insurance Cost(3):	**122,923**	**1.3391**
Taxes Cost(3):	**97,144**	**1.0583**
Home Office(3):	**72,872**	**0.7939**
Replacement(3&4):	**66,663**	**0.0000**
Total FRVS PD:		**13.9909**

(1) 80% Capital ($7,893,443) amortized at 11.1200% for 20 years Principal & Interest of $985,450 divided by annual available days (107,310) divided by Occup. Adj. (0.9000) = $10.2036

(2) 20% ROE ($1,973,361) times the ROE factor (0.029170) divided by annual available days (107,310) divided by Occup. Adj. (0.9000) = $0.5960

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**298**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**8,493,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.6208**	**44.6208**	**0.3892**	**44.2316**	
Patient Care					
Direct Care	**84.9769**	**84.9769**	**0.7413**	**84.2356**	
Indirect Care	**48.7795**	**48.7795**	**0.4255**	**48.3540**	
Property	**10.8700**	**13.9909**	**0.1220**	**13.8689**	
ROE	**1.2703**	**1.0883**	**0.0095**	**1.0788**	
ROE Adjustment	**-1.0883**	**-1.0883**	**-0.0095**	**-1.0788**	
Quality Assess-Medicaid Share				**$3.6895**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.4292**	**192.3681**	**1.6780**	**201.9767**	

***Medicaid Trend Adjustment :**

0 227561-00 - 2011/01

216.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lady Lake Specialty Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
630 Griffen Avenue	**01/01/2009-12/31/2009**	Number of Beds: **145**	Superior: **0**
Lady Lake FL 32159	Days In CR **365**	Maximum: **52,925**	Standard: **181**
County: **Lake[35]**	First Used: **2010/07**	Max Annualized: **52,925**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2011/01**	Total Patient: **50,458**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **25,831**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **16,113**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **1/29/1999**			
Acquired Date: **3/30/1999**			
Entered Medicaid **3/30/1999**			
Med # Active Date: **9/20/2000**			
Previous Med # **220710**			

Medicaid Utilization	**31.93349%**
Occupancy:	**95.33868%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.83786%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	873,769	1,295,511	926,118	453,098	53,860	3,602,356
1a	Audit Adjustments						
2	Cost Per Diem	54.2276	80.4016	57.4764	**28.1200**	**3.3426**	223.5683
3	Cost Per Diem Inflated	56.4506	82.5165	59.8326			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.4506**	**82.5165**	**59.8326**	**28.1200**	**3.3426**	230.2623
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.0807		53.9361			
7	Provider Target Rate	**46.2139**		**55.2919**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**82.5165**	**53.4956**	**13.6500**	**3.3426**	198.2510
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.2463**	**82.5165**	**53.4956**	**13.6500**	**3.3426**	**198.2510**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227561-00 - 2011/01

216.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Lady Lake Specialty Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/30/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/01**
Indexed Asset Value	**6,697,963**
FRVS Base Asset:	**4,594,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,742,850.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.1200**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.1200**	**%**
Interest Only:	**False**	
Yearly Payment:	**668,961**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,358,370**	**14.0442**
20% ROE(2):	**1,339,593**	**0.8204**
Insurance Cost(3):	**107,186**	**2.1243**
Taxes Cost(3):	**118,896**	**2.3563**
Home Office(3):	**57,280**	**1.1352**
Replacement(3&4):	**109,321**	**0.0000**
Total FRVS PD:		**20.4804**

(1) 80% Capital ($5,358,370) amortized at 11.1200% for 20 years Principal & Interest of $668,961 divided by annual available days (52,925) divided by Occup. Adj. (0.9000) = $14.0442
(2) 20% ROE ($1,339,593) times the ROE factor (0.029170) divided by annual available days (52,925) divided by Occup. Adj. (0.9000) = $0.8204
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1998**	Used Per Bed Standard:	**38,291**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,594,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**82.5165**	**82.5165**	**0.7198**	**81.7967**	
Indirect Care	**53.4956**	**53.4956**	**0.4667**	**53.0289**	
Property	**13.6500**	**20.4804**	**0.1787**	**20.3017**	
ROE	**3.3426**	**2.9365**	**0.0256**	**2.9109**	
ROE Adjustment	**-2.9365**	**-2.9365**	**-0.0256**	**-2.9109**	
Quality Assess-Medicaid Share				**$9.1903**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**195.3145**	**201.7388**	**1.7599**	**216.7663**	

***Medicaid Trend Adjustment :**

0 227579-00 - 2011/01

219.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Wilton Manors Health & Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2675 North Andrews Ave		**01/01/2009-12/31/2009**		Number of Beds:	**118**	Superior:	**0**
Wilton Manors FL 33311		Days In CR	**365**	Maximum:	**43,070**	Standard:	**181**
County: **Broward[6]**		First Used:	**2011/01**	Max Annualized:	**43,070**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2011/01**	Total Patient:	**38,945**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**6,094**	**Inflation**	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**26,326**	FY Index:	**1.19387802**
Class at 1/94: **South Large [4]**						Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**						Cost:	**1.04099417**
Open Date:	**6/1/1982**					Target:	**1.01759574**
Acquired Date:	**6/1/1982**					**DC FY Index:**	**1.15950000**
Entered Medicaid	**6/1/1982**					**DC Sem Index:**	**1.19000000**
Med # Active Date:	**9/20/2000**					**DC Inflation:**	**1.02630444**
Previous Med #	**221821**					**PS Target:**	**1.02513678**

Medicaid Utilization	**67.59789%**
Occupancy:	**90.42257%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.65845%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,481,147	2,090,290	1,448,757	411,739	53,606	5,485,539
1a	Audit Adjustments						
2	Cost Per Diem	56.2618	79.4002	55.0314	**15.6400**	**2.0362**	208.3696
3	Cost Per Diem Inflated	58.5682	81.4888	57.2874			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.5682**	**81.4888**	**57.2874**	**15.6400**	**2.0362**	215.0206
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.2603		48.3291			
7	Provider Target Rate	**51.5237**		**49.5439**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**81.4888**	**49.5439**	**13.6500**	**2.0362**	197.0567
12/13	Medicaid Adjustment Rate		1.6133	0.9809			
14	Prospective Per Diem 11	**50.3378**	**83.1021**	**50.5248**	**13.6500**	**2.0362**	**199.6509**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227579-00 - 2011/01

219.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Wilton Manors Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**4,618,719**
FRVS Base Asset:	**1,515,062**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,161,900.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.1200**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.1200**	**%**
Interest Only:	**False**	
Yearly Payment:	**461,296**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,694,975**	**11.9004**
20% ROE(2):	**923,744**	**0.6951**
Insurance Cost(3):	**76,723**	**1.9700**
Taxes Cost(3):	**137,570**	**3.5324**
Home Office(3):	**36,714**	**0.9427**
Replacement(3&4):	**58,793**	**0.0000**
Total FRVS PD:		**19.0406**

(1) 80% Capital ($3,694,975) amortized at 11.1200% for 20 years Principal & Interest of $461,296 divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = $11.9004
(2) 20% ROE ($923,744) times the ROE factor (0.029170) divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = $0.6951
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**118**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,363,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**83.1021**	**83.1021**	**0.7249**	**82.3772**	
Indirect Care	**50.5248**	**50.5248**	**0.4407**	**50.0841**	
Property	**13.6500**	**19.0406**	**0.1191**	**13.5309**	
ROE	**2.0362**	**1.6672**	**0.0178**	**2.0184**	
ROE Adjustment	**-1.6672**	**-1.6672**	**-0.0145**	**-1.6527**	
Quality Assess-Medicaid Share				**$15.8835**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**197.9837**	**203.0053**	**1.7271**	**219.7372**	

***Medicaid Trend Adjustment :**

0 227587-00 - 2011/01

211.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Rockledge Rehab & Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
587 Barton Blvd.		**01/01/2009-12/31/2009**		Number of Beds:	**107**	Superior:	**0**
Rockledge FL 32955		Days In CR	**365**	Maximum:	**39,055**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2010/07**	Max Annualized:	**39,055**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**35,466**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,444**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**18,249**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1982**						
Acquired Date:	**6/1/1982**						
Entered Medicaid	**6/1/1982**						
Med # Active Date:	**9/20/2000**						
Previous Med #	**221058**						

Medicaid Utilization	**51.45491%**
Occupancy:	**90.81039%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.14593%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	822,850	1,395,629	913,493	317,350	28,172	3,477,494
1a	Audit Adjustments						
2	Cost Per Diem	45.0901	76.4770	50.0572	**17.3900**	**1.5438**	190.5580
3	Cost Per Diem Inflated	46.9385	78.4887	52.1093			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.9385**	**78.4887**	**52.1093**	**17.3900**	**1.5438**	196.4703
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.3433		49.1969			
7	Provider Target Rate	**47.5082**		**50.4336**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.9385**	**78.4887**	**50.4336**	**13.6500**	**1.5438**	191.0546
12/13	Medicaid Adjustment Rate		0.1285	0.0825			
14	Prospective Per Diem 11	**46.9385**	**78.6172**	**50.5161**	**13.6500**	**1.5438**	**191.2656**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227587-00 - 2011/01

211.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Rockledge Rehab & Nursing Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**3,379,359**
FRVS Base Asset:	**992,144**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,964,283.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.1200**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.1200**	**%**
Interest Only:	**False**	
Yearly Payment:	**337,514**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,703,487**	**9.6022**
20% ROE(2):	**675,872**	**0.5609**
Insurance Cost(3):	**59,276**	**1.6713**
Taxes Cost(3):	**58,555**	**1.6510**
Home Office(3):	**31,743**	**0.8950**
Replacement(3&4):	**20,035**	**0.0000**
Total FRVS PD:		**14.3804**

(1) 80% Capital ($2,703,487) amortized at 11.1200% for 20 years Principal & Interest of $337,514 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $9.6022
(2) 20% ROE ($675,872) times the ROE factor (0.029170) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $0.5609
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**75**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,137,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.9385**	**46.9385**	**0.4095**	**46.5290**	
Patient Care					
Direct Care	**78.6172**	**78.6172**	**0.6858**	**77.9314**	
Indirect Care	**50.5161**	**50.5161**	**0.4407**	**50.0754**	
Property	**13.6500**	**14.3804**	**0.1191**	**13.5309**	
ROE	**1.5438**	**1.4412**	**0.0135**	**1.5303**	
ROE Adjustment	**-1.4412**	**-1.4412**	**-0.0126**	**-1.4286**	
Quality Assess-Medicaid Share				**$15.4087**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.8244**	**190.4522**	**1.6560**	**211.1742**	

***Medicaid Trend Adjustment :**

0 227625-00 - 2011/01

225.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Greenbriar Rehab & Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
210 21st Avenue West	**01/01/2009-12/31/2009**	Number of Beds: **60**	Superior: **0**
Bradenton FL 34205	Days In CR **365**	Maximum: **21,900**	Standard: **181**
County: **Manatee[41]**	First Used: **2010/07**	Max Annualized: **21,900**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2011/01**	Total Patient: **18,747**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **4,670**	
Current Class **Central Small [5]**	Initial CR? **False**	Medicaid: **9,423**	
Class at 1/94: **North Small [1]**			
Operating Ex **> 18 months [1]**			
Open Date: **6/1/1982**			
Acquired Date: **6/1/1982**			
Entered Medicaid **6/1/1982**			
Med # Active Date: **9/20/2000**			
Previous Med # **223204**			

Medicaid Utilization	**50.26404%**
Occupancy:	**85.60274%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**107.60007%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	482,001	760,212	580,512	136,351	23,786	1,982,862
1a	Audit Adjustments						
2	Cost Per Diem	51.1515	80.6762	61.6059	**14.4700**	**2.5242**	210.4279
3	Cost Per Diem Inflated	53.2484	82.7983	64.1314			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.2484**	**82.7983**	**64.1314**	**14.4700**	**2.5242**	217.1723
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.3270		55.3616			
7	Provider Target Rate	**51.5921**		**56.7532**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.5921**	**82.7983**	**56.7532**	**13.6500**	**2.5242**	207.3178
12/13	Medicaid Adjustment Rate		0.0246	0.0169			
14	Prospective Per Diem 11	**51.5921**	**82.8229**	**56.7701**	**13.6500**	**2.5242**	**207.3593**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227625-00 - 2011/01

225.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Greenbriar Rehab & Nursing Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**2,270,947**
FRVS Base Asset:	**788,632**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**1,976,183.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.8500**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**10.8500**	**%**
Interest Only:	**False**	
Yearly Payment:	**222,807**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,816,758**	**11.3043**
20% ROE(2):	**454,189**	**0.6722**
Insurance Cost(3):	**34,888**	**1.8610**
Taxes Cost(3):	**45,135**	**2.4076**
Home Office(3):	**19,110**	**1.0194**
Replacement(3&4):	**13,398**	**0.0000**
Total FRVS PD:		**17.2645**

(1) 80% Capital ($1,816,758) amortized at 10.8500% for 20 years Principal & Interest of $222,807 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $11.3043

(2) 20% ROE ($454,189) times the ROE factor (0.029170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.6722

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5921**	**51.5921**	**0.4501**	**51.1420**	
Patient Care					
Direct Care	**82.8229**	**82.8229**	**0.7225**	**82.1004**	
Indirect Care	**56.7701**	**56.7701**	**0.4952**	**56.2749**	
Property	**13.6500**	**17.2645**	**0.1191**	**13.5309**	
ROE	**2.5242**	**1.9271**	**0.0220**	**2.5022**	
ROE Adjustment	**-1.9271**	**-1.9271**	**-0.0168**	**-1.9103**	
Quality Assess-Medicaid Share				**$14.1393**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**205.4322**	**208.4496**	**1.7921**	**225.3765**	

***Medicaid Trend Adjustment :**

0 227633-00 - 2011/01

222.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Apollo Health & Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1000 24th Street North		**01/01/2009-12/31/2009**		Number of Beds:	**99**	Superior:	**0**
St. Petersburg FL 33713		Days In CR	**365**	Maximum:	**36,135**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**36,135**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**32,092**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,963**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**22,906**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1982**						
Acquired Date:	**6/1/1982**						
Entered Medicaid	**6/1/1982**						
Med # Active Date:	**9/20/2000**						
Previous Med #	**220671**						

Medicaid Utilization	**71.37604%**
Occupancy:	**88.81140%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**111.63327%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,104,993	1,807,508	1,118,713	343,590	27,671	4,402,475
1a	Audit Adjustments						
2	Cost Per Diem	48.2403	78.9098	48.8393	**15.0000**	**1.2080**	192.1974
3	Cost Per Diem Inflated	50.2179	80.9855	50.8414			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.2179**	**80.9855**	**50.8414**	**15.0000**	**1.2080**	198.2528
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.6323		51.0564			
7	Provider Target Rate	**54.9804**		**53.6513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.2179**	**80.9855**	**50.8414**	**13.6500**	**1.2080**	196.9028
12/13	Medicaid Adjustment Rate		1.9475	1.2226			
14	Prospective Per Diem 11	**50.2179**	**82.9330**	**52.0640**	**13.6500**	**1.2080**	**200.0729**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227633-00 - 2011/01

222.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Apollo Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**3,425,859**
FRVS Base Asset:	**1,487,023**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,569,050.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.1200**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.1200**	**%**
Interest Only:	**False**	
Yearly Payment:	**342,159**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,740,687**	**10.5210**
20% ROE(2):	**685,172**	**0.6146**
Insurance Cost(3):	**49,091**	**1.5297**
Taxes Cost(3):	**58,402**	**1.8198**
Home Office(3):	**28,138**	**0.8768**
Replacement(3&4):	**18,163**	**0.0000**
Total FRVS PD:		**15.3619**

(1) 80% Capital ($2,740,687) amortized at 11.1200% for 20 years Principal & Interest of $342,159 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $10.5210
(2) 20% ROE ($685,172) times the ROE factor (0.029170) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $0.6146
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.2179**	**50.2179**	**0.4381**	**49.7798**	
Patient Care					
Direct Care	**82.9330**	**82.9330**	**0.7235**	**82.2095**	
Indirect Care	**52.0640**	**52.0640**	**0.4542**	**51.6098**	
Property	**13.6500**	**15.3619**	**0.1340**	**15.2279**	
ROE	**1.2080**	**1.2080**	**0.0105**	**1.1975**	
ROE Adjustment	**-1.2080**	**-1.2080**	**-0.0105**	**-1.1975**	
Quality Assess-Medicaid Share				**$15.9180**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**198.8649**	**200.5768**	**1.7498**	**222.3421**	

***Medicaid Trend Adjustment :**

0 227641-00 - 2011/01

209.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

North Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1301 16th Street North		**01/01/2009-12/31/2009**		Number of Beds:	**49**	Superior:	**0**
St. Petersburg FL 33705		Days In CR	**365**	Maximum:	**17,885**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**17,885**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**15,846**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,499**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**10,112**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1982**						
Acquired Date:	**6/1/1982**						
Entered Medicaid	**6/1/1982**						
Med # Active Date:	**9/20/2000**						
Previous Med #	**220795**						

Medicaid Utilization	**63.81421%**
Occupancy:	**88.59938%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**111.36676%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	508,260	790,872	563,720	110,221	11,319	1,984,392
1a	Audit Adjustments						
2	Cost Per Diem	50.2631	78.2112	55.7476	**10.9000**	**1.1194**	196.2413
3	Cost Per Diem Inflated	52.3236	80.2685	58.0329			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.3236**	**80.2685**	**58.0329**	**10.9000**	**1.1194**	202.6444
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.1927		59.5928			
7	Provider Target Rate	**54.5298**		**61.0908**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.3236**	**80.2685**	**58.0329**	**10.9000**	**1.1194**	202.6444
12/13	Medicaid Adjustment Rate		1.2475	0.9019			
14	Prospective Per Diem 11	**52.3236**	**81.5160**	**58.9348**	**10.9000**	**1.1194**	**204.7938**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227641-00 - 2011/01

209.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

North Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**1,309,633**
FRVS Base Asset:	**614,550**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**1,317,467.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.1200**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.1200**	**%**
Interest Only:	**False**	
Yearly Payment:	**130,800**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,047,706**	**8.1260**
20% ROE(2):	**261,927**	**0.4747**
Insurance Cost(3):	**24,403**	**1.5400**
Taxes Cost(3):	**20,487**	**1.2929**
Home Office(3):	**13,586**	**0.8574**
Replacement(3&4):	**5,050**	**0.0000**
Total FRVS PD:		**12.2910**

(1) 80% Capital ($1,047,706) amortized at 11.1200% for 20 years Principal & Interest of $130,800 divided by annual available days (17,885) divided by Occup. Adj. (0.9000) = $8.1260
(2) 20% ROE ($261,927) times the ROE factor (0.029170) divided by annual available days (17,885) divided by Occup. Adj. (0.9000) = $0.4747
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**49**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,396,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.3236**	**52.3236**	**0.4564**	**51.8672**	
Patient Care					
Direct Care	**81.5160**	**81.5160**	**0.7111**	**80.8049**	
Indirect Care	**58.9348**	**58.9348**	**0.5141**	**58.4207**	
Property	**10.9000**	**12.2910**	**0.0951**	**10.8049**	
ROE	**1.1194**	**0.9669**	**0.0098**	**1.1096**	
ROE Adjustment	**-0.9669**	**-0.9669**	**-0.0084**	**-0.9585**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**203.8269**	**205.0654**	**1.7781**	**209.6459**	

***Medicaid Trend Adjustment :**

0 227650-00 - 2011/01

223.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lexington Health & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6300 46th Avenue North	**01/01/2009-12/31/2009**	Number of Beds: **155**	Superior: **0**
St. Petersburg FL 33709	Days In CR **365**	Maximum: **55,735**	Standard: **181**
County: **Pinellas[52]**	First Used: **2010/07**	Max Annualized: **56,575**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2011/01**	Total Patient: **48,323**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **12,949**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **24,501**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **6/1/1982**			
Acquired Date: **6/1/1982**			
Entered Medicaid **6/1/1982**			
Med # Active Date: **9/20/2000**			
Previous Med # **220701**			

Medicaid Utilization	**50.70256%**
Occupancy:	**86.70136%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**108.98100%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,198,413	2,071,939	1,302,339	414,067	37,377	5,024,135
1a	Audit Adjustments						
2	Cost Per Diem	48.9128	84.5655	53.1545	**16.9000**	**1.5255**	205.0583
3	Cost Per Diem Inflated	50.9179	86.7899	55.3335			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.9179**	**86.7899**	**55.3335**	**16.9000**	**1.5255**	211.4668
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.0034		53.5464			
7	Provider Target Rate	**49.2101**		**54.8924**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**86.7899**	**54.8924**	**13.6500**	**1.5255**	204.6499
12/13	Medicaid Adjustment Rate		0.0686	0.0434			
14	Prospective Per Diem 11	**47.7921**	**86.8585**	**54.9358**	**13.6500**	**1.5255**	**204.7619**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227650-00 - 2011/01

223.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Lexington Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**5,128,809**
FRVS Base Asset:	**1,243,324**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,623,017.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.1200**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.1200**	**%**
Interest Only:	**False**	
Yearly Payment:	**512,241**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,103,047**	**10.0602**
20% ROE(2):	**1,025,762**	**0.5876**
Insurance Cost(3):	**83,434**	**1.7266**
Taxes Cost(3):	**74,043**	**1.5323**
Home Office(3):	**46,839**	**0.9693**
Replacement(3&4):	**23,918**	**0.0000**
Total FRVS PD:		**14.8760**

(1) 80% Capital ($4,103,047) amortized at 11.1200% for 20 years Principal & Interest of $512,241 divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = $10.0602
(2) 20% ROE ($1,025,762) times the ROE factor (0.029170) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = $0.5876
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**102**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,907,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**86.8585**	**86.8585**	**0.7577**	**86.1008**	
Indirect Care	**54.9358**	**54.9358**	**0.4792**	**54.4566**	
Property	**13.6500**	**14.8760**	**0.1191**	**13.5309**	
ROE	**1.5255**	**1.2330**	**0.0133**	**1.5122**	
ROE Adjustment	**-1.2330**	**-1.2330**	**-0.0108**	**-1.2222**	
Quality Assess-Medicaid Share				**$13.7842**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**203.5289**	**204.4624**	**1.7754**	**223.1348**	

***Medicaid Trend Adjustment :**

0 227676-00 - 2011/01

236.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Liberty Inn

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5858 Heritage Park Way		**08/01/2008-07/31/2009**		Number of Beds:	**68**	Superior:	**0**
Delray Beach FL 33484		Days In CR	**365**	Maximum:	**24,820**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2010/07**	Max Annualized:	**24,820**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**18,117**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,039**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**6,845**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/6/1998**						
Acquired Date:	**4/6/1998**						
Entered Medicaid	**6/17/1998**						
Med # Active Date:	**3/1/2001**						
Previous Med #	**213641**						

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Medicaid Utilization		**37.78219%**
Occupancy:		**72.99355%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**91.75070%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	296,970	603,131	451,040	59,620	0	1,410,761
1a	Audit Adjustments						
2	Cost Per Diem	43.3850	88.1126	65.8934	**8.7100**		206.1010
3	Cost Per Diem Inflated	45.4879	91.0061	69.0872			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.4879**	**91.0061**	**69.0872**	**8.7100**		214.2912
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	71.3720		104.2257			
7	Provider Target Rate	**73.1661**		**106.8456**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.4879**	**91.0061**	**69.0872**	**8.7100**		214.2912
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.4879**	**91.0061**	**69.0872**	**8.7100**		**214.2912**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227676-00 - 2011/01

236.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Liberty Inn

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/17/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/01**
Indexed Asset Value	**2,732,035**
FRVS Base Asset:	**1,085,905**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**1,702,675.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.2250**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2250**	**%**
Interest Only:	**False**	
Yearly Payment:	**223,064**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,185,628**	**9.9859**
20% ROE(2):	**546,407**	**0.7620**
Insurance Cost(3):	**3,492**	**0.1927**
Taxes Cost(3):	**32,918**	**1.8170**
Home Office(3):	**1,161**	**0.0641**
Replacement(3&4):	**10,139**	**0.0000**
Total FRVS PD:		**12.8217**

(1) 80% Capital ($2,185,628) amortized at 8.2250% for 20 years Principal & Interest of $223,064 divided by annual available days (24,820) divided by Occup. Adj. (0.9000) = $9.9859
(2) 20% ROE ($546,407) times the ROE factor (0.031150) divided by annual available days (24,820) divided by Occup. Adj. (0.9000) = $0.7620
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1997**	Used Per Bed Standard:	**37,445**
Comparison Bed	**29**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,085,905**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.4879**	**45.4879**	**0.3968**	**45.0911**	
Patient Care					
Direct Care	**91.0061**	**91.0061**	**0.7939**	**90.2122**	
Indirect Care	**69.0872**	**69.0872**	**0.6027**	**68.4845**	
Property	**8.7100**	**12.8217**	**0.1118**	**12.7099**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.5533**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**214.2912**	**218.4029**	**1.9052**	**236.6481**	

***Medicaid Trend Adjustment :**

0 227765-00 - 2011/01

211.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Park Meadows Health & Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3250 SW 41st Place	**01/01/2009-12/31/2009**	Number of Beds: **154**	Superior: **0**
Gainesville FL 32608	Days In CR **365**	Maximum: **56,210**	Standard: **181**
County: **Alachua[1]**	First Used: **2011/01**	Max Annualized: **56,210**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2011/01**	Total Patient: **50,521**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **6,979**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **38,834**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **3/1/1981**			
Acquired Date: **1/1/1984**			
Entered Medicaid **1/1/1984**			
Med # Active Date: **9/20/2000**			
Previous Med # **220345**			

Medicaid Utilization	**76.86705%**
Occupancy:	**89.87902%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**112.97523%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,950,676	2,970,906	2,033,184	734,351	62,942	7,752,059
1a	Audit Adjustments						
2	Cost Per Diem	50.2311	76.5027	52.3558	**18.9100**	**1.6208**	199.6204
3	Cost Per Diem Inflated	52.2903	78.5151	54.5021			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.2903**	**78.5151**	**54.5021**	**18.9100**	**1.6208**	205.8383
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.7604		46.6633			
7	Provider Target Rate	**47.9358**		**47.8363**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**78.5151**	**47.8363**	**13.6500**	**1.6208**	186.8685
12/13	Medicaid Adjustment Rate		2.3732	1.4459			
14	Prospective Per Diem 11	**45.2463**	**80.8883**	**49.2822**	**13.6500**	**1.6208**	**190.6876**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227765-00 - 2011/01

211.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Park Meadows Health & Rehab Center

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**3,636,106**
FRVS Base Asset:	**2,058,220**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,659,683.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.5100**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**6.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**265,417**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,908,885**	**5.2465**
20% ROE(2):	**727,221**	**0.4193**
Insurance Cost(3):	**77,608**	**1.5362**
Taxes Cost(3):	**70,767**	**1.4007**
Home Office(3):	**41,814**	**0.8277**
Replacement(3&4):	**45,336**	**0.0000**
Total FRVS PD:		**9.4304**

(1) 80% Capital ($2,908,885) amortized at 6.7500% for 20 years Principal & Interest of $265,417 divided by annual available days (56,210) divided by Occup. Adj. (0.9000) = $5.2465

(2) 20% ROE ($727,221) times the ROE factor (0.029170) divided by annual available days (56,210) divided by Occup. Adj. (0.9000) = $0.4193

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**179**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,101,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**80.8883**	**80.8883**	**0.7056**	**80.1827**	
Indirect Care	**49.2822**	**49.2822**	**0.4299**	**48.8523**	
Property	**13.6500**	**9.4304**	**0.1191**	**13.5309**	
ROE	**1.6208**	**1.2933**	**0.0141**	**1.6067**	
ROE Adjustment	**-1.2933**	**-1.2933**	**-0.0113**	**-1.2820**	
Quality Assess-Medicaid Share				**$16.2288**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.3943**	**184.8472**	**1.6521**	**211.5681**	

***Medicaid Trend Adjustment :**

0 227773-00 - 2011/01

221.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

New Horizon Health & Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
635 SE 17th Street		**01/01/2009-12/31/2009**		Number of Beds:	**159**	Superior:	**0**
Ocala FL 34471		Days In CR	**365**	Maximum:	**58,035**	Standard:	**181**
County:	**Marion[42]**	First Used:	**2010/07**	Max Annualized:	**58,035**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**52,145**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,787**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**34,800**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1982**						
Acquired Date:	**6/1/1982**						
Entered Medicaid	**6/1/1982**						
Med # Active Date:	**9/20/2000**						
Previous Med #	**220531**						

Medicaid Utilization	**66.73698%**
Occupancy:	**89.85095%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**112.93994%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,701,017	2,856,753	1,833,422	530,700	46,388	6,968,280
1a	Audit Adjustments						
2	Cost Per Diem	48.8798	82.0906	52.6845	**15.2500**	**1.3330**	200.2379
3	Cost Per Diem Inflated	50.8836	84.2499	54.8443			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.8836**	**84.2499**	**54.8443**	**15.2500**	**1.3330**	206.5608
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.0607		52.7327			
7	Provider Target Rate	**49.2688**		**54.0582**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**84.2499**	**53.4956**	**13.6500**	**1.3330**	197.9748
12/13	Medicaid Adjustment Rate		1.5864	1.0073			
14	Prospective Per Diem 11	**45.2463**	**85.8363**	**54.5029**	**13.6500**	**1.3330**	**200.5685**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227773-00 - 2011/01

221.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

New Horizon Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**6,303,651**
FRVS Base Asset:	**1,178,042**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**5,269,833.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.1200**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.1200**	**%**
Interest Only:	**False**	
Yearly Payment:	**629,579**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,042,921**	**12.0536**
20% ROE(2):	**1,260,730**	**0.7041**
Insurance Cost(3):	**71,458**	**1.3704**
Taxes Cost(3):	**76,215**	**1.4616**
Home Office(3):	**47,410**	**0.9092**
Replacement(3&4):	**49,041**	**0.0000**
Total FRVS PD:		**16.4989**

(1) 80% Capital ($5,042,921) amortized at 11.1200% for 20 years Principal & Interest of $629,579 divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = $12.0536
(2) 20% ROE ($1,260,730) times the ROE factor (0.029170) divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = $0.7041
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**89**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,536,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**85.8363**	**85.8363**	**0.7488**	**85.0875**	
Indirect Care	**54.5029**	**54.5029**	**0.4755**	**54.0274**	
Property	**13.6500**	**16.4989**	**0.1191**	**13.5309**	
ROE	**1.3330**	**0.9834**	**0.0116**	**1.3214**	
ROE Adjustment	**-0.9834**	**-0.9834**	**-0.0086**	**-0.9748**	
Quality Assess-Medicaid Share				**$15.6569**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**199.5851**	**202.0844**	**1.7411**	**221.0980**	

***Medicaid Trend Adjustment :**

0 227838-00 - 2011/01

206.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

First Coast Health and Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7723 Jasper Avenue	**07/01/2008-06/30/2009**	Number of Beds: **100**	Superior: **0**
Jacksonville FL 32211	Days In CR **365**	Maximum: **36,500**	Standard: **181**
County: **Duval[16]**	First Used: **2010/01**	Max Annualized: **36,500**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2011/01**	Total Patient: **32,837**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **1,793**	
Current Class **North Small [1]**	Initial CR? **False**	Medicaid: **27,996**	
Class at 1/94: **North Small [1]**			
Operating Ex **> 18 months [1]**			
Open Date: **7/1/1983**			
Acquired Date: **7/1/1983**			
Entered Medicaid **1/1/1984**			
Med # Active Date: **1/1/2001**			
Previous Med # **221856**			

Medicaid Utilization	**85.25748%**
Occupancy:	**89.96438%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.08252%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,374,240	2,097,581	1,078,868	692,901	8,585	5,252,175
1a	Audit Adjustments						
2	Cost Per Diem	49.0870	74.9243	38.5365	**24.7500**	**0.3067**	187.6044
3	Cost Per Diem Inflated	51.5359	77.4967	40.4591			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.5359**	**77.4967**	**40.4591**	**24.7500**	**0.3067**	194.5484
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.0102		47.1885			
7	Provider Target Rate	**41.0159**		**48.7271**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.0159**	**77.4967**	**40.4591**	**13.6500**	**0.3067**	172.9284
12/13	Medicaid Adjustment Rate		3.0739	1.6048			
14	Prospective Per Diem 11	**41.0159**	**80.5706**	**42.0639**	**13.6500**	**0.3067**	**177.6071**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227838-00 - 2011/01

206.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

First Coast Health and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**4,363,928**
FRVS Base Asset:	**2,041,803**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information

Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**434,045**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**3,491,142**	**13.2129**
20% ROE(2):	**872,786**	**0.8414**
Insurance Cost(3):	**126,241**	**3.8445**
Taxes Cost(3):	**25,518**	**0.7771**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**66,835**	**0.0000**
Total FRVS PD:		**18.6759**

(1) 80% Capital ($3,491,142) amortized at 12.5000% for 20 years Interest of $434,045 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $13.2129
(2) 20% ROE ($872,786) times the ROE factor (0.031670) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $0.8414
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**100**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,850,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.0159**	**41.0159**	**0.3578**	**40.6581**	
Patient Care					
Direct Care	**80.5706**	**80.5706**	**0.7028**	**79.8678**	
Indirect Care	**42.0639**	**42.0639**	**0.3669**	**41.6970**	
Property	**13.6500**	**18.6759**	**0.1629**	**18.5130**	
ROE	**0.3067**	**0.2402**	**0.0021**	**0.2381**	
ROE Adjustment	**-0.2402**	**-0.2402**	**-0.0021**	**-0.2381**	
Quality Assess-Medicaid Share				**$17.8018**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**177.3669**	**182.3263**	**1.5904**	**206.1348**	

***Medicaid Trend Adjustment :**

0 227871-00 - 2011/01

185.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Avers Health & Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
606 NE 7th Street	**08/01/2009-07/31/2010**	Number of Beds: **120**	Superior: **0**
Trenton FL 32693	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Gilchrist[21]**	First Used: **2011/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2011/01**	Total Patient: **42,328**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **6,510**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **27,285**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **3/1/1981**			
Acquired Date: **3/1/1981**			
Entered Medicaid **3/1/1982**			
Med # Active Date: **10/1/2000**			
Previous Med # **221619**			

Medicaid Utilization	**64.46088%**
Occupancy:	**96.63927%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**121.47266%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,051,864	2,076,181	893,121	285,947	0	4,307,113
1a	Audit Adjustments						
2	Cost Per Diem	38.5510	76.0924	32.7330	**10.4800**		157.8564
3	Cost Per Diem Inflated	39.6248	77.5368	33.6448			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.6248**	**77.5368**	**33.6448**	**10.4800**		161.2864
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.3992		43.1867			
7	Provider Target Rate	**38.3393**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.3393**	**77.5368**	**33.6448**	**10.4800**		160.0009
12/13	Medicaid Adjustment Rate		1.2614	0.5474			
14	Prospective Per Diem 11	**38.3393**	**78.7982**	**34.1922**	**10.4800**		**161.8097**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227871-00 - 2011/01

185.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Avers Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/01**
Indexed Asset Value	**4,023,470**
FRVS Base Asset:	**2,024,741**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**6,621,085.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**411,912**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,218,776**	**10.4493**
20% ROE(2):	**804,694**	**0.6336**
Insurance Cost(3):	**39,946**	**0.9437**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**892**	**0.0211**
Replacement(3&4):	**34,022**	**0.0000**
Total FRVS PD:		**12.0477**

(1) 80% Capital ($3,218,776) amortized at 11.5000% for 20 years Principal & Interest of $411,912 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.4493
(2) 20% ROE ($804,694) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6336
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.3393**	**38.3393**	**0.3344**	**38.0049**	
Patient Care					
Direct Care	**78.7982**	**78.7982**	**0.6874**	**78.1108**	
Indirect Care	**34.1922**	**34.1922**	**0.2983**	**33.8939**	
Property	**10.4800**	**12.0477**	**0.1051**	**11.9426**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.9340**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**161.8097**	**163.3774**	**1.4252**	**185.4833**	

***Medicaid Trend Adjustment :**

0 228001-00 - 2011/01

246.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

North Beach Nursing & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2201 N.E. 170th Street		**01/01/2009-12/31/2009**		Number of Beds:	**99**	Superior:	**0**
North Miami Beach FL 33160		Days In CR	**365**	Maximum:	**36,135**	Standard:	**181**
County: **Dade[13]**		First Used:	**2010/07**	Max Annualized:	**36,135**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2011/01**	Total Patient:	**32,411**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**4,133**		
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**20,651**		
Class at 1/94: **South Small [3]**							
Operating Ex **> 18 months [1]**							
Open Date: **6/1/1982**							
Acquired Date: **6/1/1982**							
Entered Medicaid **6/1/1982**							
Med # Active Date: **9/20/2000**							
Previous Med # **225282**							

Medicaid Utilization	**63.71602%**
Occupancy:	**89.69420%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**112.74291%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,120,332	1,920,169	1,172,725	249,464	33,626	4,496,316
1a	Audit Adjustments						
2	Cost Per Diem	54.2507	92.9819	56.7878	**12.0800**	**1.6283**	217.7287
3	Cost Per Diem Inflated	56.4747	95.4277	59.1158			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.4747**	**95.4277**	**59.1158**	**12.0800**	**1.6283**	224.7265
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.9372		56.1408			
7	Provider Target Rate	**55.2930**		**58.5755**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**55.2930**	**95.4277**	**58.5755**	**12.0800**	**1.6283**	223.0045
12/13	Medicaid Adjustment Rate		1.4725	0.9039			
14	Prospective Per Diem 11	**55.2930**	**96.9002**	**59.4794**	**12.0800**	**1.6283**	**225.3809**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228001-00 - 2011/01

246.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

North Beach Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**3,729,760**
FRVS Base Asset:	**1,345,871**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,634,917.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.1200**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.1200**	**%**
Interest Only:	**False**	
Yearly Payment:	**372,511**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,983,808**	**11.4543**
20% ROE(2):	**745,952**	**0.6691**
Insurance Cost(3):	**50,378**	**1.5543**
Taxes Cost(3):	**57,859**	**1.7852**
Home Office(3):	**31,867**	**0.9832**
Replacement(3&4):	**122,307**	**0.0000**
Total FRVS PD:		**16.4461**

(1) 80% Capital ($2,983,808) amortized at 11.1200% for 20 years Principal & Interest of $372,511 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $11.4543
(2) 20% ROE ($745,952) times the ROE factor (0.029170) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $0.6691
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**99**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,821,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**55.2930**	**55.2930**	**0.4823**	**54.8107**	
Patient Care					
Direct Care	**96.9002**	**96.9002**	**0.8453**	**96.0549**	
Indirect Care	**59.4794**	**59.4794**	**0.5189**	**58.9605**	
Property	**12.0800**	**16.4461**	**0.1054**	**11.9746**	
ROE	**1.6283**	**1.2856**	**0.0142**	**1.6141**	
ROE Adjustment	**-1.2856**	**-1.2856**	**-0.0112**	**-1.2744**	
Quality Assess-Medicaid Share				**$16.4288**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**224.0953**	**228.1187**	**1.9549**	**246.1663**	

***Medicaid Trend Adjustment :**

0 228320-00 - 2011/01

227.33

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Gardens Court

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3803 PGA Boulevard		**09/01/2008-08/31/2009**		Number of Beds:	**120**	Superior:	**0**
Palm Beach Gardens FL 3341		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**38,611**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**22,566**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**10,702**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/25/1996**						
Acquired Date:	**3/13/1997**						
Entered Medicaid	**3/13/1997**						
Med # Active Date:	**5/1/2001**						
Previous Med #	**213713**						

Medicaid Utilization	**27.71749%**
Occupancy:	**88.15297%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**110.80563%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18697094**
Semester Index:	**1.24282006**
Cost:	**1.04705180**
Target:	**1.01759574**
DC FY Index:	**1.15383092**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03134695**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	547,243	924,635	579,841	314,639	0	2,366,358
1a	Audit Adjustments						
2	Cost Per Diem	51.1346	86.3983	54.1806	**29.4000**		221.1135
3	Cost Per Diem Inflated	53.5406	89.1066	56.7299			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.5406**	**89.1066**	**56.7299**	**29.4000**		228.7771
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.6840		56.7247			
7	Provider Target Rate	**62.2094**		**58.1506**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**89.1066**	**56.7299**	**13.6500**		209.8243
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.3378**	**89.1066**	**56.7299**	**13.6500**		**209.8243**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228320-00 - 2011/01

227.33

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Gardens Court

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/13/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**5,282,922**
FRVS Base Asset:	**4,325,640**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**7,200,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.3400**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.3400**	**%**
Interest Only:	**False**	
Yearly Payment:	**403,618**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,226,338**	**10.2389**
20% ROE(2):	**1,056,584**	**0.8210**
Insurance Cost(3):	**30,984**	**0.8025**
Taxes Cost(3):	**179,397**	**4.6463**
Home Office(3):	**42,116**	**1.0908**
Replacement(3&4):	**236,452**	**0.0000**
Total FRVS PD:		**17.5995**

(1) 80% Capital ($4,226,338) amortized at 7.3400% for 20 years Principal & Interest of $403,618 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.2389
(2) 20% ROE ($1,056,584) times the ROE factor (0.030630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8210
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1996**	Used Per Bed Standard:	**36,047**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,325,640**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**89.1066**	**89.1066**	**0.7773**	**88.3293**	
Indirect Care	**56.7299**	**56.7299**	**0.4949**	**56.2350**	
Property	**13.6500**	**17.5995**	**0.1535**	**17.4460**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$7.8249**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**209.8243**	**213.7738**	**1.8648**	**227.3310**	

***Medicaid Trend Adjustment :**

0 228338-00 - 2011/01

204.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Melbourne

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
606 East Sheridan Street		**03/01/2009-02/28/2010**		Number of Beds:	**120**	Superior:	**0**
Melbourne FL 32901		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**38,612**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**15,454**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**12,285**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**2/1/1990**						
Acquired Date:	**2/1/1990**						
Entered Medicaid	**2/1/1990**						
Med # Active Date:	**2/28/2001**						
Previous Med #	**202088**						

Medicaid Utilization	**31.81653%**
Occupancy:	**88.15525%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**110.80849%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19701332**
Semester Index:	**1.24282006**
Cost:	**1.03826753**
Target:	**1.01759574**
DC FY Index:	**1.16183216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02424433**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	482,180	1,014,970	685,041	169,410	0	2,351,601
1a	Audit Adjustments						
2	Cost Per Diem	39.2495	82.6186	55.7624	**13.7900**		191.4205
3	Cost Per Diem Inflated	40.7515	84.6216	57.8963			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.7515**	**84.6216**	**57.8963**	**13.7900**		197.0594
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.6271		44.9838			
7	Provider Target Rate	**52.9248**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.7515**	**84.6216**	**46.1145**	**13.6500**		185.1376
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**40.7515**	**84.6216**	**46.1145**	**13.6500**		**185.1376**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228338-00 - 2011/01

204.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Melbourne

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/1/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/01**
Indexed Asset Value	**5,682,897**
FRVS Base Asset:	**1,801,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**4,085,472.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**473,448**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,546,318**	**12.0104**
20% ROE(2):	**1,136,579**	**0.8831**
Insurance Cost(3):	**12,251**	**0.3173**
Taxes Cost(3):	**79,156**	**2.0500**
Home Office(3):	**36,809**	**0.9533**
Replacement(3&4):	**49,099**	**0.0000**
Total FRVS PD:		**16.2141**

(1) 80% Capital ($4,546,318) amortized at 8.5000% for 20 years Principal & Interest of $473,448 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.0104
(2) 20% ROE ($1,136,579) times the ROE factor (0.030630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8831
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,801,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.7515**	**40.7515**	**0.3555**	**40.3960**	
Patient Care					
Direct Care	**84.6216**	**84.6216**	**0.7382**	**83.8834**	
Indirect Care	**46.1145**	**46.1145**	**0.4023**	**45.7122**	
Property	**13.6500**	**16.2141**	**0.1414**	**16.0727**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.2935**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**185.1376**	**187.7017**	**1.6374**	**204.9549**	

***Medicaid Trend Adjustment :**

0 228401-00 - 2011/01

192.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Park Ridge Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
730 College Street		**01/01/2009-12/31/2009**		Number of Beds:	**104**	Superior:	**0**
Jacksonville FL 32204		Days In CR	**365**	Maximum:	**37,960**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2010/07**	Max Annualized:	**37,960**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**26,925**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,203**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**20,596**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/1/1979**						
Acquired Date:	**4/1/1979**						
Entered Medicaid	**11/1/1980**						
Med # Active Date:	**7/16/2001**						
Previous Med #	**202908**						

Medicaid Utilization	**76.49396%**
Occupancy:	**70.92993%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**89.15678%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	735,035	1,558,531	822,931	253,537	0	3,370,034
1a	Audit Adjustments						
2	Cost Per Diem	35.6882	75.6715	39.9559	**12.3100**		163.6256
3	Cost Per Diem Inflated	37.1512	77.6620	41.5939			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.1512**	**77.6620**	**41.5939**	**12.3100**		168.7171
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.5384		43.1867			
7	Provider Target Rate	**42.5825**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.1512**	**77.6620**	**41.5939**	**12.3100**		168.7171
12/13	Medicaid Adjustment Rate		2.3148	1.2397			
14	Prospective Per Diem 11	**37.1512**	**79.9768**	**42.8336**	**12.3100**		**172.2716**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228401-00 - 2011/01

192.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Park Ridge Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/01**
Indexed Asset Value	**2,485,668**
FRVS Base Asset:	**1,293,889**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**1,230,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**230,277**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,988,534**	**6.7403**
20% ROE(2):	**497,134**	**0.4245**
Insurance Cost(3):	**18,750**	**0.6964**
Taxes Cost(3):	**31,607**	**1.1739**
Home Office(3):	**9,558**	**0.3550**
Replacement(3&4):	**38,032**	**0.0000**
Total FRVS PD:		**9.3901**

(1) 80% Capital ($1,988,534) amortized at 10.0000% for 20 years Principal & Interest of $230,277 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $6.7403

(2) 20% ROE ($497,134) times the ROE factor (0.029170) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $0.4245

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**104**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,964,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.1512**	**37.1512**	**0.3241**	**36.8271**	
Patient Care					
Direct Care	**79.9768**	**79.9768**	**0.6977**	**79.2791**	
Indirect Care	**42.8336**	**42.8336**	**0.3737**	**42.4599**	
Property	**12.3100**	**9.3901**	**0.0819**	**9.3082**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5900**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**172.2716**	**169.3517**	**1.4774**	**192.0614**	

***Medicaid Trend Adjustment :**

0 228567-00 - 2011/01

184.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bear Creek Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
8041 State Rd. 52		**08/01/2008-07/31/2009**		Number of Beds:	**120**	Superior:	**0**
Hudson FL 34667		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pasco[51]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**38,878**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,298**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**21,588**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1981**						
Acquired Date:	**9/1/1981**						
Entered Medicaid	**9/1/1981**						
Med # Active Date:	**10/1/2000**						
Previous Med #	**222461**						

Medicaid Utilization	**55.52755%**
Occupancy:	**88.76256%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**111.57186%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	820,467	1,547,179	828,539	279,133	0	3,475,318
1a	Audit Adjustments						
2	Cost Per Diem	38.0057	71.6685	38.3796	**12.9300**		160.9838
3	Cost Per Diem Inflated	39.8478	74.0220	40.2399			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.8478**	**74.0220**	**40.2399**	**12.9300**		167.0397
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.3006		44.9838			
7	Provider Target Rate	**38.2382**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.2382**	**74.0220**	**40.2399**	**12.9300**		165.4301
12/13	Medicaid Adjustment Rate		0.4603	0.2502			
14	Prospective Per Diem 11	**38.2382**	**74.4823**	**40.4901**	**12.9300**		**166.1406**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228567-00 - 2011/01

184.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bear Creek Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**2,766,847**
FRVS Base Asset:	**1,625,866**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**4,286,753.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**283,262**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,213,478**	**7.1857**
20% ROE(2):	**553,369**	**0.4373**
Insurance Cost(3):	**47,079**	**1.2109**
Taxes Cost(3):	**11,680**	**0.3004**
Home Office(3):	**1,332**	**0.0343**
Replacement(3&4):	**102,618**	**0.0000**
Total FRVS PD:		**9.1686**

(1) 80% Capital ($2,213,478) amortized at 11.5000% for 20 years Principal & Interest of $283,262 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.1857

(2) 20% ROE ($553,369) times the ROE factor (0.031150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4373

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.2382**	**38.2382**	**0.3336**	**37.9046**	
Patient Care					
Direct Care	**74.4823**	**74.4823**	**0.6497**	**73.8326**	
Indirect Care	**40.4901**	**40.4901**	**0.3532**	**40.1369**	
Property	**12.9300**	**9.1686**	**0.0800**	**9.0886**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.7797**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**166.1406**	**162.3792**	**1.4165**	**184.3395**	

***Medicaid Trend Adjustment :**

0 228575-00 - 2011/01

194.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Royal Oak Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
37300 Royal Oak Lane		**08/01/2009-07/31/2010**		Number of Beds:	**120**	Superior:	**0**
Dade City FL 33525		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pasco[51]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**37,794**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**2,675**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,892**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/1/1981**						
Acquired Date:	**5/1/1981**						
Entered Medicaid	**5/1/1981**						
Med # Active Date:	**10/1/2000**						
Previous Med #	**222542**						

Medicaid Utilization	**63.21638%**
Occupancy:	**86.28767%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**108.46101%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	926,721	1,842,498	879,048	384,422	0	4,032,689
1a	Audit Adjustments						
2	Cost Per Diem	38.7879	77.1178	36.7926	**16.0900**		168.7883
3	Cost Per Diem Inflated	39.8683	78.5817	37.8175			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.8683**	**78.5817**	**37.8175**	**16.0900**		172.3575
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.8124		44.9838			
7	Provider Target Rate	**39.7880**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.7880**	**78.5817**	**37.8175**	**13.6500**		169.8372
12/13	Medicaid Adjustment Rate		1.1684	0.5623			
14	Prospective Per Diem 11	**39.7880**	**79.7501**	**38.3798**	**13.6500**		**171.5679**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228575-00 - 2011/01

194.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Royal Oak Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/01**
Indexed Asset Value	**4,113,151**
FRVS Base Asset:	**2,272,821**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**4,458,223.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**421,093**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,290,521**	**10.6822**
20% ROE(2):	**822,630**	**0.6478**
Insurance Cost(3):	**70,428**	**1.8635**
Taxes Cost(3):	**4,810**	**0.1273**
Home Office(3):	**749**	**0.0198**
Replacement(3&4):	**39,835**	**0.0000**
Total FRVS PD:		**13.3406**

(1) 80% Capital ($3,290,521) amortized at 11.5000% for 20 years Principal & Interest of $421,093 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.6822

(2) 20% ROE ($822,630) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6478

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.7880**	**39.7880**	**0.3471**	**39.4409**	
Patient Care					
Direct Care	**79.7501**	**79.7501**	**0.6957**	**79.0544**	
Indirect Care	**38.3798**	**38.3798**	**0.3348**	**38.0450**	
Property	**13.6500**	**13.3406**	**0.1164**	**13.2242**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.4972**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**171.5679**	**171.2585**	**1.4940**	**194.8588**	

***Medicaid Trend Adjustment :**

0 228591-00 - 2011/01

195.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heather Hill Nursing Home

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
6630 Kentucky Avenue		**08/01/2009-07/31/2010**		Number of Beds:	**120**	Superior:	**0**
New Port Richey FL 34653		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pasco[51]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**35,008**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,102**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**24,954**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/1/1979**						
Acquired Date:	**5/1/1979**						
Entered Medicaid	**5/1/1979**						
Med # Active Date:	**10/1/2000**						
Previous Med #	**222372**						

Medicaid Utilization	**71.28085%**
Occupancy:	**79.92694%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**100.46575%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,058,334	1,870,417	1,108,508	238,810	0	4,276,069
1a	Audit Adjustments						
2	Cost Per Diem	42.4114	74.9546	44.4221	**9.5700**		171.3581
3	Cost Per Diem Inflated	43.5928	76.3774	45.6595			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.5928**	**76.3774**	**45.6595**	**9.5700**		175.1997
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1474**	**76.3774**	**45.6595**	**9.5700**		169.7543
12/13	Medicaid Adjustment Rate		1.8285	1.0931			
14	Prospective Per Diem 11	**38.1474**	**78.2059**	**46.7526**	**9.5700**		**172.6759**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228591-00 - 2011/01

195.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Heather Hill Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/01**
Indexed Asset Value	**2,913,074**
FRVS Base Asset:	**1,706,576**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**4,091,900.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**298,233**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,330,459**	**7.5655**
20% ROE(2):	**582,615**	**0.4588**
Insurance Cost(3):	**41,180**	**1.1763**
Taxes Cost(3):	**13,135**	**0.3752**
Home Office(3):	**755**	**0.0216**
Replacement(3&4):	**92,920**	**0.0000**
Total FRVS PD:		**9.5974**

(1) 80% Capital ($2,330,459) amortized at 11.5000% for 20 years Principal & Interest of $298,233 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.5655
(2) 20% ROE ($582,615) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4588
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1474**	**38.1474**	**0.3328**	**37.8146**	
Patient Care					
Direct Care	**78.2059**	**78.2059**	**0.6822**	**77.5237**	
Indirect Care	**46.7526**	**46.7526**	**0.4078**	**46.3448**	
Property	**9.5700**	**9.5974**	**0.0837**	**9.5137**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.1615**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**172.6759**	**172.7033**	**1.5065**	**195.9554**	

***Medicaid Trend Adjustment :**

0 228621-00 - 2011/01

260.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Inn at Sarasota Bay Club

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1303 N. Tamiami Trail		**01/01/2009-12/31/2009**		Number of Beds:	**60**	Superior:	**0**
Sarasota Fl 34236		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County: **Sarasota[58]**		First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2011/01**	Total Patient:	**18,848**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**9,960**	Inflation	
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**2,881**	FY Index:	**1.19387802**
Class at 1/94: **South Small [3]**		Medicaid Utilization			**15.28544%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**86.06393%**	Cost:	**1.04099417**
Open Date:	**2/22/2001**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**2/22/2001**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**6/20/2001**	Low Occupancy Adjustment Factor:			**108.17976%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**6/20/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	159,118	381,470	235,257	106,885	0	882,730
1a	Audit Adjustments						
2	Cost Per Diem	55.2301	132.4089	81.6581	**37.1000**		306.3971
3	Cost Per Diem Inflated	57.4942	135.8918	85.0056			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.4942**	**135.8918**	**85.0056**	**37.1000**		315.4916
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.4925		89.2728			
7	Provider Target Rate	**55.8623**		**91.5168**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**55.8623**	**102.1952**	**70.2905**	**13.6500**		241.9980
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**55.8623**	**102.1952**	**70.2905**	**13.6500**		**241.9980**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228621-00 - 2011/01

260.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Inn at Sarasota Bay Club

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/20/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2001/01**
Indexed Asset Value	**2,594,642**
FRVS Base Asset:	**2,417,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**5,453,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5200**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**6.5200**	**%**
Interest Only:	**False**	
Yearly Payment:	**186,005**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,075,714**	**9.4371**
20% ROE(2):	**518,928**	**0.7680**
Insurance Cost(3):	**50,019**	**2.6538**
Taxes Cost(3):	**101,851**	**5.4038**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**56,692**	**0.0000**
Total FRVS PD:		**18.2627**

(1) 80% Capital ($2,075,714) amortized at 6.5200% for 20 years Principal & Interest of $186,005 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $9.4371

(2) 20% ROE ($518,928) times the ROE factor (0.029170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.7680

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2000**	Used Per Bed Standard:	**40,292**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,417,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**55.8623**	**55.8623**	**0.4873**	**55.3750**	
Patient Care					
Direct Care	**102.1952**	**102.1952**	**0.8915**	**101.3037**	
Indirect Care	**70.2905**	**70.2905**	**0.6132**	**69.6773**	
Property	**13.6500**	**18.2627**	**0.1593**	**18.1034**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$8.8795**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**241.9980**	**246.6107**	**2.1513**	**260.9360**	

***Medicaid Trend Adjustment :**

0 228702-00 - 2011/01

190.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Winter Haven Health & Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
202 Avenue ^'O^' NE	**07/01/2008-06/30/2009**	Number of Beds: **144**	Superior: **0**
Winter Haven FL 33881	Days In CR **365**	Maximum: **52,560**	Standard: **181**
County: **Polk[53]**	First Used: **2010/01**	Max Annualized: **52,560**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2011/01**	Total Patient: **45,490**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **6,380**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **31,243**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **6/1/1982**			
Acquired Date: **6/1/1982**			
Entered Medicaid **6/1/1982**			
Med # Active Date: **1/1/2001**			
Previous Med # **220825**			

Medicaid Utilization	**68.68103%**
Occupancy:	**86.54870%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**108.78911%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,405,135	2,221,301	1,189,965	740,459	8,114	5,564,974
1a	Audit Adjustments						
2	Cost Per Diem	44.9744	71.0976	38.0874	**23.7000**	**0.2597**	178.1191
3	Cost Per Diem Inflated	47.2182	73.5386	39.9876			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.2182**	**73.5386**	**39.9876**	**23.7000**	**0.2597**	184.7041
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1474**	**73.5386**	**39.9876**	**13.6500**	**0.2597**	165.5833
12/13	Medicaid Adjustment Rate		1.5455	0.8404			
14	Prospective Per Diem 11	**38.1474**	**75.0841**	**40.8280**	**13.6500**	**0.2597**	**167.9692**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228702-00 - 2011/01

190.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Winter Haven Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**4,091,529**
FRVS Base Asset:	**1,887,440**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**2,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**11.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**405,430**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,273,223**	**8.5707**
20% ROE(2):	**818,306**	**0.5479**
Insurance Cost(3):	**173,456**	**3.8131**
Taxes Cost(3):	**43,077**	**0.9470**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**33,538**	**0.0000**
Total FRVS PD:		**13.8787**

(1) 80% Capital ($3,273,223) amortized at 11.0000% for 20 years Principal & Interest of $405,430 divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = $8.5707
(2) 20% ROE ($818,306) times the ROE factor (0.031670) divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = $0.5479
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**144**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,104,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1474**	**38.1474**	**0.3328**	**37.8146**	
Patient Care					
Direct Care	**75.0841**	**75.0841**	**0.6550**	**74.4291**	
Indirect Care	**40.8280**	**40.8280**	**0.3562**	**40.4718**	
Property	**13.6500**	**13.8787**	**0.1211**	**13.7576**	
ROE	**0.2597**	**0.2152**	**0.0019**	**0.2133**	
ROE Adjustment	**-0.2152**	**-0.2152**	**-0.0019**	**-0.2133**	
Quality Assess-Medicaid Share				**$16.1891**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**167.7540**	**167.9382**	**1.4651**	**190.2593**	

***Medicaid Trend Adjustment :**

0 228711-00 - 2011/01

170.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Woodland Terrace of Citrus County

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
124 W. Norvell Bryant Hwy		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Hernando FL 34442		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Citrus[9]**		First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **3**	Last Used:	**2011/01**	Total Patient:	**42,873**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,039**	Inflation	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**26,413**	FY Index:	**1.19387802**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**61.60754%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**97.88356%**	Cost:	**1.04099417**
Open Date:	**5/10/2001**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**5/10/2001**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**7/12/2001**	Low Occupancy Adjustment Factor:			**123.03669%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**7/12/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	777,276	1,804,789	815,378	755,676	0	4,153,119
1a	Audit Adjustments						
2	Cost Per Diem	29.4278	68.3296	30.8703	**28.6100**		157.2377
3	Cost Per Diem Inflated	30.6342	70.1270	32.1358			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**30.6342**	**70.1270**	**32.1358**	**28.6100**		161.5070
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.2126		43.1867			
7	Provider Target Rate	**44.2988**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**30.6342**	**70.1270**	**32.1358**	**13.6500**		146.5470
12/13	Medicaid Adjustment Rate		0.9158	0.4196			
14	Prospective Per Diem 11	**30.6342**	**71.0428**	**32.5554**	**13.6500**		**147.8824**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228711-00 - 2011/01

170.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Woodland Terrace of Citrus County

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/12/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2001/01**
Indexed Asset Value	**5,278,150**
FRVS Base Asset:	**5,278,150**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**6,800,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.1900**	**%**
Chase Rate:	**5.2500**	**%**
Amortization Rate:	**7.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**400,485**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,222,520**	**10.1594**
20% ROE(2):	**1,055,630**	**0.7811**
Insurance Cost(3):	**43,108**	**1.0055**
Taxes Cost(3):	**105,169**	**2.4530**
Home Office(3):	**17,852**	**0.4164**
Replacement(3&4):	**7,739**	**0.0000**
Total FRVS PD:		**14.8154**

(1) 80% Capital ($4,222,520) amortized at 7.2500% for 20 years Principal & Interest of $400,485 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.1594
(2) 20% ROE ($1,055,630) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7811
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2000**	Used Per Bed Standard:	**40,292**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,835,040**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**30.6342**	**30.6342**	**0.2672**	**30.3670**	
Patient Care					
Direct Care	**71.0428**	**71.0428**	**0.6197**	**70.4231**	
Indirect Care	**32.5554**	**32.5554**	**0.2840**	**32.2714**	
Property	**13.6500**	**14.8154**	**0.1292**	**14.6862**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.2992**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**147.8824**	**149.0478**	**1.3001**	**170.6440**	

***Medicaid Trend Adjustment :**

0 228788-00 - 2011/01

238.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

East Ridge Retirement Village, Inc.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
19301 SW 87th Avenue	**01/01/2009-12/31/2009**	Number of Beds: **60**	Superior: **0**
Miami Fl 33157	Days In CR **365**	Maximum: **21,900**	Standard: **181**
County: **Dade[13]**	First Used: **2011/01**	Max Annualized: **21,900**	Conditional: **0**
Region: **South[2]** Area: **11**	Last Used: **2011/01**	Total Patient: **19,391**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **2,691**	
Current Class **South Small [3]**	Initial CR? **False**	Medicaid: **1,223**	
Class at 1/94: **South Small [3]**			
Operating Ex **> 18 months [1]**			
Open Date: **3/15/1962**			
Acquired Date: **10/15/1976**			
Entered Medicaid **7/12/2001**			
Med # Active Date: **7/12/2001**			
Previous Med #			

Medicaid Utilization	**6.30705%**
Occupancy:	**88.54338%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**111.29637%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	71,850	117,337	97,177	11,521	0	297,885
1a	Audit Adjustments						
2	Cost Per Diem	58.7490	95.9419	79.4579	**9.4203**		243.5691
3	Cost Per Diem Inflated	61.1574	98.4656	82.7152			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**61.1574**	**98.4656**	**82.7152**	**9.4203**		251.7585
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.7563		72.0920			
7	Provider Target Rate	**57.1578**		**73.9042**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**57.1578**	**98.4656**	**70.2905**	**9.4203**		235.3342
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**57.1578**	**98.4656**	**70.2905**	**9.4203**		**235.3342**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228788-00 - 2011/01

238.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

East Ridge Retirement Village, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/12/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1976/07**
Indexed Asset Value	**1,896,540**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**6.7500**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**6.7500**	**%**
Interest Only:	**True**	
Yearly Payment:	**101,278**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,517,232**	**5.1384**
20% ROE(2):	**379,308**	**0.5614**
Insurance Cost(3):	**20,310**	**1.0474**
Taxes Cost(3):	**1,259**	**0.0649**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**619,232**	**0.0000**
Total FRVS PD:		**6.8121**

(1) 80% Capital ($1,517,232) amortized at 6.7500% for 20 years Interest of $101,278 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $5.1384

(2) 20% ROE ($379,308) times the ROE factor (0.029170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.5614

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1992**	Used Per Bed Standard:	**31,609**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,896,540**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**57.1578**	**57.1578**	**0.4986**	**56.6592**	
Patient Care					
Direct Care	**98.4656**	**98.4656**	**0.8590**	**97.6066**	
Indirect Care	**70.2905**	**70.2905**	**0.6132**	**69.6773**	
Property	**9.4203**	**6.8121**	**0.0594**	**6.7527**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**235.3342**	**232.7260**	**2.0302**	**238.2929**	

***Medicaid Trend Adjustment :**

0 228877-00 - 2011/01

204.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Healthcare Center Of Windermere

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4875 Cason Cove Drive		**10/01/2008-09/30/2009**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32811		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**41,484**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,352**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**17,491**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/4/1997**						
Acquired Date:	**4/4/1997**						
Entered Medicaid	**5/20/1997**						
Med # Active Date:	**10/1/2000**						
Previous Med #	**224111**						

Medicaid Utilization	**42.16324%**
Occupancy:	**94.71233%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.05055%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	823,769	1,450,891	883,224	482,927	0	3,640,811
1a	Audit Adjustments						
2	Cost Per Diem	47.0967	82.9507	50.4959	**27.6100**		208.1533
3	Cost Per Diem Inflated	49.2460	85.4274	52.8003			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.2460**	**85.4274**	**52.8003**	**27.6100**		215.0837
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.9342		44.9838			
7	Provider Target Rate	**41.9632**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.9632**	**85.4274**	**46.1145**	**13.6500**		187.1551
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**41.9632**	**85.4274**	**46.1145**	**13.6500**		**187.1551**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228877-00 - 2011/01

204.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Healthcare Center Of Windermere

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/20/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**5,199,175**
FRVS Base Asset:	**4,383,120**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**350,368**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,159,340**	**8.8881**
20% ROE(2):	**1,039,835**	**0.7940**
Insurance Cost(3):	**23,843**	**0.5748**
Taxes Cost(3):	**78,183**	**1.8847**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**6,928**	**0.0000**
Total FRVS PD:		**12.1416**

(1) 80% Capital ($4,159,340) amortized at 8.5000% for 20 years Interest of $350,368 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.8881

(2) 20% ROE ($1,039,835) times the ROE factor (0.030100) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7940

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,383,120**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.9632**	**41.9632**	**0.3661**	**41.5971**	
Patient Care					
Direct Care	**85.4274**	**85.4274**	**0.7452**	**84.6822**	
Indirect Care	**46.1145**	**46.1145**	**0.4023**	**45.7122**	
Property	**13.6500**	**12.1416**	**0.1059**	**12.0357**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.2233**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**187.1551**	**185.6467**	**1.6195**	**204.8476**	

***Medicaid Trend Adjustment :**

0 228885-00 - 2011/01

221.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Parkway Health & Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
800 SE Central Pkwy		**04/01/2009-03/31/2010**		Number of Beds:	**177**	Superior:	**0**
Stuart FL 34994		Days In CR	**365**	Maximum:	**64,605**	Standard:	**181**
County:	**Martin[43]**	First Used:	**2010/07**	Max Annualized:	**64,605**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**59,812**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,458**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**34,614**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/10/1989**						
Acquired Date:	**10/10/1989**						
Entered Medicaid	**3/22/1990**						
Med # Active Date:	**10/1/2000**						
Previous Med #	**201618**						

Medicaid Utilization	**57.87133%**
Occupancy:	**92.58107%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.37162%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19858405**
Semester Index:	**1.24282006**
Cost:	**1.03690689**
Target:	**1.01759574**
DC FY Index:	**1.16300000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02321582**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,249,883	3,304,180	1,921,301	583,246	0	7,058,610
1a	Audit Adjustments						
2	Cost Per Diem	36.1092	95.4579	55.5065	**16.8500**		203.9236
3	Cost Per Diem Inflated	37.4419	97.6740	57.5551			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.4419**	**97.6740**	**57.5551**	**16.8500**		209.5210
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.7852		53.0122			
7	Provider Target Rate	**40.7853**		**54.3448**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.4419**	**96.5967**	**54.3448**	**13.6500**		202.0334
12/13	Medicaid Adjustment Rate		0.8554	0.4812			
14	Prospective Per Diem 11	**37.4419**	**97.4521**	**54.8260**	**13.6500**		**203.3700**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228885-00 - 2011/01

221.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Parkway Health & Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/22/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/07**
Indexed Asset Value	**6,245,802**
FRVS Base Asset:	**3,101,384**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030830**

Mortgage Information		
Amount:	**10,937,005.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.2800**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**7.2800**	**%**
Interest Only:	**False**	
Yearly Payment:	**474,998**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,996,642**	**8.1693**
20% ROE(2):	**1,249,160**	**0.6623**
Insurance Cost(3):	**86,156**	**1.4404**
Taxes Cost(3):	**108,157**	**1.8083**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**3,984**	**0.0000**
Total FRVS PD:		**12.0803**

(1) 80% Capital ($4,996,642) amortized at 7.2800% for 20 years Principal & Interest of $474,998 divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = $8.1693

(2) 20% ROE ($1,249,160) times the ROE factor (0.030830) divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = $0.6623

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**104**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,101,384**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.4419**	**37.4419**	**0.3266**	**37.1153**	
Patient Care					
Direct Care	**97.4521**	**97.4521**	**0.8501**	**96.6020**	
Indirect Care	**54.8260**	**54.8260**	**0.4783**	**54.3477**	
Property	**13.6500**	**12.0803**	**0.1054**	**11.9749**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.2783**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**203.3700**	**201.8003**	**1.7604**	**221.9153**	

***Medicaid Trend Adjustment :**

0 228940-00 - 2011/01

192.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Cypress Cove Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
700 SE 8th Avenue		**08/01/2009-07/31/2010**		Number of Beds:	**120**	Superior:	**0**
Crystal River FL 34429		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Citrus[9]**		First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **3**	Last Used:	**2011/01**	Total Patient:	**39,385**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**9,069**	**Inflation**	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**20,930**	FY Index:	**1.20913928**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**53.14206%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**89.92009%**	Cost:	**1.02785517**
Open Date:	**5/1/1983**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**5/1/1983**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16783181**
Entered Medicaid	**5/1/1983**	Low Occupancy Adjustment Factor:			**113.02685%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**10/1/2000**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.01898235**
Previous Med #	**222313**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	994,498	1,624,189	774,046	325,043	0	3,717,776
1a	Audit Adjustments						
2	Cost Per Diem	47.5154	77.6010	36.9826	**15.5300**		177.6290
3	Cost Per Diem Inflated	48.8389	79.0740	38.0128			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.8389**	**79.0740**	**38.0128**	**15.5300**		181.4557
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0758		43.1867			
7	Provider Target Rate	**40.0580**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.0580**	**79.0740**	**38.0128**	**13.6500**		170.7948
12/13	Medicaid Adjustment Rate		0.2795	0.1344			
14	Prospective Per Diem 11	**40.0580**	**79.3535**	**38.1472**	**13.6500**		**171.2087**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228940-00 - 2011/01

192.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Cypress Cove Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**4,573,604**
FRVS Base Asset:	**2,736,744**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**7,794,096.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**468,233**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,658,883**	**11.8781**
20% ROE(2):	**914,721**	**0.7203**
Insurance Cost(3):	**52,273**	**1.3272**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**906**	**0.0230**
Replacement(3&4):	**47,997**	**0.0000**
Total FRVS PD:		**13.9486**

(1) 80% Capital ($3,658,883) amortized at 11.5000% for 20 years Principal & Interest of $468,233 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.8781
(2) 20% ROE ($914,721) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7203
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.0580**	**40.0580**	**0.3494**	**39.7086**	
Patient Care					
Direct Care	**79.3535**	**79.3535**	**0.6922**	**78.6613**	
Indirect Care	**38.1472**	**38.1472**	**0.3328**	**37.8144**	
Property	**13.6500**	**13.9486**	**0.1217**	**13.8269**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.4941**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**171.2087**	**171.5073**	**1.4961**	**192.1024**	

***Medicaid Trend Adjustment :**

0 228958-00 - 2011/01

185.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Brooksville Healthcare Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1114 Chatman Blvd		**08/01/2008-07/31/2009**		Number of Beds:	**150**	Superior:	**0**
Brooksville FL 34601		Days In CR	**365**	Maximum:	**54,750**	Standard:	**181**
County:	**Hernando[27]**	First Used:	**2010/07**	Max Annualized:	**54,750**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**50,234**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**8,531**	Inflation	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**32,437**	FY Index:	**1.18536552**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**64.57180%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**91.75160%**	Cost:	**1.04846989**
Open Date:	**10/1/1976**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**10/1/1976**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15216426**
Entered Medicaid	**10/1/1976**	Low Occupancy Adjustment Factor:			**115.32900%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**10/1/2000**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03283884**
Previous Med #	**221627**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,145,065	2,400,941	1,113,473	326,641	0	4,986,120
1a	Audit Adjustments						
2	Cost Per Diem	35.3012	74.0186	34.3272	**10.0700**		153.7170
3	Cost Per Diem Inflated	37.0122	76.4493	35.9910			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.0122**	**76.4493**	**35.9910**	**10.0700**		159.5225
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.5357		43.1867			
7	Provider Target Rate	**36.4290**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.4290**	**76.4493**	**35.9910**	**10.0700**		158.9393
12/13	Medicaid Adjustment Rate		1.2533	0.5900			
14	Prospective Per Diem 11	**36.4290**	**77.7026**	**36.5810**	**10.0700**		**160.7826**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228958-00 - 2011/01

185.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Brooksville Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1976/07**
Indexed Asset Value	**5,215,613**
FRVS Base Asset:	**2,777,784**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**5,455,867.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**533,960**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,172,490**	**10.8363**
20% ROE(2):	**1,043,123**	**0.6594**
Insurance Cost(3):	**53,868**	**1.0723**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**1,588**	**0.0316**
Replacement(3&4):	**104,126**	**0.0000**
Total FRVS PD:		**12.5996**

(1) 80% Capital ($4,172,490) amortized at 11.5000% for 20 years Principal & Interest of $533,960 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $10.8363
(2) 20% ROE ($1,043,123) times the ROE factor (0.031150) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $0.6594
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.4290**	**36.4290**	**0.3178**	**36.1112**	
Patient Care					
Direct Care	**77.7026**	**77.7026**	**0.6778**	**77.0248**	
Indirect Care	**36.5810**	**36.5810**	**0.3191**	**36.2619**	
Property	**10.0700**	**12.5996**	**0.1099**	**12.4897**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.6322**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**160.7826**	**163.3122**	**1.4246**	**185.1169**	

***Medicaid Trend Adjustment :**

0 228966-00 - 2011/01

199.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lake Harris Health Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
701 Lake Port Boulevard		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Leesburg FL 34748		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Lake[35]**		First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **3**	Last Used:	**2011/01**	Total Patient:	**41,077**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**12,661**	Inflation	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**16,071**	FY Index:	**1.19387802**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**39.12408%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**93.78310%**	Cost:	**1.04099417**
Open Date:	**8/16/1990**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**8/16/1990**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**8/17/1990**	Low Occupancy Adjustment Factor:			**117.88254%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**9/1/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**202452**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,072,259	1,268,378	862,469	144,318	0	3,347,424
1a	Audit Adjustments						
2	Cost Per Diem	66.7201	78.9234	53.6662	**8.9800**		208.2897
3	Cost Per Diem Inflated	69.4552	80.9994	55.8662			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**69.4552**	**80.9994**	**55.8662**	**8.9800**		215.3008
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.6928		53.2930			
7	Provider Target Rate	**43.7660**		**54.6326**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.7660**	**80.9994**	**53.4956**	**8.9800**		187.2410
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**43.7660**	**80.9994**	**53.4956**	**8.9800**		**187.2410**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228966-00 - 2011/01

199.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Lake Harris Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/17/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/07**
Indexed Asset Value	**5,164,524**
FRVS Base Asset:	**1,810,440**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,995,013.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.7063**	**%**
Chase Rate:	**9.3042**	**%**
Amortization Rate:	**8.7063**	**%**
Interest Only:	**False**	
Yearly Payment:	**436,757**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,131,619**	**11.0796**
20% ROE(2):	**1,032,905**	**0.7643**
Insurance Cost(3):	**58,551**	**1.4254**
Taxes Cost(3):	**80,667**	**1.9638**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**1,003,350**	**0.0000**
Total FRVS PD:		**15.2331**

(1) 80% Capital ($4,131,619) amortized at 8.7063% for 20 years Principal & Interest of $436,757 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.0796
(2) 20% ROE ($1,032,905) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7643
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,810,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.7660**	**43.7660**	**0.3818**	**43.3842**	
Patient Care					
Direct Care	**80.9994**	**80.9994**	**0.7066**	**80.2928**	
Indirect Care	**53.4956**	**53.4956**	**0.4667**	**53.0289**	
Property	**8.9800**	**15.2331**	**0.1329**	**15.1002**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**187.2410**	**193.4941**	**1.6880**	**199.4032**	

***Medicaid Trend Adjustment :**

0 229091-00 - 2011/01

214.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Health Center of Daytona Beach

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
550 National Healthcare Drive		**07/01/2008-06/30/2009**		Number of Beds:	**73**	Superior:	**0**
Daytona Beach FL 32114		Days In CR	**365**	Maximum:	**26,645**	Standard:	**181**
County: **Volusia[64]**		First Used:	**2010/07**	Max Annualized:	**26,645**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**24,284**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**13,085**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**4,901**		
Class at 1/94: **North Small [1]**							
Operating Ex **> 18 months [1]**							
Open Date:	**7/11/1996**						
Acquired Date:	**7/11/1996**						
Entered Medicaid	**7/11/1996**						
Med # Active Date:	**10/1/2000**						
Previous Med #	**212512**						

Medicaid Utilization	**20.18201%**
Occupancy:	**91.13905%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.55904%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	225,628	388,890	339,649	148,892	0	1,103,059
1a	Audit Adjustments						
2	Cost Per Diem	46.0371	79.3491	69.3020	**30.3799**		225.0681
3	Cost Per Diem Inflated	48.3339	82.0734	72.7595			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.3339**	**82.0734**	**72.7595**	**30.3799**		233.5467
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.7467		63.4056			
7	Provider Target Rate	**52.0223**		**64.9994**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.3339**	**82.0734**	**58.4725**	**13.6500**		202.5298
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**48.3339**	**82.0734**	**58.4725**	**13.6500**		**202.5298**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 229091-00 - 2011/01

214.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Health Center of Daytona Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/11/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/07**
Indexed Asset Value	**2,453,294**
FRVS Base Asset:	**2,162,820**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**160,418**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,962,635**	**6.6895**
20% ROE(2):	**490,659**	**0.6480**
Insurance Cost(3):	**25,196**	**1.0376**
Taxes Cost(3):	**74,532**	**3.0692**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**11.4443**

(1) 80% Capital ($1,962,635) amortized at 8.2500% for 20 years Interest of $160,418 divided by annual available days (26,645) divided by Occup. Adj. (0.9000) = $6.6895

(2) 20% ROE ($490,659) times the ROE factor (0.031670) divided by annual available days (26,645) divided by Occup. Adj. (0.9000) = $0.6480

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1996**	Used Per Bed Standard:	**36,047**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,162,820**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.3339**	**48.3339**	**0.4216**	**47.9123**	
Patient Care					
Direct Care	**82.0734**	**82.0734**	**0.7160**	**81.3574**	
Indirect Care	**58.4725**	**58.4725**	**0.5101**	**57.9624**	
Property	**13.6500**	**11.4443**	**0.0998**	**11.3445**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$8.6838**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**202.5298**	**200.3241**	**1.7475**	**214.8575**	

***Medicaid Trend Adjustment :**

0 229164-00 - 2011/01

207.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Sylvan Health Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2770 Regency Oaks Blvd.		**01/01/2009-12/31/2009**		Number of Beds:	**60**	Superior:	**0**
Clearwater FL 33759		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**20,728**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,738**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**4,075**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/30/1991**						
Acquired Date:	**8/30/1991**						
Entered Medicaid	**10/7/1991**						
Med # Active Date:	**9/1/2001**						
Previous Med #	**203971**						

Medicaid Utilization	**19.65940%**
Occupancy:	**94.64840%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.97019%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	286,260	337,487	265,661	34,230	0	923,638
1a	Audit Adjustments						
2	Cost Per Diem	70.2479	82.8189	65.1929	**8.4000**		226.6597
3	Cost Per Diem Inflated	73.1277	84.9974	67.8654			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**73.1277**	**84.9974**	**67.8654**	**8.4000**		234.3905
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5631		51.4890			
7	Provider Target Rate	**47.7335**		**53.6513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7335**	**84.9974**	**53.6513**	**8.4000**		194.7822
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.7335**	**84.9974**	**53.6513**	**8.4000**		**194.7822**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 229164-00 - 2011/01

207.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Sylvan Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/7/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/07**
Indexed Asset Value	**2,388,536**
FRVS Base Asset:	**1,831,800**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,798,444.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.2500**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**9.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**210,008**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,910,829**	**10.6549**
20% ROE(2):	**477,707**	**0.7070**
Insurance Cost(3):	**31,138**	**1.5022**
Taxes Cost(3):	**52,029**	**2.5101**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**337,295**	**0.0000**
Total FRVS PD:		**15.3742**

(1) 80% Capital ($1,910,829) amortized at 9.2500% for 20 years Principal & Interest of $210,008 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $10.6549
(2) 20% ROE ($477,707) times the ROE factor (0.029170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.7070
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1991**	Used Per Bed Standard:	**30,530**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,831,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7335**	**47.7335**	**0.4164**	**47.3171**	
Patient Care					
Direct Care	**84.9974**	**84.9974**	**0.7415**	**84.2559**	
Indirect Care	**53.6513**	**53.6513**	**0.4680**	**53.1833**	
Property	**8.4000**	**15.3742**	**0.1341**	**15.2401**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**194.7822**	**201.7564**	**1.7600**	**207.5935**	

***Medicaid Trend Adjustment :**

0 229202-00 - 2011/01

212.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Shell Point Village Retirement Community

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
15000 Shell Point Boulevard	**07/01/2008-06/30/2009**	Number of Beds: **219**	Superior: **0**
Ft. Myers Fl 33908	Days In CR **365**	Maximum: **79,935**	Standard: **181**
County: **Lee[36]**	First Used: **2010/07**	Max Annualized: **79,935**	Conditional: **0**
Region: **South[2]** Area: **8**	Last Used: **2011/01**	Total Patient: **57,695**	Total: **181**
Control **Church Non-Profit [2]**	**Unaudited [3]**	Medicare: **9,965**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **5,355**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **12/1/1971**			
Acquired Date: **12/1/1971**			
Entered Medicaid **3/28/2001**			
Med # Active Date: **3/28/2001**			
Previous Med #			

Medicaid Utilization	**9.28157%**
Occupancy:	**72.17739%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**90.72481%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	217,941	595,632	353,553	231,497	0	1,398,623
1a	Audit Adjustments						
2	Cost Per Diem	40.6986	111.2291	66.0230	**43.2301**		261.1808
3	Cost Per Diem Inflated	42.7290	115.0479	69.3169			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.7290**	**115.0479**	**69.3169**	**43.2301**		270.3239
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.7722		71.0541			
7	Provider Target Rate	**46.9228**		**72.8402**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.7290**	**96.5967**	**56.8989**	**13.6500**		209.8746
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.7290**	**96.5967**	**56.8989**	**13.6500**		**209.8746**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 229202-00 - 2011/01

212.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Shell Point Village Retirement Community

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/28/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**3,390,366**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**32,441,914.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.5300**	**%**
Chase Rate:	**6.8692**	**%**
Amortization Rate:	**5.5300**	**%**
Interest Only:	**False**	
Yearly Payment:	**224,441**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,712,293**	**3.1198**
20% ROE(2):	**678,073**	**0.2985**
Insurance Cost(3):	**355,122**	**6.1552**
Taxes Cost(3):	**54,525**	**0.9451**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**10.5186**

(1) 80% Capital ($2,712,293) amortized at 5.5300% for 20 years Principal & Interest of $224,441 divided by annual available days (79,935) divided by Occup. Adj. (0.9000) = $3.1198
(2) 20% ROE ($678,073) times the ROE factor (0.031670) divided by annual available days (79,935) divided by Occup. Adj. (0.9000) = $0.2985
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1971**	Used Per Bed Standard:	**10,261**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,846,980**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.7290**	**42.7290**	**0.3727**	**42.3563**	
Patient Care					
Direct Care	**96.5967**	**96.5967**	**0.8427**	**95.7540**	
Indirect Care	**56.8989**	**56.8989**	**0.4964**	**56.4025**	
Property	**13.6500**	**10.5186**	**0.0918**	**10.4268**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**209.8746**	**206.7432**	**1.8036**	**212.5367**	

***Medicaid Trend Adjustment :**

0 229237-00 - 2011/01

201.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Parthenon Healthcare of Ft. Walton

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1 LBJ Sr. Drive		**08/01/2008-07/31/2009**		Number of Beds:	**120**	Superior:	**0**
Ft. Walton Beach FL 32548		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Okaloosa[46]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2011/01**	Total Patient:	**32,411**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,986**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**19,929**	FY Index:	**1.18536552**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**61.48838%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**73.99772%**	Cost:	**1.04846989**
Open Date:	**8/1/1960**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**8/1/1960**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15216426**
Entered Medicaid	**3/1/1982**	Low Occupancy Adjustment Factor:			**93.01291%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**2/1/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03283884**
Previous Med #	**211141**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	733,294	1,553,591	841,293	427,876	0	3,556,054
1a	Audit Adjustments						
2	Cost Per Diem	36.7953	77.9563	42.2145	**21.4700**		178.4361
3	Cost Per Diem Inflated	38.5788	80.5163	44.2606			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.5788**	**80.5163**	**44.2606**	**21.4700**		184.8257
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	36.5935		43.1867			
7	Provider Target Rate	**37.5133**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.5133**	**80.5163**	**44.2606**	**13.6500**		175.9402
12/13	Medicaid Adjustment Rate		1.0406	0.5720			
14	Prospective Per Diem 11	**37.5133**	**81.5569**	**44.8326**	**13.6500**		**177.5528**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 229237-00 - 2011/01

201.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Parthenon Healthcare of Ft. Walton

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/8/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**4,982,940**
FRVS Base Asset:	**2,711,737**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**2,880,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**477,587**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,986,352**	**12.1153**
20% ROE(2):	**996,588**	**0.7875**
Insurance Cost(3):	**50,107**	**1.5460**
Taxes Cost(3):	**25,030**	**0.7723**
Home Office(3):	**12,194**	**0.3762**
Replacement(3&4):	**43,655**	**0.0000**
Total FRVS PD:		**15.5973**

(1) 80% Capital ($3,986,352) amortized at 10.5000% for 20 years Principal & Interest of $477,587 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.1153
(2) 20% ROE ($996,588) times the ROE factor (0.031150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7875
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.5133**	**37.5133**	**0.3272**	**37.1861**	
Patient Care					
Direct Care	**81.5569**	**81.5569**	**0.7115**	**80.8454**	
Indirect Care	**44.8326**	**44.8326**	**0.3911**	**44.4415**	
Property	**13.6500**	**15.5973**	**0.1361**	**15.4612**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.9333**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**177.5528**	**179.5001**	**1.5659**	**201.4646**	

***Medicaid Trend Adjustment :**

0 229288-00 - 2011/01

216.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Gainesville Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1311 SW 16th Street		**09/01/2008-08/31/2009**		Number of Beds:	**180**	Superior:	**0**
Gainesville FL 32608		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Alachua[1]**	First Used:	**2010/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**46,292**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,436**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**32,998**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1983**						
Acquired Date:	**7/1/1983**						
Entered Medicaid	**7/1/1983**						
Med # Active Date:	**3/7/2001**						
Previous Med #	**212776**						

Medicaid Utilization	**71.28230%**
Occupancy:	**70.45966%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**88.56568%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18697094**
Semester Index:	**1.24282006**
Cost:	**1.04705180**
Target:	**1.01759574**
DC FY Index:	**1.15383092**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03134695**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,362,792	2,587,755	1,371,263	1,056,926	0	6,378,736
1a	Audit Adjustments						
2	Cost Per Diem	41.2992	78.4216	41.5559	**32.0300**		193.3067
3	Cost Per Diem Inflated	43.2424	80.8799	43.5112			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.2424**	**80.8799**	**43.5112**	**32.0300**		199.6635
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.7062		43.1867			
7	Provider Target Rate	**44.8048**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.2424**	**80.8799**	**43.5112**	**13.6500**		181.2835
12/13	Medicaid Adjustment Rate		1.9365	1.0418			
14	Prospective Per Diem 11	**43.2424**	**82.8164**	**44.5530**	**13.6500**		**184.2618**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 229288-00 - 2011/01

216.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Gainesville Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**8,546,726**
FRVS Base Asset:	**5,130,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**7,400,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**15.1230**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**15.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,080,407**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,837,381**	**18.2717**
20% ROE(2):	**1,709,345**	**0.8855**
Insurance Cost(3):	**1,407**	**0.0304**
Taxes Cost(3):	**206,294**	**4.4564**
Home Office(3):	**2,944**	**0.0636**
Replacement(3&4):	**17,040**	**0.0000**
Total FRVS PD:		**23.7076**

(1) 80% Capital ($6,837,381) amortized at 15.0000% for 20 years Principal & Interest of $1,080,407 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $18.2717
(2) 20% ROE ($1,709,345) times the ROE factor (0.030630) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.8855
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.2424**	**43.2424**	**0.3772**	**42.8652**	
Patient Care					
Direct Care	**82.8164**	**82.8164**	**0.7224**	**82.0940**	
Indirect Care	**44.5530**	**44.5530**	**0.3887**	**44.1643**	
Property	**13.6500**	**23.7076**	**0.2068**	**23.5008**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.2121**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**184.2618**	**194.3194**	**1.6951**	**216.4335**	

***Medicaid Trend Adjustment :**

0 229571-00 - 2011/01

201.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Health Center of Pensacola

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
8475 University Pkwy		**10/01/2008-09/30/2009**		Number of Beds:	**180**	Superior:	**0**
Pensacola FL 32514		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Escambia[17]**	First Used:	**2010/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2011/01**	Total Patient:	**63,759**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,667**	Inflation	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**35,455**	FY Index:	**1.18857853**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**55.60784%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**97.04566%**	Cost:	**1.04563563**
Open Date:	**5/28/1987**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**5/28/1987**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15550000**
Entered Medicaid	**5/28/1987**	Low Occupancy Adjustment Factor:			**121.98347%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**10/1/2000**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02985720**
Previous Med #	**219487**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,292,632	2,826,022	1,469,211	607,699	0	6,195,564
1a	Audit Adjustments						
2	Cost Per Diem	36.4584	79.7073	41.4388	**17.1400**		174.7445
3	Cost Per Diem Inflated	38.1222	82.0871	43.3299			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.1222**	**82.0871**	**43.3299**	**17.1400**		180.6792
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1628**	**82.0871**	**43.3299**	**13.6500**		175.2298
12/13	Medicaid Adjustment Rate		0.5179	0.2734			
14	Prospective Per Diem 11	**36.1628**	**82.6050**	**43.6033**	**13.6500**		**176.0211**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 229571-00 - 2011/01

201.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Health Center of Pensacola

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/28/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/01**
Indexed Asset Value	**8,769,062**
FRVS Base Asset:	**3,441,840**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**8,086,035.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.7500**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**854,650**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,015,250**	**14.4537**
20% ROE(2):	**1,753,812**	**0.8928**
Insurance Cost(3):	**81,468**	**1.2777**
Taxes Cost(3):	**63,229**	**0.9917**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**19,183**	**0.0000**
Total FRVS PD:		**17.6159**

(1) 80% Capital ($7,015,250) amortized at 10.7500% for 20 years Principal & Interest of $854,650 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $14.4537

(2) 20% ROE ($1,753,812) times the ROE factor (0.030100) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.8928

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,441,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1628**	**36.1628**	**0.3155**	**35.8473**	
Patient Care					
Direct Care	**82.6050**	**82.6050**	**0.7206**	**81.8844**	
Indirect Care	**43.6033**	**43.6033**	**0.3804**	**43.2229**	
Property	**13.6500**	**17.6159**	**0.1537**	**17.4622**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.9750**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**176.0211**	**179.9870**	**1.5702**	**201.9889**	

***Medicaid Trend Adjustment :**

0 229610-00 - 2011/01

208.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lake View Care Center at Delray

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5430 Linton Blvd		**04/01/2009-03/31/2010**		Number of Beds:	**120**	Superior:	**0**
DelRay Beach FL 33484		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**42,392**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**19,112**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**18,005**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1984**						
Acquired Date:	**9/1/1984**						
Entered Medicaid	**9/1/1984**						
Med # Active Date:	**9/20/2001**						
Previous Med #	**208124**						

Medicaid Utilization	**42.47264%**
Occupancy:	**96.78539%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**121.65632%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19858405**
Semester Index:	**1.24282006**
Cost:	**1.03690689**
Target:	**1.01759574**
DC FY Index:	**1.16300000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02321582**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	685,735	1,504,163	1,044,089	500,359	0	3,734,346
1a	Audit Adjustments						
2	Cost Per Diem	38.0858	83.5414	57.9888	**27.7900**		207.4060
3	Cost Per Diem Inflated	39.4914	85.4809	60.1290			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.4914**	**85.4809**	**60.1290**	**27.7900**		212.8913
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.8697		47.2941			
7	Provider Target Rate	**40.8719**		**48.4829**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.4914**	**85.4809**	**48.4829**	**13.6500**		187.1052
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**39.4914**	**85.4809**	**48.4829**	**13.6500**		**187.1052**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 229610-00 - 2011/01

208.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lake View Care Center at Delray

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,531,164**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030830**

Mortgage Information		
Amount:	**3,596,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.7500**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**12.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**612,664**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,424,931**	**15.5420**
20% ROE(2):	**1,106,233**	**0.8652**
Insurance Cost(3):	**53,629**	**1.2651**
Taxes Cost(3):	**63,092**	**1.4883**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**150,070**	**0.0000**
Total FRVS PD:		**19.1606**

(1) 80% Capital ($4,424,931) amortized at 12.7500% for 20 years Principal & Interest of $612,664 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.5420

(2) 20% ROE ($1,106,233) times the ROE factor (0.030830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8652

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.4914**	**39.4914**	**0.3445**	**39.1469**	
Patient Care					
Direct Care	**85.4809**	**85.4809**	**0.7457**	**84.7352**	
Indirect Care	**48.4829**	**48.4829**	**0.4229**	**48.0600**	
Property	**13.6500**	**19.1606**	**0.1671**	**18.9935**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.3407**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**187.1052**	**192.6158**	**1.6802**	**208.8734**	

***Medicaid Trend Adjustment :**

0 229628-00 - 2011/01

213.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Menorah House

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
9945 Central Park Blvd		**04/01/2009-03/31/2010**		Number of Beds:	**120**	Superior:	**0**
Boca Raton FL 33428		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**40,551**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,200**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**26,892**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/14/1989**						
Acquired Date:	**12/14/1989**						
Entered Medicaid	**10/1/1990**						
Med # Active Date:	**9/20/2001**						
Previous Med #	**201413**						

Medicaid Utilization	**66.31649%**
Occupancy:	**92.58219%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.37303%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19858405**
Semester Index:	**1.24282006**
Cost:	**1.03690689**
Target:	**1.01759574**
DC FY Index:	**1.16300000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02321582**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,064,688	2,135,884	1,433,382	454,206	0	5,088,160
1a	Audit Adjustments						
2	Cost Per Diem	39.5913	79.4245	53.3014	**16.8900**		189.2072
3	Cost Per Diem Inflated	41.0525	81.2684	55.2686			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.0525**	**81.2684**	**55.2686**	**16.8900**		194.4795
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.6646		49.3216			
7	Provider Target Rate	**40.6616**		**50.5614**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.6616**	**81.2684**	**50.5614**	**13.6500**		186.1414
12/13	Medicaid Adjustment Rate		1.4918	0.9281			
14	Prospective Per Diem 11	**40.6616**	**82.7602**	**51.4895**	**13.6500**		**188.5613**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 229628-00 - 2011/01

213.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Menorah House

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/07**
Indexed Asset Value	**5,825,403**
FRVS Base Asset:	**3,578,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030830**

Mortgage Information		
Amount:	**3,900,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**15.0000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**521,284**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,660,322**	**13.2238**
20% ROE(2):	**1,165,081**	**0.9112**
Insurance Cost(3):	**52,256**	**1.2886**
Taxes Cost(3):	**81,920**	**2.0202**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**87,816**	**0.0000**
Total FRVS PD:		**17.4438**

(1) 80% Capital ($4,660,322) amortized at 9.5000% for 20 years Principal & Interest of $521,284 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.2238

(2) 20% ROE ($1,165,081) times the ROE factor (0.030830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9112

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,578,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.6616**	**40.6616**	**0.3547**	**40.3069**	
Patient Care					
Direct Care	**82.7602**	**82.7602**	**0.7220**	**82.0382**	
Indirect Care	**51.4895**	**51.4895**	**0.4492**	**51.0403**	
Property	**13.6500**	**17.4438**	**0.1522**	**17.2916**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.4867**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**188.5613**	**192.3551**	**1.6781**	**213.7608**	

***Medicaid Trend Adjustment :**

0 229849-00 - 2011/01

231.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Alexander Nininger State Veteran's Nursing Home

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
8401 West Cypress Drive		**07/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Pembroke Pines Fl 33025		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Broward[6]**		First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2011/01**	Total Patient:	**41,957**	Total:	**181**
Control **Government Non-Prof**		**Unaudited [3]**		Medicare:	**3,249**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**17,782**		
Class at 1/94: **South Large [4]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.18376228**
Open Date:	**6/18/2001**					Semester Index:	**1.24282006**
Acquired Date:	**6/18/2001**					Cost:	**1.04988990**
Entered Medicaid	**9/6/2001**					Target:	**1.01759574**
Med # Active Date:	**9/6/2001**					**DC FY Index:**	**1.15050000**
Previous Med #						**DC Sem Index:**	**1.19000000**
						DC Inflation:	**1.03433290**
						PS Target:	**1.02513678**

Medicaid Utilization		**42.38149%**
Occupancy:		**95.79224%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**120.40796%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	822,567	1,672,427	985,488	279,889	0	3,760,371
1a	Audit Adjustments						
2	Cost Per Diem	46.2584	94.0517	55.4205	**15.7400**		211.4706
3	Cost Per Diem Inflated	48.5662	97.2808	58.1854			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.5662**	**97.2808**	**58.1854**	**15.7400**		219.7724
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.2668		53.9219			
7	Provider Target Rate	**54.6058**		**55.2773**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.5662**	**96.5967**	**55.2773**	**13.6500**		214.0902
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**48.5662**	**96.5967**	**55.2773**	**13.6500**		**214.0902**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 229849-00 - 2011/01

231.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Alexander Nininger State Veteran's Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/6/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2001/01**
Indexed Asset Value	**5,257,838**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**6.5000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**270,285**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,206,270**	**6.8565**
20% ROE(2):	**1,051,568**	**0.8448**
Insurance Cost(3):	**47**	**0.0011**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**43,475**	**0.0000**
Total FRVS PD:		**7.7024**

(1) 80% Capital ($4,206,270) amortized at 6.5000% for 20 years Interest of $270,285 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.8565
(2) 20% ROE ($1,051,568) times the ROE factor (0.031670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8448
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2000**	Used Per Bed Standard:	**40,292**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,835,040**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.5662**	**48.5662**	**0.4237**	**48.1425**	
Patient Care					
Direct Care	**96.5967**	**96.5967**	**0.8427**	**95.7540**	
Indirect Care	**55.2773**	**55.2773**	**0.4822**	**54.7951**	
Property	**13.6500**	**7.7024**	**0.0672**	**7.6352**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.3719**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**214.0902**	**208.1426**	**1.8158**	**231.2958**	

***Medicaid Trend Adjustment :**

0 250988-00 - 2011/01

236.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

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Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
8785 NW 32 AVE		**09/01/2008-08/31/2009**		Number of Beds:	**120**	Superior:	**0**
Miami FL 33147		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**37,294**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,828**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**27,039**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/20/1985**						
Acquired Date:	**3/20/1985**						
Entered Medicaid	**3/20/1985**						
Med # Active Date:	**2/25/2000**						
Previous Med #	**210722**						

Medicaid Utilization	**72.50228%**
Occupancy:	**85.14612%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**107.02610%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18697094**
Semester Index:	**1.24282006**
Cost:	**1.04705180**
Target:	**1.01759574**
DC FY Index:	**1.15383092**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03134695**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,320,992	2,459,311	1,520,725	412,886	0	5,713,914
1a	Audit Adjustments						
2	Cost Per Diem	48.8551	90.9542	56.2419	**15.2700**		211.3212
3	Cost Per Diem Inflated	51.1538	93.8053	58.8882			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.1538**	**93.8053**	**58.8882**	**15.2700**		219.1173
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.3390		57.2439			
7	Provider Target Rate	**53.6546**		**58.6828**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**93.8053**	**56.8989**	**13.6500**		214.6920
12/13	Medicaid Adjustment Rate		2.3747	1.4404			
14	Prospective Per Diem 11	**50.3378**	**96.1800**	**58.3393**	**13.6500**		**218.5071**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 250988-00 - 2011/01

236.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

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FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/1/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**2,968,521**
FRVS Base Asset:	**1,751,491**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**2,375,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**15.0000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**323,775**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,374,817**	**8.2135**
20% ROE(2):	**593,704**	**0.4613**
Insurance Cost(3):	**43,130**	**1.1565**
Taxes Cost(3):	**55,400**	**1.4855**
Home Office(3):	**15,649**	**0.4196**
Replacement(3&4):	**13,478**	**0.0000**
Total FRVS PD:		**11.7364**

(1) 80% Capital ($2,374,817) amortized at 12.5000% for 20 years Principal & Interest of $323,775 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.2135
(2) 20% ROE ($593,704) times the ROE factor (0.030630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4613
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**96.1800**	**96.1800**	**0.8390**	**95.3410**	
Indirect Care	**58.3393**	**58.3393**	**0.5089**	**57.8304**	
Property	**13.6500**	**11.7364**	**0.1024**	**11.6340**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.8678**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**218.5071**	**216.5935**	**1.8894**	**236.1690**	

***Medicaid Trend Adjustment :**

0 251097-00 - 2011/01

183.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Parthenon Healthcare of Blountstown

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
17884 N.E. Crozier Street		**08/01/2008-07/31/2009**		Number of Beds:	**150**	Superior:	**0**
Blountstown FL 32424		Days In CR	**365**	Maximum:	**54,750**	Standard:	**181**
County: **Calhoun[7]**		First Used:	**2010/07**	Max Annualized:	**54,750**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2011/01**	Total Patient:	**43,797**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**4,072**	**Inflation**	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**34,222**	FY Index:	**1.18536552**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**78.13777%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**79.99452%**	Cost:	**1.04846989**
Open Date: **5/1/1974**		Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date: **5/1/1974**		Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15216426**
Entered Medicaid **12/1/1980**		Low Occupancy Adjustment Factor:			**100.55071%**	**DC Sem Index:**	**1.19000000**
Med # Active Date: **2/1/2001**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03283884**
Previous Med # **213411**						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,176,140	2,402,076	1,177,913	550,974	0	5,307,103
1a	Audit Adjustments						
2	Cost Per Diem	34.3680	70.1910	34.4198	**16.1000**		155.0788
3	Cost Per Diem Inflated	36.0338	72.4960	36.0881			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.0338**	**72.4960**	**36.0881**	**16.1000**		160.7179
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0165		43.1867			
7	Provider Target Rate	**37.9470**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.0338**	**72.4960**	**36.0881**	**13.6500**		158.2679
12/13	Medicaid Adjustment Rate		2.2949	1.1424			
14	Prospective Per Diem 11	**36.0338**	**74.7909**	**37.2305**	**13.6500**		**161.7052**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 251097-00 - 2011/01

183.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Parthenon Healthcare of Blountstown

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1974/01**
Indexed Asset Value	**4,725,478**
FRVS Base Asset:	**2,082,681**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**470,005**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,780,382**	**9.5384**
20% ROE(2):	**945,096**	**0.5975**
Insurance Cost(3):	**58,574**	**1.3374**
Taxes Cost(3):	**30,427**	**0.6947**
Home Office(3):	**16,686**	**0.3810**
Replacement(3&4):	**10,060**	**0.0000**
Total FRVS PD:		**12.5490**

(1) 80% Capital ($3,780,382) amortized at 12.5000% for 20 years Interest of $470,005 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $9.5384

(2) 20% ROE ($945,096) times the ROE factor (0.031150) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $0.5975

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.0338**	**36.0338**	**0.3143**	**35.7195**	
Patient Care					
Direct Care	**74.7909**	**74.7909**	**0.6524**	**74.1385**	
Indirect Care	**37.2305**	**37.2305**	**0.3248**	**36.9057**	
Property	**13.6500**	**12.5490**	**0.1095**	**12.4395**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.0793**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**161.7052**	**160.6042**	**1.4010**	**183.8796**	

***Medicaid Trend Adjustment :**

0 251101-00 - 2011/01

187.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Parthenon Healthcare of Crestview

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1849 First Avenue, East		**08/01/2008-07/31/2009**		Number of Beds:	**180**	Superior:	**0**
Crestview FL 32539		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Okaloosa[46]**	First Used:	**2010/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2011/01**	Total Patient:	**38,012**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,356**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**24,959**	FY Index:	**1.18536552**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**65.66084%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**57.85692%**	Cost:	**1.04846989**
Open Date:	**10/1/1970**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**10/1/1970**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15216426**
Entered Medicaid	**5/1/1979**	Low Occupancy Adjustment Factor:			**72.72441%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**2/1/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03283884**
Previous Med #	**211133**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	932,189	1,782,684	980,694	664,658	0	4,360,225
1a	Audit Adjustments						
2	Cost Per Diem	37.3488	71.4245	39.2922	**26.6300**		174.6955
3	Cost Per Diem Inflated	39.1591	73.7700	41.1967			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.1591**	**73.7700**	**41.1967**	**26.6300**		180.7558
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1628**	**73.7700**	**41.1967**	**13.6500**		164.7795
12/13	Medicaid Adjustment Rate		1.2997	0.7258			
14	Prospective Per Diem 11	**36.1628**	**75.0697**	**41.9225**	**13.6500**		**166.8050**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 251101-00 - 2011/01

187.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Parthenon Healthcare of Crestview

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/30/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**5,104,592**
FRVS Base Asset:	**2,097,280**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**2,761,778.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**472,900**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,083,674**	**7.9976**
20% ROE(2):	**1,020,918**	**0.5378**
Insurance Cost(3):	**60,325**	**1.5870**
Taxes Cost(3):	**29,486**	**0.7757**
Home Office(3):	**14,751**	**0.3881**
Replacement(3&4):	**19,603**	**0.0000**
Total FRVS PD:		**11.2862**

(1) 80% Capital ($4,083,674) amortized at 10.0000% for 20 years Principal & Interest of $472,900 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $7.9976

(2) 20% ROE ($1,020,918) times the ROE factor (0.031150) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.5378

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1628**	**36.1628**	**0.3155**	**35.8473**	
Patient Care					
Direct Care	**75.0697**	**75.0697**	**0.6549**	**74.4148**	
Indirect Care	**41.9225**	**41.9225**	**0.3657**	**41.5568**	
Property	**13.6500**	**11.2862**	**0.0985**	**11.1877**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6722**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**166.8050**	**164.4412**	**1.4346**	**187.2759**	

***Medicaid Trend Adjustment :**

0 251399-00 - 2011/01

206.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Brandywvne Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1801 North Lake Mariam Dri		**08/01/2008-07/31/2009**		Number of Beds:	**120**	Superior:	**0**
Winter Haven FL 33884		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Polk[53]**		First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **6**	Last Used:	**2011/01**	Total Patient:	**37,114**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**2,315**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**32,433**		
Class at 1/94: **South Large [4]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.18536552**
Open Date:	**4/1/1983**					Semester Index:	**1.24282006**
Acquired Date:	**4/1/1983**					Cost:	**1.04846989**
Entered Medicaid	**4/1/1983**					Target:	**1.01759574**
Med # Active Date:	**8/1/2000**					**DC FY Index:**	**1.15216426**
Previous Med #	**219509**					**DC Sem Index:**	**1.19000000**
						DC Inflation:	**1.03283884**
						PS Target:	**1.02513678**

Medicaid Utilization		**87.38751%**
Occupancy:		**84.73516%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**106.50954%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,231,661	2,567,361	1,374,455	586,713	0	5,760,190
1a	Audit Adjustments						
2	Cost Per Diem	37.9755	79.1589	42.3783	**18.0900**		177.6027
3	Cost Per Diem Inflated	39.8162	81.7584	44.4324			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.8162**	**81.7584**	**44.4324**	**18.0900**		184.0970
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.1239		44.9838			
7	Provider Target Rate	**43.1828**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.8162**	**81.7584**	**44.4324**	**13.6500**		179.6570
12/13	Medicaid Adjustment Rate		3.4388	1.8689			
14	Prospective Per Diem 11	**39.8162**	**85.1972**	**46.3013**	**13.6500**		**184.9647**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 251399-00 - 2011/01

206.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Brandywvne Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**3,548,472**
FRVS Base Asset:	**2,117,770**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**10.5000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**295,989**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,838,778**	**7.5086**
20% ROE(2):	**709,694**	**0.5608**
Insurance Cost(3):	**55,887**	**1.5058**
Taxes Cost(3):	**79,943**	**2.1540**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**90,088**	**0.0000**
Total FRVS PD:		**11.7292**

(1) 80% Capital ($2,838,778) amortized at 10.5000% for 20 years Interest of $295,989 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.5086
(2) 20% ROE ($709,694) times the ROE factor (0.031150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5608
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.8162**	**39.8162**	**0.3473**	**39.4689**	
Patient Care					
Direct Care	**85.1972**	**85.1972**	**0.7432**	**84.4540**	
Indirect Care	**46.3013**	**46.3013**	**0.4039**	**45.8974**	
Property	**13.6500**	**11.7292**	**0.1023**	**11.6269**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.6555**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**184.9647**	**183.0439**	**1.5967**	**206.6998**	

***Medicaid Trend Adjustment :**

0 251666-00 - 2011/01

204.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Concordia Manor

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
321 13th Avenue North		**07/01/2009-06/30/2010**		Number of Beds:	**39**	Superior:	**0**
St. Petersburg FL 33701		Days In CR	**365**	Maximum:	**14,235**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**14,235**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**11,597**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**1,044**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**9,627**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1985**						
Acquired Date:	**6/1/1985**						
Entered Medicaid	**6/1/1985**						
Med # Active Date:	**1/1/2001**						
Previous Med #	**220833**						

Medicaid Utilization	**83.01285%**
Occupancy:	**81.46821%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**102.40309%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	480,960	746,706	495,001	192,925	0	1,915,592
1a	Audit Adjustments						
2	Cost Per Diem	49.9595	77.5637	51.4180	**20.0400**		198.9812
3	Cost Per Diem Inflated	51.4723	79.1263	52.9749			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.4723**	**79.1263**	**52.9749**	**20.0400**		203.6135
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.4958		51.4890			
7	Provider Target Rate	**54.8405**		**53.6513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.4723**	**79.1263**	**52.9749**	**13.6500**		197.2235
12/13	Medicaid Adjustment Rate		2.9387	1.9675			
14	Prospective Per Diem 11	**51.4723**	**82.0650**	**54.9424**	**13.6500**		**202.1297**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 251666-00 - 2011/01

204.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Concordia Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**612,048**
FRVS Base Asset:	**288,882**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**60,875**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**489,638**	**4.7516**
20% ROE(2):	**122,410**	**0.3015**
Insurance Cost(3):	**51,998**	**4.4837**
Taxes Cost(3):	**8,312**	**0.7167**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**10,075**	**0.0000**
Total FRVS PD:		**10.2535**

(1) 80% Capital ($489,638) amortized at 12.5000% for 20 years Interest of $60,875 divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = $4.7516
(2) 20% ROE ($122,410) times the ROE factor (0.031560) divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = $0.3015
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**39**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,111,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.4723**	**51.4723**	**0.4490**	**51.0233**	
Patient Care					
Direct Care	**82.0650**	**82.0650**	**0.7159**	**81.3491**	
Indirect Care	**54.9424**	**54.9424**	**0.4793**	**54.4631**	
Property	**13.6500**	**10.2535**	**0.0894**	**10.1641**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**202.1297**	**198.7332**	**1.7336**	**204.5967**	

***Medicaid Trend Adjustment :**

0 251721-00 - 2011/01

198.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Oakhurst Care & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1501 SE 24th Road		**08/01/2009-07/31/2010**		Number of Beds:	**180**	Superior:	**0**
Ocala FL 34471		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Marion[42]**	First Used:	**2011/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**61,000**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**25,972**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**24,500**	FY Index:	**1.20913928**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**40.16393%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**92.84627%**	Cost:	**1.02785517**
Open Date:	**5/1/1984**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**5/1/1984**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16783181**
Entered Medicaid	**5/1/1984**	Low Occupancy Adjustment Factor:			**116.70496%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**10/1/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.01898235**
Previous Med #	**201707**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	861,561	2,031,731	1,133,309	344,470	0	4,371,071
1a	Audit Adjustments						
2	Cost Per Diem	35.1658	82.9278	46.2575	**14.0600**		178.4111
3	Cost Per Diem Inflated	36.1453	84.5020	47.5460			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.1453**	**84.5020**	**47.5460**	**14.0600**		182.2533
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.8204		46.9794			
7	Provider Target Rate	**36.7208**		**48.1603**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1453**	**84.5020**	**47.5460**	**13.6500**		181.8433
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**36.1453**	**84.5020**	**47.5460**	**13.6500**		**181.8433**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 251721-00 - 2011/01

198.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Oakhurst Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**7,410,234**
FRVS Base Asset:	**2,363,839**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**6,600,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.8833**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**10.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**698,324**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,928,187**	**11.8100**
20% ROE(2):	**1,482,047**	**0.7780**
Insurance Cost(3):	**16,621**	**0.2725**
Taxes Cost(3):	**74,027**	**1.2136**
Home Office(3):	**56,847**	**0.9319**
Replacement(3&4):	**101,534**	**0.0000**
Total FRVS PD:		**15.0060**

(1) 80% Capital ($5,928,187) amortized at 10.2500% for 20 years Principal & Interest of $698,324 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $11.8100
(2) 20% ROE ($1,482,047) times the ROE factor (0.031040) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.7780
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1453**	**36.1453**	**0.3153**	**35.8300**	
Patient Care					
Direct Care	**84.5020**	**84.5020**	**0.7371**	**83.7649**	
Indirect Care	**47.5460**	**47.5460**	**0.4148**	**47.1312**	
Property	**13.6500**	**15.0060**	**0.1191**	**13.5309**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.8127**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**181.8433**	**183.1993**	**1.5863**	**198.6668**	

***Medicaid Trend Adjustment :**

0 251739-00 - 2011/01

169.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bradford Terrace, LLC

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
808 S. Colley Road		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Starke FL 32091		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Bradford[4]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**42,250**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,319**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**30,854**	FY Index:	**1.19387802**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**73.02722%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**96.46119%**	Cost:	**1.04099417**
Open Date:	**2/1/1981**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**2/1/1981**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**5/1/1983**	Low Occupancy Adjustment Factor:			**121.24881%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**9/1/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**251691**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	834,017	1,968,560	966,866	478,237	0	4,247,680
1a	Audit Adjustments						
2	Cost Per Diem	27.0311	63.8024	31.3368	**15.5000**		137.6703
3	Cost Per Diem Inflated	28.1392	65.4807	32.6214			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**28.1392**	**65.4807**	**32.6214**	**15.5000**		141.7413
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**28.1392**	**65.4807**	**32.6214**	**13.6500**		139.8913
12/13	Medicaid Adjustment Rate		1.6963	0.8451			
14	Prospective Per Diem 11	**28.1392**	**67.1770**	**33.4665**	**13.6500**		**142.4327**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 251739-00 - 2011/01

169.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bradford Terrace, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/30/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/01**
Indexed Asset Value	**5,339,232**
FRVS Base Asset:	**3,086,187**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.1600**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**13.1600**	**%**
Interest Only:	**False**	
Yearly Payment:	**606,362**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,271,386**	**15.3821**
20% ROE(2):	**1,067,846**	**0.7902**
Insurance Cost(3):	**29,610**	**0.7008**
Taxes Cost(3):	**29,670**	**0.7022**
Home Office(3):	**16,713**	**0.3956**
Replacement(3&4):	**25,262**	**0.0000**
Total FRVS PD:		**17.9709**

(1) 80% Capital ($4,271,386) amortized at 13.1600% for 20 years Principal & Interest of $606,362 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.3821

(2) 20% ROE ($1,067,846) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7902

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**28.1392**	**28.1392**	**0.2455**	**27.8937**	
Patient Care					
Direct Care	**67.1770**	**67.1770**	**0.5860**	**66.5910**	
Indirect Care	**33.4665**	**33.4665**	**0.2919**	**33.1746**	
Property	**13.6500**	**17.9709**	**0.1568**	**17.8141**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9051**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**142.4327**	**146.7536**	**1.2802**	**169.9756**	

***Medicaid Trend Adjustment :**

0 252018-00 - 2011/01

234.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Avante at Melbourne, Inc.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1420 South Oak Street		**06/01/2009-05/31/2010**		Number of Beds:	**110**	Superior:	**0**
Melbourne FL 32901		Days In CR	**365**	Maximum:	**40,150**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2011/01**	Max Annualized:	**40,150**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**31,555**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,630**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,633**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1968**						
Acquired Date:	**10/1/2000**						
Entered Medicaid	**10/1/1980**						
Med # Active Date:	**10/1/2000**						
Previous Med #	**206024**						

Medicaid Utilization	**74.89463%**
Occupancy:	**78.59278%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**98.78876%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20371855**
Semester Index:	**1.24282006**
Cost:	**1.03248393**
Target:	**1.01759574**
DC FY Index:	**1.16533216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02116808**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,072,334	2,142,698	1,355,812	155,978	0	4,726,822
1a	Audit Adjustments						
2	Cost Per Diem	45.3744	90.6655	57.3694	**6.6000**		200.0093
3	Cost Per Diem Inflated	46.8483	92.5847	59.2330			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.8483**	**92.5847**	**59.2330**	**6.6000**		205.2660
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.6492		54.7046			
7	Provider Target Rate	**45.7715**		**56.0797**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.7715**	**92.5847**	**55.1439**	**6.6000**		200.1001
12/13	Medicaid Adjustment Rate		2.5930	1.5444			
14	Prospective Per Diem 11	**45.7715**	**95.1777**	**56.6883**	**6.6000**		**204.2375**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252018-00 - 2011/01

234.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Avante at Melbourne, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2000/07**
Indexed Asset Value	**3,119,788**
FRVS Base Asset:	**2,937,689**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**310,300**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,495,830**	**8.5872**
20% ROE(2):	**623,958**	**0.5505**
Insurance Cost(3):	**59,092**	**1.8727**
Taxes Cost(3):	**43,150**	**1.3675**
Home Office(3):	**34,846**	**1.1043**
Replacement(3&4):	**51,379**	**0.0000**
Total FRVS PD:		**13.4822**

(1) 80% Capital ($2,495,830) amortized at 12.5000% for 20 years Interest of $310,300 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $8.5872
(2) 20% ROE ($623,958) times the ROE factor (0.031880) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $0.5505
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**110**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,135,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.7715**	**45.7715**	**0.3993**	**45.3722**	
Patient Care					
Direct Care	**95.1777**	**95.1777**	**0.8303**	**94.3474**	
Indirect Care	**56.6883**	**56.6883**	**0.4945**	**56.1938**	
Property	**6.6000**	**13.4822**	**0.1176**	**13.3646**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2606**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**204.2375**	**211.1197**	**1.8417**	**234.1357**	

***Medicaid Trend Adjustment :**

0 252034-00 - 2011/01

219.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

AVANTE AT ORMOND BEACH

Type of Cost Report:Prospective with Interim Component[8] Type of Cost:Actual with Interim Component[3] Type of Rate:Prospective[1] Interim Component effective date :12/01/2009

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
170 North Kings Road		**06/01/2009-05/31/2010**		Number of Beds:	**133**	Superior:	**0**
Ormond Beach FL 32807		Days In CR	**365**	Maximum:	**48,545**	Standard:	**181**
County: **Volusia[64]**		First Used:	**2011/01**	Max Annualized:	**48,545**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**39,441**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**5,972**	**Inflation**	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**22,839**	FY Index:	**1.20371855**
Class at 1/94: **North Large [2]**						Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**						Cost:	**1.03248393**
Open Date: **9/1/1968**						Target:	**1.01759574**
Acquired Date: **9/1/1968**						**DC FY Index:**	**1.16533216**
Entered Medicaid **10/1/1980**						**DC Sem Index:**	**1.19000000**
Med # Active Date: **10/1/2000**						**DC Inflation:**	**1.02116808**
Previous Med # **214175**						**PS Target:**	**1.02513678**

Medicaid Utilization		**57.90675%**
Occupancy:		**81.24627%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**102.12412%**
Weighted Low Occ Adjustment Factor:		**100.00000%**
Interim Component Effective date:		**12/1/2009**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	993,547	2,053,617	1,144,847	128,127	0	4,320,138
1a	Audit Adjustments						
2	Cost Per Diem	43.5022	89.9171	50.1268	**5.6100**		189.1561
3	Cost Per Diem Inflated	44.9153	91.8205	51.7551			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.9153**	**91.8205**	**51.7551**	**5.6100**		194.1009
5a	Interim Adjustment			9.6135			
5b	Interim Adjusted Per Diem			**61.3686**			
6	Prior Semester: Provider Target Base	37.9838		45.2010			
7	Provider Target Rate	**38.9386**		**46.3372**			
7a	Interim Adjustment			9.6135			
7b	Interim Adjusted Provider Target Rate			**55.9507**			
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.9386**	**91.8205**	**53.4956**	**5.6100**		189.8647
12/13	Medicaid Adjustment Rate		0.8168	0.4758			
14	Prospective Per Diem 11	**38.9386**	**92.6373**	**53.9714**	**5.6100**		**191.1573**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252034-00 - 2011/01

219.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

AVANTE AT ORMOND BEACH

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**3,539,265**
FRVS Base Asset:	**1,879,268**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**675,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**9.7500**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**352,022**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,831,412**	**8.0572**
20% ROE(2):	**707,853**	**0.5165**
Insurance Cost(3):	**73,467**	**1.8627**
Taxes Cost(3):	**31,205**	**0.7912**
Home Office(3):	**41,908**	**1.0625**
Replacement(3&4):	**57,031**	**0.0000**
Total FRVS PD:		**12.2901**

(1) 80% Capital ($2,831,412) amortized at 12.5000% for 20 years Interest of $352,022 divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = $8.0572
(2) 20% ROE ($707,853) times the ROE factor (0.031880) divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = $0.5165
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**133**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,790,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.9386**	**38.9386**	**0.3397**	**38.5989**	
Patient Care					
Direct Care	**92.6373**	**92.6373**	**0.8081**	**91.8292**	
Indirect Care	**53.9714**	**53.9714**	**0.4708**	**53.5006**	
Property	**5.6100**	**12.2901**	**0.1072**	**12.1829**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.9788**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**191.1573**	**197.8374**	**1.7258**	**219.6875**	

***Medicaid Trend Adjustment :**

0 252042-00 - 2011/01

221.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Avante at Mt. Dora

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3050 Brown Avenue		**06/01/2009-05/31/2010**		Number of Beds:	**116**	Superior:	**0**
Mount Dora FL 32757		Days In CR	**365**	Maximum:	**42,340**	Standard:	**181**
County:	**Lake[35]**	First Used:	**2011/01**	Max Annualized:	**42,340**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**38,391**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,664**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**16,994**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1963**						
Acquired Date:	**6/1/1963**						
Entered Medicaid	**10/1/1980**						
Med # Active Date:	**10/1/2000**						
Previous Med #	**206032**						

Medicaid Utilization	**44.26558%**
Occupancy:	**90.67312%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.97339%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20371855**
Semester Index:	**1.24282006**
Cost:	**1.03248393**
Target:	**1.01759574**
DC FY Index:	**1.16533216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02116808**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	740,146	1,621,967	960,711	86,330	0	3,409,154
1a	Audit Adjustments						
2	Cost Per Diem	43.5534	95.4435	56.5324	**5.0800**		200.6093
3	Cost Per Diem Inflated	44.9682	97.4639	58.3688			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.9682**	**97.4639**	**58.3688**	**5.0800**		205.8809
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.3377		53.2308			
7	Provider Target Rate	**43.4019**		**54.5689**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.4019**	**94.8213**	**53.4956**	**5.0800**		196.7988
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**43.4019**	**94.8213**	**53.4956**	**5.0800**		**196.7988**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252042-00 - 2011/01

221.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Avante at Mt. Dora

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**2,899,093**
FRVS Base Asset:	**1,561,653**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**288,349**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,319,274**	**7.5670**
20% ROE(2):	**579,819**	**0.4851**
Insurance Cost(3):	**61,701**	**1.6072**
Taxes Cost(3):	**27,320**	**0.7116**
Home Office(3):	**43,546**	**1.1343**
Replacement(3&4):	**13,716**	**0.0000**
Total FRVS PD:		**11.5052**

(1) 80% Capital ($2,319,274) amortized at 12.5000% for 20 years Interest of $288,349 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $7.5670

(2) 20% ROE ($579,819) times the ROE factor (0.031880) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.4851

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**116**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,306,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.4019**	**43.4019**	**0.3786**	**43.0233**	
Patient Care					
Direct Care	**94.8213**	**94.8213**	**0.8272**	**93.9941**	
Indirect Care	**53.4956**	**53.4956**	**0.4667**	**53.0289**	
Property	**5.0800**	**11.5052**	**0.1004**	**11.4048**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.6186**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**196.7988**	**203.2240**	**1.7729**	**221.6668**	

***Medicaid Trend Adjustment :**

0 252051-00 - 2011/01

198.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

San Jose Health and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
9355 San Jose Boulevard		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32257		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**41,852**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,676**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**32,375**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/20/1985**						
Acquired Date:	**12/20/1985**						
Entered Medicaid	**12/20/1985**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**208761**						

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Medicaid Utilization	**77.35592%**	Statewide Low Occupancy Threshold:	**79.55640%**
Occupancy:	**95.55251%**	Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.10663%**	Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,170,948	2,486,730	1,438,391	246,374	0	5,342,443
1a	Audit Adjustments						
2	Cost Per Diem	36.1683	76.8102	44.4291	**7.6100**		165.0176
3	Cost Per Diem Inflated	37.2635	78.3576	45.7744			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.2635**	**78.3576**	**45.7744**	**7.6100**		169.0055
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1628**	**78.3576**	**44.2723**	**7.6100**		166.4027
12/13	Medicaid Adjustment Rate		2.4115	1.3625			
14	Prospective Per Diem 11	**36.1628**	**80.7691**	**45.6348**	**7.6100**		**170.1767**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252051-00 - 2011/01

198.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

San Jose Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**4,894,942**
FRVS Base Asset:	**3,051,972**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**3,339,377.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**385,776**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,915,954**	**9.7863**
20% ROE(2):	**978,988**	**0.7838**
Insurance Cost(3):	**33,580**	**0.8024**
Taxes Cost(3):	**64,694**	**1.5458**
Home Office(3):	**18,992**	**0.4538**
Replacement(3&4):	**55,044**	**0.0000**
Total FRVS PD:		**13.3721**

(1) 80% Capital ($3,915,954) amortized at 7.7500% for 20 years Principal & Interest of $385,776 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.7863
(2) 20% ROE ($978,988) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7838
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1985**	Used Per Bed Standard:	**28,259**
Comparison Bed	**108**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,051,972**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1628**	**36.1628**	**0.3155**	**35.8473**	
Patient Care					
Direct Care	**80.7691**	**80.7691**	**0.7046**	**80.0645**	
Indirect Care	**45.6348**	**45.6348**	**0.3981**	**45.2367**	
Property	**7.6100**	**13.3721**	**0.1167**	**13.2554**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.7262**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**170.1767**	**175.9388**	**1.5349**	**198.7272**	

***Medicaid Trend Adjustment :**

0 252069-00 - 2011/01

206.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bradenton Health Care

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
6305 Cortez Road West		**07/01/2009-06/30/2010**		Number of Beds:	**105**	Superior:	**0**
Bradenton FL 34210		Days In CR	**365**	Maximum:	**38,325**	Standard:	**181**
County:	**Manatee[41]**	First Used:	**2011/01**	Max Annualized:	**38,325**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**34,412**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,936**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**15,855**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**11/29/1999**						
Acquired Date:	**11/29/1999**						
Entered Medicaid	**12/9/1999**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**221961**						

Medicaid Utilization	**46.07404%**
Occupancy:	**89.78996%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**112.86327%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	641,043	1,389,133	946,465	164,258	0	3,140,899
1a	Audit Adjustments						
2	Cost Per Diem	40.4316	87.6148	59.6950	**10.3600**		198.1014
3	Cost Per Diem Inflated	41.6558	89.3799	61.5025			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.6558**	**89.3799**	**61.5025**	**10.3600**		202.8982
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1474**	**89.3799**	**46.1145**	**10.3600**		184.0018
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.1474**	**89.3799**	**46.1145**	**10.3600**		**184.0018**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252069-00 - 2011/01

206.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Bradenton Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/9/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/07**
Indexed Asset Value	**4,715,257**
FRVS Base Asset:	**4,078,830**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**4,325,786.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**371,614**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,772,206**	**10.7738**
20% ROE(2):	**943,051**	**0.8629**
Insurance Cost(3):	**29,205**	**0.8487**
Taxes Cost(3):	**83,044**	**2.4132**
Home Office(3):	**23,049**	**0.6698**
Replacement(3&4):	**28,876**	**0.0000**
Total FRVS PD:		**15.5684**

(1) 80% Capital ($3,772,206) amortized at 7.7500% for 20 years Principal & Interest of $371,614 divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = $10.7738
(2) 20% ROE ($943,051) times the ROE factor (0.031560) divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = $0.8629
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1999**	Used Per Bed Standard:	**38,846**
Comparison Bed	**105**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,078,830**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1474**	**38.1474**	**0.3328**	**37.8146**	
Patient Care					
Direct Care	**89.3799**	**89.3799**	**0.7797**	**88.6002**	
Indirect Care	**46.1145**	**46.1145**	**0.4023**	**45.7122**	
Property	**10.3600**	**15.5684**	**0.1358**	**15.4326**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.7515**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**184.0018**	**189.2102**	**1.6506**	**206.9082**	

***Medicaid Trend Adjustment :**

0 252077-00 - 2011/01

191.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Brandon Health and Rehab. Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1465 Oakfield Drive	**07/01/2009-06/30/2010**	Number of Beds: **120**	Superior: **0**
Brandon FL 33511	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Hillsborough[29]**	First Used: **2011/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2011/01**	Total Patient: **41,736**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **21,226**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **18,609**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **5/7/1997**			
Acquired Date: **5/7/1997**			
Entered Medicaid **5/7/1997**			
Med # Active Date: **12/1/2001**			
Previous Med # **213136**			

Medicaid Utilization	**44.58741%**
Occupancy:	**95.28767%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.77373%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	655,133	1,453,754	912,055	185,532	0	3,206,474
1a	Audit Adjustments						
2	Cost Per Diem	35.2052	78.1210	49.0115	**9.9700**		172.3077
3	Cost Per Diem Inflated	36.2712	79.6948	50.4955			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.2712**	**79.6948**	**50.4955**	**9.9700**		176.4315
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.2712**	**79.6948**	**46.1145**	**9.9700**		172.0505
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**36.2712**	**79.6948**	**46.1145**	**9.9700**		**172.0505**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252077-00 - 2011/01

191.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Brandon Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/7/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**5,048,977**
FRVS Base Asset:	**4,237,016**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**4,680,764.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**397,915**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,039,182**	**10.0942**
20% ROE(2):	**1,009,795**	**0.8085**
Insurance Cost(3):	**33,580**	**0.8046**
Taxes Cost(3):	**90,051**	**2.1576**
Home Office(3):	**29,013**	**0.6952**
Replacement(3&4):	**68,417**	**0.0000**
Total FRVS PD:		**14.5601**

(1) 80% Capital ($4,039,182) amortized at 7.7500% for 20 years Principal & Interest of $397,915 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.0942
(2) 20% ROE ($1,009,795) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8085
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**116**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,237,016**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.2712**	**36.2712**	**0.3164**	**35.9548**	
Patient Care					
Direct Care	**79.6948**	**79.6948**	**0.6952**	**78.9996**	
Indirect Care	**46.1145**	**46.1145**	**0.4023**	**45.7122**	
Property	**9.9700**	**14.5601**	**0.1270**	**14.4331**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$9.2535**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**172.0505**	**176.6406**	**1.5409**	**191.9503**	

***Medicaid Trend Adjustment :**

0 252093-00 - 2011/01

200.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Capital Healthcare Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3333 Capital Medical Blvd.		**07/01/2009-06/30/2010**		Number of Beds:	**156**	Superior:	**0**
Tallahassee FL 32308		Days In CR	**365**	Maximum:	**56,940**	Standard:	**108**
County: **Leon[37]**		First Used:	**2011/01**	Max Annualized:	**56,940**	Conditional:	**73**
Region: **North [1]**	Area: **2**	Last Used:	**2011/01**	Total Patient:	**50,126**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**7,324**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**33,456**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date: **11/1/1984**							
Acquired Date: **11/1/1984**							
Entered Medicaid **11/1/1984**							
Med # Active Date: **12/1/2001**							
Previous Med # **208272**							

Medicaid Utilization	**66.74381%**
Occupancy:	**88.03301%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**110.65485%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,502,677	2,758,364	1,848,806	282,703	0	6,392,550
1a	Audit Adjustments						
2	Cost Per Diem	44.9150	82.4475	55.2608	**8.4500**		191.0733
3	Cost Per Diem Inflated	46.2750	84.1085	56.9341			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.2750**	**84.1085**	**56.9341**	**8.4500**		195.7676
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1628**	**84.1085**	**44.2723**	**8.4500**		172.9936
12/13	Medicaid Adjustment Rate		0.9453	0.4976			
14	Prospective Per Diem 11	**36.1628**	**85.0538**	**44.7699**	**8.4500**		**174.4365**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252093-00 - 2011/01

200.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Capital Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,872,923**
FRVS Base Asset:	**2,265,264**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**5,202,036.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**462,851**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,698,338**	**9.0319**
20% ROE(2):	**1,174,585**	**0.7234**
Insurance Cost(3):	**44,041**	**0.8786**
Taxes Cost(3):	**76,050**	**1.5172**
Home Office(3):	**27,206**	**0.5428**
Replacement(3&4):	**49,755**	**0.0000**
Total FRVS PD:		**12.6939**

(1) 80% Capital ($4,698,338) amortized at 7.7500% for 20 years Principal & Interest of $462,851 divided by annual available days (56,940) divided by Occup. Adj. (0.9000) = $9.0319

(2) 20% ROE ($1,174,585) times the ROE factor (0.031560) divided by annual available days (56,940) divided by Occup. Adj. (0.9000) = $0.7234

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**156**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,446,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1628**	**36.1628**	**0.3155**	**35.8473**	
Patient Care					
Direct Care	**85.0538**	**85.0538**	**0.7420**	**84.3118**	
Indirect Care	**44.7699**	**44.7699**	**0.3905**	**44.3794**	
Property	**8.4500**	**12.6939**	**0.1107**	**12.5832**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.0787**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**174.4365**	**178.6804**	**1.5587**	**200.7975**	

***Medicaid Trend Adjustment :**

0 252107-00 - 2011/01

205.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Coral Trace Health Care

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
216 Santa Barbara Blvd		**09/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Cape Coral FL 33991		Days In CR	**303**	Maximum:	**36,360**	Standard:	**181**
County: **Lee[36]**		First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2011/01**	Total Patient:	**34,687**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**9,305**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**17,083**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date:	**11/3/1987**						
Acquired Date:	**11/3/1987**						
Entered Medicaid	**11/3/1987**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**209945**						

Medicaid Utilization	**49.24900%**
Occupancy:	**95.39879%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.91341%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	651,135	1,357,261	860,475	133,931	0	3,002,802
1a	Audit Adjustments						
2	Cost Per Diem	38.1160	79.4510	50.3703	**7.8400**		175.7773
3	Cost Per Diem Inflated	39.9635	82.0601	52.8117			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.9635**	**82.0601**	**52.8117**	**7.8400**		182.6753
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		46.9726			
7	Provider Target Rate	**40.1320**		**48.1533**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.9635**	**82.0601**	**48.1533**	**7.8400**		178.0169
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**39.9635**	**82.0601**	**48.1533**	**7.8400**		**178.0169**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252107-00 - 2011/01

205.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Coral Trace Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**5,829,636**
FRVS Base Asset:	**3,503,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**3,232,534.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**459,440**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,663,709**	**11.6550**
20% ROE(2):	**1,165,927**	**0.8947**
Insurance Cost(3):	**25,291**	**0.7291**
Taxes Cost(3):	**53,855**	**1.5526**
Home Office(3):	**14,922**	**0.4302**
Replacement(3&4):	**38,022**	**0.0000**
Total FRVS PD:		**15.2616**

(1) 80% Capital ($4,663,709) amortized at 7.7500% for 20 years Principal & Interest of $459,440 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.6550
(2) 20% ROE ($1,165,927) times the ROE factor (0.030250) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8947
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,503,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.9635**	**39.9635**	**0.3486**	**39.6149**	
Patient Care					
Direct Care	**82.0601**	**82.0601**	**0.7158**	**81.3443**	
Indirect Care	**48.1533**	**48.1533**	**0.4201**	**47.7332**	
Property	**7.8400**	**15.2616**	**0.1331**	**15.1285**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.7787**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**178.0169**	**185.4385**	**1.6176**	**205.1967**	

***Medicaid Trend Adjustment :**

0 252115-00 - 2011/01

203.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Countryside Healthcare Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3825 Countryside Blvd.		**09/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Palm Harbour FL 34684		Days In CR	**303**	Maximum:	**36,360**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**33,729**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,443**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**25,731**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1987**						
Acquired Date:	**7/1/1987**						
Entered Medicaid	**10/19/1987**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**209872**						

Medicaid Utilization	**76.28747%**
Occupancy:	**92.76403%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.60159%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	983,364	1,941,777	1,275,576	209,193	0	4,409,910
1a	Audit Adjustments						
2	Cost Per Diem	38.2171	75.4645	49.5735	**8.1300**		171.3851
3	Cost Per Diem Inflated	40.0695	77.9427	51.9763			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.0695**	**77.9427**	**51.9763**	**8.1300**		178.1185
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1474**	**77.9427**	**46.1145**	**8.1300**		170.3346
12/13	Medicaid Adjustment Rate		2.3050	1.3638			
14	Prospective Per Diem 11	**38.1474**	**80.2477**	**47.4783**	**8.1300**		**174.0034**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252115-00 - 2011/01

203.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Countryside Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/19/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**5,429,861**
FRVS Base Asset:	**3,503,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**3,852,736.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**427,933**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,343,889**	**10.8557**
20% ROE(2):	**1,085,972**	**0.8334**
Insurance Cost(3):	**25,291**	**0.7498**
Taxes Cost(3):	**54,348**	**1.6113**
Home Office(3):	**12,610**	**0.3739**
Replacement(3&4):	**43,771**	**0.0000**
Total FRVS PD:		**14.4241**

(1) 80% Capital ($4,343,889) amortized at 7.7500% for 20 years Principal & Interest of $427,933 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.8557
(2) 20% ROE ($1,085,972) times the ROE factor (0.030250) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8334
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,503,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1474**	**38.1474**	**0.3328**	**37.8146**	
Patient Care					
Direct Care	**80.2477**	**80.2477**	**0.7000**	**79.5477**	
Indirect Care	**47.4783**	**47.4783**	**0.4142**	**47.0641**	
Property	**8.1300**	**14.4241**	**0.1258**	**14.2983**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9079**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**174.0034**	**180.2975**	**1.5728**	**203.2297**	

***Medicaid Trend Adjustment :**

0 252123-00 - 2011/01

203.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

University Hills Health and Rehab.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
10040 Hillview Road		**09/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Pensacola FL 32514		Days In CR	**303**	Maximum:	**36,360**	Standard:	**181**
County:	**Escambia[17]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2011/01**	Total Patient:	**33,365**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,318**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**25,330**	FY Index:	**1.18536552**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**75.91788%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**91.76292%**	Cost:	**1.04846989**
Open Date:	**8/1/1982**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**8/1/1982**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15216426**
Entered Medicaid	**8/1/1982**	Low Occupancy Adjustment Factor:			**115.34324%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**12/1/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03283884**
Previous Med #	**207624**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,015,082	2,004,607	1,300,257	267,485	0	4,587,431
1a	Audit Adjustments						
2	Cost Per Diem	40.0743	79.1396	51.3327	**10.5600**		181.1066
3	Cost Per Diem Inflated	42.0167	81.7385	53.8208			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.0167**	**81.7385**	**53.8208**	**10.5600**		188.1360
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	36.1088		43.1867			
7	Provider Target Rate	**37.0165**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.0165**	**81.7385**	**44.2723**	**10.5600**		173.5873
12/13	Medicaid Adjustment Rate		2.3833	1.2909			
14	Prospective Per Diem 11	**37.0165**	**84.1218**	**45.5632**	**10.5600**		**177.2615**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252123-00 - 2011/01

203.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

University Hills Health and Rehab.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/07**
Indexed Asset Value	**5,414,964**
FRVS Base Asset:	**3,249,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**3,105,912.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**426,759**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,331,971**	**10.8260**
20% ROE(2):	**1,082,993**	**0.8311**
Insurance Cost(3):	**25,291**	**0.7580**
Taxes Cost(3):	**36,498**	**1.0939**
Home Office(3):	**13,014**	**0.3900**
Replacement(3&4):	**7,202**	**0.0000**
Total FRVS PD:		**13.8990**

(1) 80% Capital ($4,331,971) amortized at 7.7500% for 20 years Principal & Interest of $426,759 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.8260

(2) 20% ROE ($1,082,993) times the ROE factor (0.030250) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8311

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**114**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,249,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.0165**	**37.0165**	**0.3229**	**36.6936**	
Patient Care					
Direct Care	**84.1218**	**84.1218**	**0.7338**	**83.3880**	
Indirect Care	**45.5632**	**45.5632**	**0.3975**	**45.1657**	
Property	**10.5600**	**13.8990**	**0.1212**	**13.7778**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9574**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**177.2615**	**180.6005**	**1.5754**	**203.5796**	

***Medicaid Trend Adjustment :**

0 252158-00 - 2011/01

203.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Deltona Health Care

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1851 Elkcam Boulevard		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
Deltona FL 32725		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Volusia[64]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**40,847**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,577**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**25,078**		
Class at 1/94:	**North Large [2]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.20629404**
Open Date:	**9/1/1983**					Semester Index:	**1.24282006**
Acquired Date:	**9/1/1983**					Cost:	**1.03027953**
Entered Medicaid	**9/1/1983**					Target:	**1.01759574**
Med # Active Date:	**12/1/2001**					**DC FY Index:**	**1.16650000**
Previous Med #	**207471**					**DC Sem Index:**	**1.19000000**
						DC Inflation:	**1.02014574**
						PS Target:	**1.02513678**

Medicaid Utilization		**61.39496%**
Occupancy:		**93.25799%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**117.22249%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	916,761	2,083,846	1,057,065	230,467	0	4,288,139
1a	Audit Adjustments						
2	Cost Per Diem	36.5564	83.0946	42.1511	**9.1900**		170.9921
3	Cost Per Diem Inflated	37.6633	84.7686	43.4274			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.6633**	**84.7686**	**43.4274**	**9.1900**		175.0493
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1628**	**84.7686**	**43.4274**	**9.1900**		173.5488
12/13	Medicaid Adjustment Rate		1.0867	0.5567			
14	Prospective Per Diem 11	**36.1628**	**85.8553**	**43.9841**	**9.1900**		**175.1922**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252158-00 - 2011/01

203.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Deltona Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**5,618,503**
FRVS Base Asset:	**3,100,660**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information

Amount:	**4,702,508.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**442,800**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,494,802**	**11.2329**
20% ROE(2):	**1,123,701**	**0.8996**
Insurance Cost(3):	**33,580**	**0.8221**
Taxes Cost(3):	**77,018**	**1.8855**
Home Office(3):	**20,580**	**0.5038**
Replacement(3&4):	**31,846**	**0.0000**
Total FRVS PD:		**15.3439**

(1) 80% Capital ($4,494,802) amortized at 7.7500% for 20 years Principal & Interest of $442,800 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.2329
(2) 20% ROE ($1,123,701) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8996
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1628**	**36.1628**	**0.3155**	**35.8473**	
Patient Care					
Direct Care	**85.8553**	**85.8553**	**0.7490**	**85.1063**	
Indirect Care	**43.9841**	**43.9841**	**0.3837**	**43.6004**	
Property	**9.1900**	**15.3439**	**0.1339**	**15.2100**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.7981**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**175.1922**	**181.3461**	**1.5821**	**203.1592**	

***Medicaid Trend Adjustment :**

0 252166-00 - 2011/01

196.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Destin Healthcare and Rehab. Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
195 Mattie M. Kelly Blvd.		**07/01/2009-06/30/2010**		Number of Beds:	**119**	Superior:	**0**
Destin FL 32541		Days In CR	**365**	Maximum:	**43,435**	Standard:	**181**
County:	**Okaloosa[46]**	First Used:	**2011/01**	Max Annualized:	**43,435**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2011/01**	Total Patient:	**41,052**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,645**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**24,754**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/14/1994**						
Acquired Date:	**8/11/1994**						
Entered Medicaid	**8/11/1994**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**211150**						

Medicaid Utilization	**60.29913%**
Occupancy:	**94.51364%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.80081%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	826,405	1,951,024	1,094,204	188,873	0	4,060,506
1a	Audit Adjustments						
2	Cost Per Diem	33.3847	78.8165	44.2031	**7.6300**		164.0343
3	Cost Per Diem Inflated	34.3956	80.4043	45.5415			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.3956**	**80.4043**	**45.5415**	**7.6300**		167.9714
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.3956**	**80.4043**	**44.2723**	**7.6300**		166.7022
12/13	Medicaid Adjustment Rate		0.9316	0.5130			
14	Prospective Per Diem 11	**34.3956**	**81.3359**	**44.7853**	**7.6300**		**168.1468**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252166-00 - 2011/01

196.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Destin Healthcare and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/11/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/07**
Indexed Asset Value	**5,325,312**
FRVS Base Asset:	**2,976,160**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**3,618,367.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**419,694**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,260,250**	**10.7362**
20% ROE(2):	**1,065,062**	**0.8599**
Insurance Cost(3):	**33,278**	**0.8106**
Taxes Cost(3):	**61,204**	**1.4909**
Home Office(3):	**20,022**	**0.4877**
Replacement(3&4):	**23,690**	**0.0000**
Total FRVS PD:		**14.3853**

(1) 80% Capital ($4,260,250) amortized at 7.7500% for 20 years Principal & Interest of $419,694 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $10.7362
(2) 20% ROE ($1,065,062) times the ROE factor (0.031560) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $0.8599
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1994**	Used Per Bed Standard:	**33,820**
Comparison Bed	**88**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,976,160**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.3956**	**34.3956**	**0.3000**	**34.0956**	
Patient Care					
Direct Care	**81.3359**	**81.3359**	**0.7095**	**80.6264**	
Indirect Care	**44.7853**	**44.7853**	**0.3907**	**44.3946**	
Property	**7.6300**	**14.3853**	**0.1255**	**14.2598**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.7820**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**168.1468**	**174.9021**	**1.5257**	**196.7555**	

***Medicaid Trend Adjustment :**

0 252174-00 - 2011/01

194.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heron Pointe Health and Rehab.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1445 Howell Avenue	**09/01/2008-06/30/2009**	Number of Beds: **120**	Superior: **0**
Brooksville FL 34601	Days In CR **303**	Maximum: **36,360**	Standard: **181**
County: **Hernando[27]**	First Used: **2010/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2011/01**	Total Patient: **34,809**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **5,347**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **21,902**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **11/1/1984**			
Acquired Date: **11/1/1984**			
Entered Medicaid **11/1/1984**			
Med # Active Date: **12/1/2001**			
Previous Med # **207900**			

Medicaid Utilization	**62.92051%**
Occupancy:	**95.73432%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.33516%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	803,290	1,653,107	1,118,917	169,302	0	3,744,616
1a	Audit Adjustments						
2	Cost Per Diem	36.6766	75.4774	51.0874	**7.7300**		170.9714
3	Cost Per Diem Inflated	38.4543	77.9560	53.5636			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.4543**	**77.9560**	**53.5636**	**7.7300**		177.7039
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		45.5185			
7	Provider Target Rate	**36.1628**		**46.6627**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1628**	**77.9560**	**46.6627**	**7.7300**		168.5115
12/13	Medicaid Adjustment Rate		1.1331	0.6783			
14	Prospective Per Diem 11	**36.1628**	**79.0891**	**47.3410**	**7.7300**		**170.3229**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252174-00 - 2011/01

194.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Heron Pointe Health and Rehab.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**3,480,180**
FRVS Base Asset:	**2,054,536**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**1,980,521.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**274,277**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,784,144**	**6.9578**
20% ROE(2):	**696,036**	**0.5341**
Insurance Cost(3):	**25,291**	**0.7266**
Taxes Cost(3):	**51,569**	**1.4815**
Home Office(3):	**12,639**	**0.3631**
Replacement(3&4):	**164,828**	**0.0000**
Total FRVS PD:		**10.0631**

(1) 80% Capital ($2,784,144) amortized at 7.7500% for 20 years Principal & Interest of $274,277 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.9578
(2) 20% ROE ($696,036) times the ROE factor (0.030250) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5341
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1628**	**36.1628**	**0.3155**	**35.8473**	
Patient Care					
Direct Care	**79.0891**	**79.0891**	**0.6899**	**78.3992**	
Indirect Care	**47.3410**	**47.3410**	**0.4130**	**46.9280**	
Property	**7.7300**	**10.0631**	**0.0878**	**9.9753**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.9375**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**170.3229**	**172.6560**	**1.5062**	**194.6844**	

***Medicaid Trend Adjustment :**

0 252182-00 - 2011/01

211.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Magnolia Health and Rehab. Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1507 South Tuttle Ave		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
Sarasota FL 34239		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**41,930**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,982**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**28,695**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/14/1994**						
Acquired Date:	**9/14/1994**						
Entered Medicaid	**9/14/1994**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**211443**						

Medicaid Utilization	**68.43549%**
Occupancy:	**95.73059%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.33046%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,148,458	2,283,184	1,411,260	261,698	0	5,104,600
1a	Audit Adjustments						
2	Cost Per Diem	40.0229	79.5673	49.1814	**9.1200**		177.8916
3	Cost Per Diem Inflated	41.2348	81.1702	50.6706			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.2348**	**81.1702**	**50.6706**	**9.1200**		182.1956
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.8537		46.7809			
7	Provider Target Rate	**41.8806**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.2348**	**81.1702**	**47.9568**	**9.1200**		179.4818
12/13	Medicaid Adjustment Rate		1.6835	0.9946			
14	Prospective Per Diem 11	**41.2348**	**82.8537**	**48.9514**	**9.1200**		**182.1599**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252182-00 - 2011/01

211.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Magnolia Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/14/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/07**
Indexed Asset Value	**5,329,295**
FRVS Base Asset:	**4,058,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**2,964,729.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**420,007**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,263,436**	**10.6547**
20% ROE(2):	**1,065,859**	**0.8533**
Insurance Cost(3):	**33,580**	**0.8009**
Taxes Cost(3):	**117,378**	**2.7994**
Home Office(3):	**20,436**	**0.4874**
Replacement(3&4):	**72,548**	**0.0000**
Total FRVS PD:		**15.5957**

(1) 80% Capital ($4,263,436) amortized at 7.7500% for 20 years Principal & Interest of $420,007 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.6547
(2) 20% ROE ($1,065,859) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8533
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1994**	Used Per Bed Standard:	**33,820**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,058,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.2348**	**41.2348**	**0.3597**	**40.8751**	
Patient Care					
Direct Care	**82.8537**	**82.8537**	**0.7228**	**82.1309**	
Indirect Care	**48.9514**	**48.9514**	**0.4270**	**48.5244**	
Property	**9.1200**	**15.5957**	**0.1360**	**15.4597**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5927**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**182.1599**	**188.6356**	**1.6455**	**211.1799**	

***Medicaid Trend Adjustment :**

0 252191-00 - 2011/01

201.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Emerald Shores Health and Rehab.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
626 North Tyndall Parkway		**07/01/2009-06/30/2010**		Number of Beds:	**77**	Superior:	**0**
Callaway Fl 32404		Days In CR	**365**	Maximum:	**28,105**	Standard:	**181**
County: **Bay[3]**		First Used:	**2011/01**	Max Annualized:	**28,105**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2011/01**	Total Patient:	**24,209**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,905**	Inflation	
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**12,015**	FY Index:	**1.20629404**
Class at 1/94: **North Small [1]**		Medicaid Utilization			**49.63030%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**86.13770%**	Cost:	**1.03027953**
Open Date:	**8/30/2000**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**8/30/2000**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16650000**
Entered Medicaid	**8/30/2000**	Low Occupancy Adjustment Factor:			**108.27249%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**12/1/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02014574**
Previous Med #	**229466**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	551,345	914,304	657,298	106,813	0	2,229,760
1a	Audit Adjustments						
2	Cost Per Diem	45.8881	76.0969	54.7065	**8.8900**		185.5815
3	Cost Per Diem Inflated	47.2776	77.6299	56.3630			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.2776**	**77.6299**	**56.3630**	**8.8900**		190.1605
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0067		47.1885			
7	Provider Target Rate	**42.0375**		**48.7271**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.0375**	**77.6299**	**48.7271**	**8.8900**		177.2845
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.0375**	**77.6299**	**48.7271**	**8.8900**		**177.2845**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252191-00 - 2011/01

201.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Emerald Shores Health and Rehab.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/30/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2000/07**
Indexed Asset Value	**3,403,245**
FRVS Base Asset:	**3,068,373**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**2,094,140.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**268,213**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,722,596**	**10.6036**
20% ROE(2):	**680,649**	**0.8492**
Insurance Cost(3):	**21,060**	**0.8699**
Taxes Cost(3):	**44,622**	**1.8432**
Home Office(3):	**15,233**	**0.6292**
Replacement(3&4):	**12,246**	**0.0000**
Total FRVS PD:		**14.7951**

(1) 80% Capital ($2,722,596) amortized at 7.7500% for 20 years Principal & Interest of $268,213 divided by annual available days (28,105) divided by Occup. Adj. (0.9000) = $10.6036
(2) 20% ROE ($680,649) times the ROE factor (0.031560) divided by annual available days (28,105) divided by Occup. Adj. (0.9000) = $0.8492
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2000**	Used Per Bed Standard:	**39,849**
Comparison Bed	**77**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,068,373**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.0375**	**42.0375**	**0.3667**	**41.6708**	
Patient Care					
Direct Care	**77.6299**	**77.6299**	**0.6772**	**76.9527**	
Indirect Care	**48.7271**	**48.7271**	**0.4251**	**48.3020**	
Property	**8.8900**	**14.7951**	**0.1291**	**14.6660**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.9036**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**177.2845**	**183.1896**	**1.5981**	**201.0922**	

***Medicaid Trend Adjustment :**

0 252204-00 - 2011/01

194.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Englewood Healthcare & Rehab. Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1111 Drury Lane		**09/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Englewood FL 34224		Days In CR	**303**	Maximum:	**36,360**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**33,703**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,828**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**17,353**	FY Index:	**1.18536552**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**					Cost:	**1.04846989**
Open Date:	**9/1/1983**					Target:	**1.01759574**
Acquired Date:	**9/1/1983**					**DC FY Index:**	**1.15216426**
Entered Medicaid	**9/1/1983**					**DC Sem Index:**	**1.19000000**
Med # Active Date:	**12/1/2001**					**DC Inflation:**	**1.03283884**
Previous Med #	**207438**					**PS Target:**	**1.02513678**

Medicaid Utilization	**51.48800%**	Low Occupancy Adjustment Factor:	**116.51170%**
Occupancy:	**92.69252%**	Weighted Low Occ Adjustment Factor:	**100.00000%**
Statewide Low Occupancy Threshold:	**79.55640%**		
Medicaid Low Occupancy Threshold:	**41.59470%**		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	610,670	1,286,356	825,772	163,986	0	2,886,784
1a	Audit Adjustments						
2	Cost Per Diem	35.1910	74.1287	47.5867	**9.4500**		166.3564
3	Cost Per Diem Inflated	36.8967	76.5630	49.8932			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.8967**	**76.5630**	**49.8932**	**9.4500**		172.8029
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		46.7809			
7	Provider Target Rate	**40.1320**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.8967**	**76.5630**	**47.9568**	**9.4500**		170.8665
12/13	Medicaid Adjustment Rate		0.1282	0.0803			
14	Prospective Per Diem 11	**36.8967**	**76.6912**	**48.0371**	**9.4500**		**171.0750**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252204-00 - 2011/01

194.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Englewood Healthcare & Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/1/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**5,223,401**
FRVS Base Asset:	**3,190,349**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**3,801,353.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**411,662**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,178,721**	**10.4430**
20% ROE(2):	**1,044,680**	**0.8017**
Insurance Cost(3):	**25,291**	**0.7504**
Taxes Cost(3):	**50,586**	**1.5009**
Home Office(3):	**15,558**	**0.4616**
Replacement(3&4):	**13,588**	**0.0000**
Total FRVS PD:		**13.9576**

(1) 80% Capital ($4,178,721) amortized at 7.7500% for 20 years Principal & Interest of $411,662 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.4430

(2) 20% ROE ($1,044,680) times the ROE factor (0.030250) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8017

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.8967**	**36.8967**	**0.3219**	**36.5748**	
Patient Care					
Direct Care	**76.6912**	**76.6912**	**0.6690**	**76.0222**	
Indirect Care	**48.0371**	**48.0371**	**0.4190**	**47.6181**	
Property	**9.4500**	**13.9576**	**0.1218**	**13.8358**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.7804**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**171.0750**	**175.5826**	**1.5317**	**194.4284**	

***Medicaid Trend Adjustment :**

0 252212-00 - 2011/01

207.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Evans Health Care

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3735 Evans Avenue		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
Ft Myers FL 33901		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Lee[36]**		First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2011/01**	Total Patient:	**42,170**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,438**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**19,896**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date: **12/3/1998**							
Acquired Date: **12/3/1998**							
Entered Medicaid **12/14/1998**							
Med # Active Date: **12/1/2001**							
Previous Med # **214094**							

Medicaid Utilization	**47.18046%**
Occupancy:	**96.27854%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**121.01922%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	789,583	1,655,218	927,013	155,189	0	3,527,003
1a	Audit Adjustments						
2	Cost Per Diem	39.6855	83.1935	46.5929	**7.8000**		177.2719
3	Cost Per Diem Inflated	40.8872	84.8695	48.0037			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.8872**	**84.8695**	**48.0037**	**7.8000**		181.5604
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		46.7809			
7	Provider Target Rate	**40.1320**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.1320**	**84.8695**	**47.9568**	**7.8000**		180.7583
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**40.1320**	**84.8695**	**47.9568**	**7.8000**		**180.7583**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252212-00 - 2011/01

207.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Evans Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/14/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/07**
Indexed Asset Value	**4,626,835**
FRVS Base Asset:	**3,977,610**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**3,725,244.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**364,646**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,701,468**	**9.2503**
20% ROE(2):	**925,367**	**0.7409**
Insurance Cost(3):	**33,580**	**0.7963**
Taxes Cost(3):	**74,040**	**1.7558**
Home Office(3):	**21,942**	**0.5203**
Replacement(3&4):	**108,149**	**0.0000**
Total FRVS PD:		**13.0636**

(1) 80% Capital ($3,701,468) amortized at 7.7500% for 20 years Principal & Interest of $364,646 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.2503

(2) 20% ROE ($925,367) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7409

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1998**	Used Per Bed Standard:	**37,882**
Comparison Bed	**105**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,977,610**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.1320**	**40.1320**	**0.3501**	**39.7819**	
Patient Care					
Direct Care	**84.8695**	**84.8695**	**0.7404**	**84.1291**	
Indirect Care	**47.9568**	**47.9568**	**0.4183**	**47.5385**	
Property	**7.8000**	**13.0636**	**0.1140**	**12.9496**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.0622**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**180.7583**	**186.0219**	**1.6228**	**207.0584**	

***Medicaid Trend Adjustment :**

0 252221-00 - 2011/01

199.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Fletcher Health and Rehab. Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
518 West Fletcher Ave		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
Tampa FL 33612		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**42,164**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,464**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,088**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/19/1998**						
Acquired Date:	**5/19/1998**						
Entered Medicaid	**5/19/1998**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**213730**						

Medicaid Utilization	**52.38592%**
Occupancy:	**96.26484%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**121.00201%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	770,801	1,775,579	1,109,165	186,202	0	3,841,747
1a	Audit Adjustments						
2	Cost Per Diem	34.8968	80.3866	50.2157	**8.4300**		173.9291
3	Cost Per Diem Inflated	35.9535	82.0060	51.7362			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.9535**	**82.0060**	**51.7362**	**8.4300**		178.1257
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.9535**	**82.0060**	**46.1145**	**8.4300**		172.5040
12/13	Medicaid Adjustment Rate		0.2201	0.1238			
14	Prospective Per Diem 11	**35.9535**	**82.2261**	**46.2383**	**8.4300**		**172.8479**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252221-00 - 2011/01

199.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Fletcher Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/19/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/01**
Indexed Asset Value	**5,377,054**
FRVS Base Asset:	**4,493,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**3,950,925.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**423,771**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,301,643**	**10.7502**
20% ROE(2):	**1,075,411**	**0.8610**
Insurance Cost(3):	**33,580**	**0.7964**
Taxes Cost(3):	**90,155**	**2.1382**
Home Office(3):	**25,671**	**0.6088**
Replacement(3&4):	**27,258**	**0.0000**
Total FRVS PD:		**15.1546**

(1) 80% Capital ($4,301,643) amortized at 7.7500% for 20 years Principal & Interest of $423,771 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.7502
(2) 20% ROE ($1,075,411) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8610
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1997**	Used Per Bed Standard:	**37,445**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,493,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.9535**	**35.9535**	**0.3136**	**35.6399**	
Patient Care					
Direct Care	**82.2261**	**82.2261**	**0.7173**	**81.5088**	
Indirect Care	**46.2383**	**46.2383**	**0.4034**	**45.8349**	
Property	**8.4300**	**15.1546**	**0.1322**	**15.0224**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.1569**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**172.8479**	**179.5725**	**1.5665**	**199.7600**	

***Medicaid Trend Adjustment :**

0 252239-00 - 2011/01

210.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Fort Pierce Health Care

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
611 South 13th Street		**07/01/2009-06/30/2010**		Number of Beds:	**171**	Superior:	**0**
Ft. Pierce FL 34950		Days In CR	**365**	Maximum:	**62,415**	Standard:	**181**
County:	**St Lucie[56]**	First Used:	**2011/01**	Max Annualized:	**62,415**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**52,980**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,039**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**46,602**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1984**						
Acquired Date:	**6/1/1984**						
Entered Medicaid	**6/1/1984**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**207870**						

Medicaid Utilization	**87.96149%**
Occupancy:	**84.88344%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**106.69593%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,923,990	3,658,872	2,354,658	678,059	0	8,615,579
1a	Audit Adjustments						
2	Cost Per Diem	41.2856	78.5132	50.5270	**14.5500**		184.8758
3	Cost Per Diem Inflated	42.5357	80.0949	52.0569			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.5357**	**80.0949**	**52.0569**	**14.5500**		189.2375
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		47.2561			
7	Provider Target Rate	**40.1320**		**48.4440**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.1320**	**80.0949**	**48.4440**	**13.6500**		182.3209
12/13	Medicaid Adjustment Rate		3.4206	2.0689			
14	Prospective Per Diem 11	**40.1320**	**83.5155**	**50.5129**	**13.6500**		**187.8104**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252239-00 - 2011/01

210.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Fort Pierce Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**5,320,702**
FRVS Base Asset:	**3,267,919**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**967,160.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**529,207**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,256,562**	**9.4209**
20% ROE(2):	**1,064,140**	**0.5979**
Insurance Cost(3):	**48,385**	**0.9133**
Taxes Cost(3):	**65,985**	**1.2455**
Home Office(3):	**23,097**	**0.4360**
Replacement(3&4):	**90,299**	**0.0000**
Total FRVS PD:		**12.6136**

(1) 80% Capital ($4,256,562) amortized at 12.5000% for 20 years Interest of $529,207 divided by annual available days (62,415) divided by Occup. Adj. (0.9000) = $9.4209

(2) 20% ROE ($1,064,140) times the ROE factor (0.031560) divided by annual available days (62,415) divided by Occup. Adj. (0.9000) = $0.5979

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**171**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,873,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.1320**	**40.1320**	**0.3501**	**39.7819**	
Patient Care					
Direct Care	**83.5155**	**83.5155**	**0.7285**	**82.7870**	
Indirect Care	**50.5129**	**50.5129**	**0.4406**	**50.0723**	
Property	**13.6500**	**12.6136**	**0.1100**	**12.5036**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.7499**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**187.8104**	**186.7740**	**1.6292**	**210.4918**	

***Medicaid Trend Adjustment :**

0 252247-00 - 2011/01

190.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Sea Breeze Health Care

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1937 Jenks Avenue		**09/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Panama City FL 32405		Days In CR	**303**	Maximum:	**36,360**	Standard:	**181**
County: **Bay[3]**		First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2011/01**	Total Patient:	**33,441**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**4,513**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**25,338**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**12/1/1979**						
Acquired Date:	**12/1/1979**						
Entered Medicaid	**6/1/1980**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**205591**						

Medicaid Utilization	**75.76927%**
Occupancy:	**91.97195%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.60596%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	886,351	1,841,952	1,045,221	300,762	0	4,074,286
1a	Audit Adjustments						
2	Cost Per Diem	34.9811	72.6952	41.2511	**11.8700**		160.7974
3	Cost Per Diem Inflated	36.6766	75.0824	43.2505			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.6766**	**75.0824**	**43.2505**	**11.8700**		166.8795
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1628**	**75.0824**	**43.2505**	**11.8700**		166.3657
12/13	Medicaid Adjustment Rate		2.1767	1.2539			
14	Prospective Per Diem 11	**36.1628**	**77.2591**	**44.5044**	**11.8700**		**169.7963**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252247-00 - 2011/01

190.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Sea Breeze Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/07**
Indexed Asset Value	**3,041,190**
FRVS Base Asset:	**1,814,519**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**1,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**281,742**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,432,952**	**7.1472**
20% ROE(2):	**608,238**	**0.4667**
Insurance Cost(3):	**25,291**	**0.7563**
Taxes Cost(3):	**33,282**	**0.9952**
Home Office(3):	**11,150**	**0.3334**
Replacement(3&4):	**13,388**	**0.0000**
Total FRVS PD:		**9.6988**

(1) 80% Capital ($2,432,952) amortized at 10.0000% for 20 years Principal & Interest of $281,742 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.1472
(2) 20% ROE ($608,238) times the ROE factor (0.030250) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4667
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1628**	**36.1628**	**0.3155**	**35.8473**	
Patient Care					
Direct Care	**77.2591**	**77.2591**	**0.6740**	**76.5851**	
Indirect Care	**44.5044**	**44.5044**	**0.3882**	**44.1162**	
Property	**11.8700**	**9.6988**	**0.0846**	**9.6142**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.2888**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**169.7963**	**167.6251**	**1.4623**	**190.0487**	

***Medicaid Trend Adjustment :**

0 252255-00 - 2011/01

222.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Harbor Beach Nursing and Rehab. Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1615 South Miami Road		**07/01/2009-06/30/2010**		Number of Beds:	**59**	Superior:	**0**
Ft. Lauderdale FL 33316		Days In CR	**365**	Maximum:	**21,535**	Standard:	**181**
County: **Broward[6]**		First Used:	**2011/01**	Max Annualized:	**21,535**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2011/01**	Total Patient:	**20,012**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**2,858**	Inflation	
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**14,468**	FY Index:	**1.20629404**
Class at 1/94: **South Small [3]**		Medicaid Utilization			**72.29662%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**92.92779%**	Cost:	**1.03027953**
Open Date:	**12/1/1984**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**12/1/1984**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16650000**
Entered Medicaid	**5/1/1986**	Low Occupancy Adjustment Factor:			**116.80744%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**12/1/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02014574**
Previous Med #	**209007**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	705,239	1,069,563	772,068	142,654	0	2,689,524
1a	Audit Adjustments						
2	Cost Per Diem	48.7447	73.9261	53.3638	**9.8600**		185.8946
3	Cost Per Diem Inflated	50.2207	75.4154	54.9796			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.2207**	**75.4154**	**54.9796**	**9.8600**		190.4757
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7966		56.1408			
7	Provider Target Rate	**50.0232**		**58.5755**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.0232**	**75.4154**	**54.9796**	**9.8600**		190.2782
12/13	Medicaid Adjustment Rate		1.8917	1.3791			
14	Prospective Per Diem 11	**50.0232**	**77.3071**	**56.3587**	**9.8600**		**193.5490**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252255-00 - 2011/01

222.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Harbor Beach Nursing and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/28/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**2,733,125**
FRVS Base Asset:	**1,938,500**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**2,822,258.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**215,401**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,186,500**	**11.1137**
20% ROE(2):	**546,625**	**0.8901**
Insurance Cost(3):	**15,822**	**0.7906**
Taxes Cost(3):	**72,933**	**3.6445**
Home Office(3):	**10,668**	**0.5331**
Replacement(3&4):	**16,247**	**0.0000**
Total FRVS PD:		**16.9720**

(1) 80% Capital ($2,186,500) amortized at 7.7500% for 20 years Principal & Interest of $215,401 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $11.1137
(2) 20% ROE ($546,625) times the ROE factor (0.031560) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $0.8901
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1984**	Used Per Bed Standard:	**27,413**
Comparison Bed	**59**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,617,367**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.0232**	**50.0232**	**0.4364**	**49.5868**	
Patient Care					
Direct Care	**77.3071**	**77.3071**	**0.6744**	**76.6327**	
Indirect Care	**56.3587**	**56.3587**	**0.4916**	**55.8671**	
Property	**9.8600**	**16.9720**	**0.1481**	**16.8239**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.1408**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**193.5490**	**200.6610**	**1.7505**	**222.6484**	

***Medicaid Trend Adjustment :**

0 252263-00 - 2011/01

201.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Health Center at Brentwood

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2333 North Brentwood Circle		**09/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Lecanto FL 34461		Days In CR	**303**	Maximum:	**36,360**	Standard:	**181**
County:	**Citrus[9]**	First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**34,442**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,363**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**18,263**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/1/1984**						
Acquired Date:	**4/1/1984**						
Entered Medicaid	**4/1/1984**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**211222**						

Medicaid Utilization	**53.02538%**
Occupancy:	**94.72497%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.06644%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	701,089	1,447,824	815,281	172,220	0	3,136,414
1a	Audit Adjustments						
2	Cost Per Diem	38.3885	79.2764	44.6411	**9.4300**		171.7360
3	Cost Per Diem Inflated	40.2492	81.8797	46.8048			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.2492**	**81.8797**	**46.8048**	**9.4300**		178.3637
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	36.7782		45.7503			
7	Provider Target Rate	**37.7027**		**46.9003**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.7027**	**81.8797**	**46.8048**	**9.4300**		175.8172
12/13	Medicaid Adjustment Rate		0.2787	0.1593			
14	Prospective Per Diem 11	**37.7027**	**82.1584**	**46.9641**	**9.4300**		**176.2552**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252263-00 - 2011/01

201.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Health Center at Brentwood

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**5,350,353**
FRVS Base Asset:	**1,710,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**4,919,568.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**421,667**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,280,282**	**10.6968**
20% ROE(2):	**1,070,071**	**0.8211**
Insurance Cost(3):	**25,290**	**0.7343**
Taxes Cost(3):	**58,809**	**1.7075**
Home Office(3):	**14,825**	**0.4304**
Replacement(3&4):	**88,651**	**0.0000**
Total FRVS PD:		**14.3901**

(1) 80% Capital ($4,280,282) amortized at 7.7500% for 20 years Principal & Interest of $421,667 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.6968
(2) 20% ROE ($1,070,071) times the ROE factor (0.030250) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8211
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.7027**	**37.7027**	**0.3289**	**37.3738**	
Patient Care					
Direct Care	**82.1584**	**82.1584**	**0.7167**	**81.4417**	
Indirect Care	**46.9641**	**46.9641**	**0.4097**	**46.5544**	
Property	**9.4300**	**14.3901**	**0.1255**	**14.2646**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.2578**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**176.2552**	**181.2153**	**1.5808**	**201.4894**	

***Medicaid Trend Adjustment :**

0 252271-00 - 2011/01

210.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heritage Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1026 Albee Farm Road		**09/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Venice FL 34292		Days In CR	**303**	Maximum:	**36,360**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**32,960**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,031**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**21,116**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/29/1983**						
Acquired Date:	**12/29/1983**						
Entered Medicaid	**12/29/1983**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**207594**						

Medicaid Utilization	**64.06553%**
Occupancy:	**90.64906%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.94315%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	910,659	1,697,140	1,111,838	199,335	0	3,918,972
1a	Audit Adjustments						
2	Cost Per Diem	43.1265	80.3722	52.6538	**9.4400**		185.5925
3	Cost Per Diem Inflated	45.2168	83.0115	55.2059			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.2168**	**83.0115**	**55.2059**	**9.4400**		192.8742
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		46.7809			
7	Provider Target Rate	**40.1320**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.1320**	**83.0115**	**47.9568**	**9.4400**		180.5403
12/13	Medicaid Adjustment Rate		1.3136	0.7589			
14	Prospective Per Diem 11	**40.1320**	**84.3251**	**48.7157**	**9.4400**		**182.6128**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252271-00 - 2011/01

210.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Heritage Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/23/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**5,446,639**
FRVS Base Asset:	**3,249,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**3,099,608.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**429,255**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,357,311**	**10.8893**
20% ROE(2):	**1,089,328**	**0.8359**
Insurance Cost(3):	**25,291**	**0.7673**
Taxes Cost(3):	**59,115**	**1.7935**
Home Office(3):	**12,900**	**0.3914**
Replacement(3&4):	**33,407**	**0.0000**
Total FRVS PD:		**14.6774**

(1) 80% Capital ($4,357,311) amortized at 7.7500% for 20 years Principal & Interest of $429,255 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.8893
(2) 20% ROE ($1,089,328) times the ROE factor (0.030250) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8359
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**114**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,249,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.1320**	**40.1320**	**0.3501**	**39.7819**	
Patient Care					
Direct Care	**84.3251**	**84.3251**	**0.7356**	**83.5895**	
Indirect Care	**48.7157**	**48.7157**	**0.4250**	**48.2907**	
Property	**9.4400**	**14.6774**	**0.1280**	**14.5494**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5271**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**182.6128**	**187.8502**	**1.6387**	**210.3357**	

***Medicaid Trend Adjustment :**

0 252280-00 - 2011/01

221.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heritage Healthcare and Rehab. Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
777 Ninth Street North		**07/01/2009-06/30/2010**		Number of Beds:	**97**	Superior:	**0**
Naples FL 34102		Days In CR	**365**	Maximum:	**35,405**	Standard:	**181**
County:	**Collier[11]**	First Used:	**2011/01**	Max Annualized:	**35,405**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**33,372**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,679**	Inflation	
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**21,800**	FY Index:	**1.20629404**
Class at 1/94:	**South Small [3]**	Medicaid Utilization			**65.32422%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**94.25787%**	Cost:	**1.03027953**
Open Date:	**11/1/1981**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**11/1/1981**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16650000**
Entered Medicaid	**10/1/1982**	Low Occupancy Adjustment Factor:			**118.47931%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**12/1/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02014574**
Previous Med #	**207004**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	888,197	1,956,192	1,037,672	183,992	0	4,066,053
1a	Audit Adjustments						
2	Cost Per Diem	40.7430	89.7336	47.5996	**8.4400**		186.5162
3	Cost Per Diem Inflated	41.9767	91.5413	49.0409			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.9767**	**91.5413**	**49.0409**	**8.4400**		190.9989
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7966		56.1408			
7	Provider Target Rate	**50.0232**		**58.5755**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.9767**	**91.5413**	**49.0409**	**8.4400**		190.9989
12/13	Medicaid Adjustment Rate		1.5781	0.8455			
14	Prospective Per Diem 11	**41.9767**	**93.1194**	**49.8864**	**8.4400**		**193.4225**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252280-00 - 2011/01

221.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Heritage Healthcare and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/23/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**4,559,079**
FRVS Base Asset:	**3,220,500**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**3,333,936.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**359,306**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,647,263**	**11.2761**
20% ROE(2):	**911,816**	**0.9031**
Insurance Cost(3):	**26,888**	**0.8057**
Taxes Cost(3):	**39,058**	**1.1704**
Home Office(3):	**17,446**	**0.5228**
Replacement(3&4):	**115,848**	**0.0000**
Total FRVS PD:		**14.6781**

(1) 80% Capital ($3,647,263) amortized at 7.7500% for 20 years Principal & Interest of $359,306 divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = $11.2761
(2) 20% ROE ($911,816) times the ROE factor (0.031560) divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = $0.9031
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**113**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,220,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.9767**	**41.9767**	**0.3662**	**41.6105**	
Patient Care					
Direct Care	**93.1194**	**93.1194**	**0.8123**	**92.3071**	
Indirect Care	**49.8864**	**49.8864**	**0.4352**	**49.4512**	
Property	**8.4400**	**14.6781**	**0.1280**	**14.5501**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.6256**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**193.4225**	**199.6606**	**1.7417**	**221.1416**	

***Medicaid Trend Adjustment :**

0 252298-00 - 2011/01

185.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heritage Healthcare Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3101 Ginger Drive		**07/01/2009-06/30/2010**		Number of Beds:	**180**	Superior:	**0**
Tallahassee FL 32308		Days In CR	**365**	Maximum:	**65,700**	Standard:	**0**
County:	**Leon[37]**	First Used:	**2011/01**	Max Annualized:	**65,700**	Conditional:	**181**
Region:	**North [1]** Area: **2**	Last Used:	**2011/01**	Total Patient:	**62,839**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,955**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**44,532**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/1/1983**						
Acquired Date:	**10/1/1983**						
Entered Medicaid	**10/1/1983**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**207501**						

Medicaid Utilization	**70.86682%**
Occupancy:	**95.64536%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.22333%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,475,948	3,320,854	1,639,254	353,584	0	6,789,640
1a	Audit Adjustments						
2	Cost Per Diem	33.1435	74.5723	36.8107	**7.9400**		152.4665
3	Cost Per Diem Inflated	34.1471	76.0746	37.9253			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.1471**	**76.0746**	**37.9253**	**7.9400**		156.0870
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.1471**	**76.0746**	**37.9253**	**7.9400**		156.0870
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**34.1471**	**76.0746**	**37.9253**	**7.9400**		**156.0870**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252298-00 - 2011/01

185.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Heritage Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/26/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**8,160,977**
FRVS Base Asset:	**3,249,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**6,364,391.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**643,175**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,528,782**	**10.8773**
20% ROE(2):	**1,632,195**	**0.8712**
Insurance Cost(3):	**51,004**	**0.8117**
Taxes Cost(3):	**92,142**	**1.4663**
Home Office(3):	**27,225**	**0.4333**
Replacement(3&4):	**153,716**	**0.0000**
Total FRVS PD:		**14.4598**

(1) 80% Capital ($6,528,782) amortized at 7.7500% for 20 years Principal & Interest of $643,175 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $10.8773
(2) 20% ROE ($1,632,195) times the ROE factor (0.031560) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.8712
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**114**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,249,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.1471**	**34.1471**	**0.2979**	**33.8492**	
Patient Care					
Direct Care	**76.0746**	**76.0746**	**0.6636**	**75.4110**	
Indirect Care	**37.9253**	**37.9253**	**0.3308**	**37.5945**	
Property	**7.9400**	**14.4598**	**0.1261**	**14.3337**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.7459**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**156.0870**	**162.6068**	**1.4184**	**185.5314**	

***Medicaid Trend Adjustment :**

0 252310-00 - 2011/01

201.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lake Mary Health and Rehab.Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
710 North Sun Drive		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
Lake Mary Fl 32746		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Seminole[59]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**41,214**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,087**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**19,868**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/16/2000**						
Acquired Date:	**10/16/2000**						
Entered Medicaid	**11/8/2000**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**225959**						

Medicaid Utilization	**48.20692%**
Occupancy:	**94.09589%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.27570%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	724,115	1,639,889	938,405	239,211	0	3,541,620
1a	Audit Adjustments						
2	Cost Per Diem	36.4463	82.5392	47.2320	**12.0400**		178.2575
3	Cost Per Diem Inflated	37.5499	84.2020	48.6622			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.5499**	**84.2020**	**48.6622**	**12.0400**		182.4541
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.5499**	**84.2020**	**46.1145**	**12.0400**		179.9064
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**37.5499**	**84.2020**	**46.1145**	**12.0400**		**179.9064**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252310-00 - 2011/01

201.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Lake Mary Health and Rehab.Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/8/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2000/07**
Indexed Asset Value	**5,318,404**
FRVS Base Asset:	**4,781,880**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**3,064,996.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**419,149**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,254,723**	**10.6329**
20% ROE(2):	**1,063,681**	**0.8516**
Insurance Cost(3):	**33,580**	**0.8148**
Taxes Cost(3):	**111,612**	**2.7081**
Home Office(3):	**24,748**	**0.6005**
Replacement(3&4):	**9,779**	**0.0000**
Total FRVS PD:		**15.6079**

(1) 80% Capital ($4,254,723) amortized at 7.7500% for 20 years Principal & Interest of $419,149 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.6329
(2) 20% ROE ($1,063,681) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8516
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2000**	Used Per Bed Standard:	**39,849**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,781,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.5499**	**37.5499**	**0.3276**	**37.2223**	
Patient Care					
Direct Care	**84.2020**	**84.2020**	**0.7345**	**83.4675**	
Indirect Care	**46.1145**	**46.1145**	**0.4023**	**45.7122**	
Property	**12.0400**	**15.6079**	**0.1362**	**15.4717**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.3939**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**179.9064**	**183.4743**	**1.6006**	**201.8647**	

***Medicaid Trend Adjustment :**

0 252328-00 - 2011/01

203.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Wedgewood Healthcare Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1010 Carpenters Way		**09/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Lakeland FL 33809		Days In CR	**303**	Maximum:	**36,360**	Standard:	**181**
County: **Polk[53]**		First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **6**	Last Used:	**2011/01**	Total Patient:	**33,831**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**17,836**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**12,301**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date:	**1/1/1999**						
Acquired Date:	**1/1/1999**						
Entered Medicaid	**3/26/1999**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**214647**						

Medicaid Utilization	**36.36014%**
Occupancy:	**93.04456%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.95421%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	541,711	1,050,886	810,769	147,735	0	2,551,101
1a	Audit Adjustments						
2	Cost Per Diem	44.0380	85.4309	65.9108	**12.0100**		207.3897
3	Cost Per Diem Inflated	46.1725	88.2364	69.1055			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.1725**	**88.2364**	**69.1055**	**12.0100**		215.5244
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		45.8697			
7	Provider Target Rate	**38.1474**		**47.0227**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1474**	**88.2364**	**47.0227**	**12.0100**		185.4165
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.1474**	**88.2364**	**47.0227**	**12.0100**		**185.4165**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252328-00 - 2011/01

203.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Wedgewood Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/26/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/01**
Indexed Asset Value	**5,239,844**
FRVS Base Asset:	**4,594,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**4,128,040.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**412,958**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,191,875**	**10.4759**
20% ROE(2):	**1,047,969**	**0.8042**
Insurance Cost(3):	**25,290**	**0.7475**
Taxes Cost(3):	**101,721**	**3.0067**
Home Office(3):	**21,235**	**0.6277**
Replacement(3&4):	**15,289**	**0.0000**
Total FRVS PD:		**15.6620**

(1) 80% Capital ($4,191,875) amortized at 7.7500% for 20 years Principal & Interest of $412,958 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.4759
(2) 20% ROE ($1,047,969) times the ROE factor (0.030250) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8042
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1998**	Used Per Bed Standard:	**38,291**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,594,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1474**	**38.1474**	**0.3328**	**37.8146**	
Patient Care					
Direct Care	**88.2364**	**88.2364**	**0.7697**	**87.4667**	
Indirect Care	**47.0227**	**47.0227**	**0.4102**	**46.6125**	
Property	**12.0100**	**15.6620**	**0.1366**	**15.5254**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$8.9027**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**185.4165**	**189.0685**	**1.6493**	**203.9190**	

***Medicaid Trend Adjustment :**

0 252336-00 - 2011/01

211.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Largo Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
9035 Bryan Dairy Rd.		**09/01/2008-06/30/2009**		Number of Beds:	**158**	Superior:	**0**
Largo FL 33777		Days In CR	**303**	Maximum:	**47,874**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**57,670**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**46,203**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,830**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**27,246**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/2/1999**						
Acquired Date:	**6/2/1999**						
Entered Medicaid	**6/2/1999**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**216119**						

Medicaid Utilization	**58.97020%**
Occupancy:	**96.50959%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**121.30965%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,098,189	2,413,721	1,319,114	234,316	0	5,065,340
1a	Audit Adjustments						
2	Cost Per Diem	40.3064	88.5899	48.4150	**8.6000**		185.9113
3	Cost Per Diem Inflated	42.2600	91.4991	50.7617			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.2600**	**91.4991**	**50.7617**	**8.6000**		193.1208
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1474**	**91.4991**	**46.1145**	**8.6000**		184.3610
12/13	Medicaid Adjustment Rate		0.9234	0.4654			
14	Prospective Per Diem 11	**38.1474**	**92.4225**	**46.5799**	**8.6000**		**185.7498**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252336-00 - 2011/01

211.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Largo Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/01**
Indexed Asset Value	**6,972,609**
FRVS Base Asset:	**6,049,978**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**6,478,480.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**549,519**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,578,087**	**10.5874**
20% ROE(2):	**1,394,522**	**0.8128**
Insurance Cost(3):	**33,300**	**0.7207**
Taxes Cost(3):	**104,507**	**2.2619**
Home Office(3):	**21,092**	**0.4565**
Replacement(3&4):	**8,062**	**0.0000**
Total FRVS PD:		**14.8393**

(1) 80% Capital ($5,578,087) amortized at 7.7500% for 20 years Principal & Interest of $549,519 divided by annual available days (57,670) divided by Occup. Adj. (0.9000) = $10.5874
(2) 20% ROE ($1,394,522) times the ROE factor (0.030250) divided by annual available days (57,670) divided by Occup. Adj. (0.9000) = $0.8128
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1998**	Used Per Bed Standard:	**38,291**
Comparison Bed	**158**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**6,049,978**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1474**	**38.1474**	**0.3328**	**37.8146**	
Patient Care					
Direct Care	**92.4225**	**92.4225**	**0.8062**	**91.6163**	
Indirect Care	**46.5799**	**46.5799**	**0.4063**	**46.1736**	
Property	**8.6000**	**14.8393**	**0.1294**	**14.7099**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.6011**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**185.7498**	**191.9891**	**1.6747**	**211.5126**	

***Medicaid Trend Adjustment :**

0 252344-00 - 2011/01

217.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heritage Park Rehab. and Healthcare

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2826 Cleveland Avenue		**09/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Ft. Myers FL 33901		Days In CR	**303**	Maximum:	**36,360**	Standard:	**181**
County:	**Lee[36]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**34,736**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,555**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**22,092**	FY Index:	**1.18536552**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**					Cost:	**1.04846989**
Open Date:	**11/1/1981**					Target:	**1.01759574**
Acquired Date:	**11/1/1981**					**DC FY Index:**	**1.15216426**
Entered Medicaid	**10/1/1982**					**DC Sem Index:**	**1.19000000**
Med # Active Date:	**12/1/2001**					**DC Inflation:**	**1.03283884**
Previous Med #	**211583**					**PS Target:**	**1.02513678**

Medicaid Utilization	**63.59972%**
Occupancy:	**95.53356%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.08281%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,008,788	1,861,685	1,111,783	136,970	0	4,119,226
1a	Audit Adjustments						
2	Cost Per Diem	45.6630	84.2696	50.3251	**6.2000**		186.4577
3	Cost Per Diem Inflated	47.8763	87.0369	52.7644			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.8763**	**87.0369**	**52.7644**	**6.2000**		193.8776
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.9038		46.7809			
7	Provider Target Rate	**45.0074**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.0074**	**87.0369**	**47.9568**	**6.2000**		186.2011
12/13	Medicaid Adjustment Rate		1.3316	0.7337			
14	Prospective Per Diem 11	**45.0074**	**88.3685**	**48.6905**	**6.2000**		**188.2664**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252344-00 - 2011/01

217.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heritage Park Rehab. and Healthcare

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**5,033,631**
FRVS Base Asset:	**3,026,911**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**2,912,669.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**396,706**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,026,905**	**10.0636**
20% ROE(2):	**1,006,726**	**0.7725**
Insurance Cost(3):	**25,291**	**0.7281**
Taxes Cost(3):	**58,636**	**1.6880**
Home Office(3):	**13,956**	**0.4018**
Replacement(3&4):	**92,500**	**0.0000**
Total FRVS PD:		**13.6540**

(1) 80% Capital ($4,026,905) amortized at 7.7500% for 20 years Principal & Interest of $396,706 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.0636

(2) 20% ROE ($1,006,726) times the ROE factor (0.030250) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7725

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**146**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,161,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.0074**	**45.0074**	**0.3926**	**44.6148**	
Patient Care					
Direct Care	**88.3685**	**88.3685**	**0.7709**	**87.5976**	
Indirect Care	**48.6905**	**48.6905**	**0.4247**	**48.2658**	
Property	**6.2000**	**13.6540**	**0.1191**	**13.5349**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3608**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**188.2664**	**195.7204**	**1.7073**	**217.9710**	

***Medicaid Trend Adjustment :**

0 252352-00 - 2011/01

193.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Island Health and Rehab. Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
125 Alma Boulevard	**09/01/2008-06/30/2009**	Number of Beds: **120**	Superior: **0**
Merritt Island FL 32953	Days In CR **303**	Maximum: **36,360**	Standard: **181**
County: **Brevard[5]**	First Used: **2010/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **7**	Last Used: **2011/01**	Total Patient: **34,672**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **7,930**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **20,098**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **1/1/1983**			
Acquired Date: **1/1/1983**			
Entered Medicaid **1/1/1983**			
Med # Active Date: **12/1/2001**			
Previous Med # **207101**			

Medicaid Utilization	**57.96608%**
Occupancy:	**95.35754%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.86156%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	744,630	1,502,408	936,450	155,960	0	3,339,448
1a	Audit Adjustments						
2	Cost Per Diem	37.0500	74.7541	46.5942	**7.7600**		166.1583
3	Cost Per Diem Inflated	38.8458	77.2089	48.8526			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.8458**	**77.2089**	**48.8526**	**7.7600**		172.6673
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		45.7824			
7	Provider Target Rate	**38.1474**		**46.9332**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1474**	**77.2089**	**46.9332**	**7.7600**		170.0495
12/13	Medicaid Adjustment Rate		0.6919	0.4206			
14	Prospective Per Diem 11	**38.1474**	**77.9008**	**47.3538**	**7.7600**		**171.1620**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252352-00 - 2011/01

193.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Island Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**3,649,056**
FRVS Base Asset:	**2,166,209**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**3,854,663.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**287,586**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,919,245**	**7.2954**
20% ROE(2):	**729,811**	**0.5600**
Insurance Cost(3):	**25,290**	**0.7294**
Taxes Cost(3):	**33,039**	**0.9529**
Home Office(3):	**15,385**	**0.4437**
Replacement(3&4):	**72,812**	**0.0000**
Total FRVS PD:		**9.9814**

(1) 80% Capital ($2,919,245) amortized at 7.7500% for 20 years Principal & Interest of $287,586 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.2954
(2) 20% ROE ($729,811) times the ROE factor (0.030250) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5600
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1474**	**38.1474**	**0.3328**	**37.8146**	
Patient Care					
Direct Care	**77.9008**	**77.9008**	**0.6796**	**77.2212**	
Indirect Care	**47.3538**	**47.3538**	**0.4131**	**46.9407**	
Property	**7.7600**	**9.9814**	**0.0871**	**9.8943**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.5233**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**171.1620**	**173.3834**	**1.5126**	**193.9912**	

***Medicaid Trend Adjustment :**

0 252361-00 - 2011/01

200.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

North Florida Rehab. and Specialty Care

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
6700 NW 10th Place		**09/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Gainesville FL 32605		Days In CR	**303**	Maximum:	**36,360**	Standard:	**181**
County:	**Alachua[1]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**33,624**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,995**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**15,106**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/1/1984**						
Acquired Date:	**3/1/1984**						
Entered Medicaid	**3/1/1984**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**207730**						

Medicaid Utilization	**44.92624%**
Occupancy:	**92.47525%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.23861%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	541,544	1,217,344	784,135	153,024	0	2,696,047
1a	Audit Adjustments						
2	Cost Per Diem	35.8496	80.5868	51.9088	**10.1300**		178.4752
3	Cost Per Diem Inflated	37.5872	83.2332	54.4248			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.5872**	**83.2332**	**54.4248**	**10.1300**		185.3752
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		45.8254			
7	Provider Target Rate	**36.1628**		**46.9773**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1628**	**83.2332**	**46.9773**	**10.1300**		176.5033
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**36.1628**	**83.2332**	**46.9773**	**10.1300**		**176.5033**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252361-00 - 2011/01

200.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

North Florida Rehab. and Specialty Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**5,267,600**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**4,231,418.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**415,145**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,214,080**	**10.5313**
20% ROE(2):	**1,053,520**	**0.8084**
Insurance Cost(3):	**25,291**	**0.7522**
Taxes Cost(3):	**68,628**	**2.0410**
Home Office(3):	**15,957**	**0.4746**
Replacement(3&4):	**113,088**	**0.0000**
Total FRVS PD:		**14.6075**

(1) 80% Capital ($4,214,080) amortized at 7.7500% for 20 years Principal & Interest of $415,145 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.5313
(2) 20% ROE ($1,053,520) times the ROE factor (0.030250) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8084
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1628**	**36.1628**	**0.3155**	**35.8473**	
Patient Care					
Direct Care	**83.2332**	**83.2332**	**0.7261**	**82.5071**	
Indirect Care	**46.9773**	**46.9773**	**0.4098**	**46.5675**	
Property	**10.1300**	**14.6075**	**0.1274**	**14.4801**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.2326**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**176.5033**	**180.9808**	**1.5788**	**200.2317**	

***Medicaid Trend Adjustment :**

0 252379-00 - 2011/01

181.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Shoal Creek Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
500 South Hospital Drive		**09/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Crestview Fl 32539		Days In CR	**303**	Maximum:	**36,360**	Standard:	**181**
County: **Okaloosa[46]**		First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **1**	Last Used:	**2011/01**	Total Patient:	**35,406**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,123**	Inflation	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**23,430**	FY Index:	**1.18536552**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**66.17522%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**97.37624%**	Cost:	**1.04846989**
Open Date: **4/5/2000**		Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date: **4/5/2000**		Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15216426**
Entered Medicaid **4/27/2000**		Low Occupancy Adjustment Factor:			**122.39900%**	**DC Sem Index:**	**1.19000000**
Med # Active Date: **12/1/2001**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03283884**
Previous Med # **223611**						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	720,993	1,573,176	950,465	247,889	0	3,492,523
1a	Audit Adjustments						
2	Cost Per Diem	30.7722	67.1437	40.5662	**10.5800**		149.0621
3	Cost Per Diem Inflated	32.2637	69.3486	42.5324			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**32.2637**	**69.3486**	**42.5324**	**10.5800**		154.7247
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**32.2637**	**69.3486**	**42.5324**	**10.5800**		154.7247
12/13	Medicaid Adjustment Rate		1.2619	0.7740			
14	Prospective Per Diem 11	**32.2637**	**70.6105**	**43.3064**	**10.5800**		**156.7606**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252379-00 - 2011/01

181.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Shoal Creek Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/27/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2000/01**
Indexed Asset Value	**5,307,917**
FRVS Base Asset:	**4,718,880**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**4,919,915.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**418,323**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,246,334**	**10.6119**
20% ROE(2):	**1,061,583**	**0.8146**
Insurance Cost(3):	**25,291**	**0.7143**
Taxes Cost(3):	**70,238**	**1.9838**
Home Office(3):	**14,273**	**0.4031**
Replacement(3&4):	**25,135**	**0.0000**
Total FRVS PD:		**14.5277**

(1) 80% Capital ($4,246,334) amortized at 7.7500% for 20 years Principal & Interest of $418,323 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.6119
(2) 20% ROE ($1,061,583) times the ROE factor (0.030250) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8146
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1999**	Used Per Bed Standard:	**39,324**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,718,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**32.2637**	**32.2637**	**0.2814**	**31.9823**	
Patient Care					
Direct Care	**70.6105**	**70.6105**	**0.6160**	**69.9945**	
Indirect Care	**43.3064**	**43.3064**	**0.3778**	**42.9286**	
Property	**10.5800**	**14.5277**	**0.1267**	**14.4010**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.5099**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**156.7606**	**160.7083**	**1.4019**	**181.4134**	

***Medicaid Trend Adjustment :**

0 252387-00 - 2011/01

201.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Governor's Creek Health and Rehab.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
803 Oak Street		**09/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Green Cove Springs FL 32043		Days In CR	**303**	Maximum:	**36,360**	Standard:	**181**
County: **Clay[10]**		First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**34,322**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**3,411**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**28,405**		
Class at 1/94: **North Large [2]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.18536552**
Open Date: **1/1/1983**						Semester Index:	**1.24282006**
Acquired Date: **1/1/1983**						Cost:	**1.04846989**
Entered Medicaid **1/1/1983**						Target:	**1.01759574**
Med # Active Date: **12/1/2001**						**DC FY Index:**	**1.15216426**
Previous Med # **207110**						**DC Sem Index:**	**1.19000000**
						DC Inflation:	**1.03283884**
						PS Target:	**1.02513678**

Medicaid Utilization					**82.76033%**		
Occupancy:					**94.39494%**		
Statewide Low Occupancy Threshold:					**79.55640%**		
Medicaid Low Occupancy Threshold:					**41.59470%**		
Low Occupancy Adjustment Factor:					**118.65159%**		
Weighted Low Occ Adjustment Factor:					**100.00000%**		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,013,910	2,272,928	1,291,394	213,890	0	4,792,122
1a	Audit Adjustments						
2	Cost Per Diem	35.6948	80.0186	45.4636	**7.5300**		168.7070
3	Cost Per Diem Inflated	37.4249	82.6463	47.6672			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.4249**	**82.6463**	**47.6672**	**7.5300**		175.2684
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1628**	**82.6463**	**44.2723**	**7.5300**		170.6114
12/13	Medicaid Adjustment Rate		3.0460	1.6317			
14	Prospective Per Diem 11	**36.1628**	**85.6923**	**45.9040**	**7.5300**		**175.2891**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252387-00 - 2011/01

201.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Governor's Creek Health and Rehab.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**3,984,067**
FRVS Base Asset:	**2,253,887**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**2,253,128.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**313,989**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,187,254**	**7.9652**
20% ROE(2):	**796,813**	**0.6115**
Insurance Cost(3):	**25,291**	**0.7369**
Taxes Cost(3):	**26,879**	**0.7831**
Home Office(3):	**12,031**	**0.3505**
Replacement(3&4):	**32,087**	**0.0000**
Total FRVS PD:		**10.4472**

(1) 80% Capital ($3,187,254) amortized at 7.7500% for 20 years Principal & Interest of $313,989 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.9652

(2) 20% ROE ($796,813) times the ROE factor (0.030250) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6115

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1628**	**36.1628**	**0.3155**	**35.8473**	
Patient Care					
Direct Care	**85.6923**	**85.6923**	**0.7475**	**84.9448**	
Indirect Care	**45.9040**	**45.9040**	**0.4004**	**45.5036**	
Property	**7.5300**	**10.4472**	**0.0911**	**10.3561**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9586**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**175.2891**	**178.2063**	**1.5545**	**201.2075**	

***Medicaid Trend Adjustment :**

0 252395-00 - 2011/01

208.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Palms Rehab. and Healthcare Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5405 Babcock Street NE		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
Palm Bay FL 32905		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**40,656**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,787**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,911**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/11/1998**						
Acquired Date:	**3/11/1998**						
Entered Medicaid	**3/11/1998**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**213578**						

Medicaid Utilization	**58.81297%**
Occupancy:	**92.82192%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.67436%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	882,562	2,051,282	1,060,462	235,523	0	4,229,829
1a	Audit Adjustments						
2	Cost Per Diem	36.9103	85.7882	44.3504	**9.8500**		176.8989
3	Cost Per Diem Inflated	38.0279	87.5165	45.6933			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.0279**	**87.5165**	**45.6933**	**9.8500**		181.0877
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		45.1208			
7	Provider Target Rate	**38.1474**		**46.2550**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.0279**	**87.5165**	**45.6933**	**9.8500**		181.0877
12/13	Medicaid Adjustment Rate		0.8677	0.4530			
14	Prospective Per Diem 11	**38.0279**	**88.3842**	**46.1463**	**9.8500**		**182.4084**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252395-00 - 2011/01

208.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Palms Rehab. and Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/11/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/01**
Indexed Asset Value	**5,291,452**
FRVS Base Asset:	**4,493,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**3,806,562.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**417,025**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,233,162**	**10.5790**
20% ROE(2):	**1,058,290**	**0.8473**
Insurance Cost(3):	**33,580**	**0.8260**
Taxes Cost(3):	**82,386**	**2.0264**
Home Office(3):	**22,995**	**0.5656**
Replacement(3&4):	**15,072**	**0.0000**
Total FRVS PD:		**14.8443**

(1) 80% Capital ($4,233,162) amortized at 7.7500% for 20 years Principal & Interest of $417,025 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.5790

(2) 20% ROE ($1,058,290) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8473

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1997**	Used Per Bed Standard:	**37,445**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,493,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.0279**	**38.0279**	**0.3317**	**37.6962**	
Patient Care					
Direct Care	**88.3842**	**88.3842**	**0.7710**	**87.6132**	
Indirect Care	**46.1463**	**46.1463**	**0.4026**	**45.7437**	
Property	**9.8500**	**14.8443**	**0.1295**	**14.7148**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.2234**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**182.4084**	**187.4027**	**1.6348**	**208.5884**	

***Medicaid Trend Adjustment :**

0 252409-00 - 2011/01

195.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Grand Oaks Health and Rehab. Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3001 Palm Coast Parkway SE		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
Palm Coast FL 32137		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Flagler[18]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**42,158**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**19,766**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**18,661**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/16/1997**						
Acquired Date:	**5/16/1997**						
Entered Medicaid	**5/16/1997**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**213047**						

Medicaid Utilization	**44.26443%**
Occupancy:	**96.25114%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.98479%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	691,892	1,493,737	861,086	210,496	0	3,257,211
1a	Audit Adjustments						
2	Cost Per Diem	37.0769	80.0459	46.1436	**11.2800**		174.5464
3	Cost Per Diem Inflated	38.1996	81.6585	47.5408			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.1996**	**81.6585**	**47.5408**	**11.2800**		178.6789
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.0066		43.1867			
7	Provider Target Rate	**38.9620**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1996**	**81.6585**	**44.2723**	**11.2800**		175.4104
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.1996**	**81.6585**	**44.2723**	**11.2800**		**175.4104**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252409-00 - 2011/01

195.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Grand Oaks Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/16/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**5,307,008**
FRVS Base Asset:	**4,383,120**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**5,165,066.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**418,251**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,245,606**	**10.6101**
20% ROE(2):	**1,061,402**	**0.8498**
Insurance Cost(3):	**33,580**	**0.7965**
Taxes Cost(3):	**92,470**	**2.1934**
Home Office(3):	**28,050**	**0.6654**
Replacement(3&4):	**24,870**	**0.0000**
Total FRVS PD:		**15.1152**

(1) 80% Capital ($4,245,606) amortized at 7.7500% for 20 years Principal & Interest of $418,251 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.6101
(2) 20% ROE ($1,061,402) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8498
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,383,120**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1996**	**38.1996**	**0.3332**	**37.8664**	
Patient Care					
Direct Care	**81.6585**	**81.6585**	**0.7123**	**80.9462**	
Indirect Care	**44.2723**	**44.2723**	**0.3862**	**43.8861**	
Property	**11.2800**	**15.1152**	**0.1319**	**14.9833**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.0015**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**175.4104**	**179.2456**	**1.5636**	**195.2806**	

***Medicaid Trend Adjustment :**

0 252417-00 - 2011/01

200.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Harts Harbor Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
11565 Harts Road		**09/01/2008-06/30/2009**		Number of Beds:	**180**	Superior:	**0**
Jacksonville FL 32218		Days In CR	**303**	Maximum:	**54,540**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2010/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**47,997**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,599**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**40,732**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1977**						
Acquired Date:	**7/1/1977**						
Entered Medicaid	**6/1/1982**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**207080**						

Medicaid Utilization	**84.86364%**
Occupancy:	**88.00330%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**110.61751%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,498,033	3,305,182	1,702,999	512,816	0	7,019,030
1a	Audit Adjustments						
2	Cost Per Diem	36.7778	81.1446	41.8099	**12.5900**		172.3223
3	Cost Per Diem Inflated	38.5604	83.8093	43.8364			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.5604**	**83.8093**	**43.8364**	**12.5900**		178.7961
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1628**	**83.8093**	**43.8364**	**12.5900**		176.3985
12/13	Medicaid Adjustment Rate		3.2871	1.7193			
14	Prospective Per Diem 11	**36.1628**	**87.0964**	**45.5557**	**12.5900**		**181.4049**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252417-00 - 2011/01

200.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Harts Harbor Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1977/07**
Indexed Asset Value	**4,729,747**
FRVS Base Asset:	**2,722,556**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**1,901,700.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.5000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**7.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**365,784**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,783,798**	**6.1861**
20% ROE(2):	**945,949**	**0.4839**
Insurance Cost(3):	**37,936**	**0.7904**
Taxes Cost(3):	**33,171**	**0.6911**
Home Office(3):	**16,549**	**0.3448**
Replacement(3&4):	**96,197**	**0.0000**
Total FRVS PD:		**8.4963**

(1) 80% Capital ($3,783,798) amortized at 7.5000% for 20 years Principal & Interest of $365,784 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $6.1861
(2) 20% ROE ($945,949) times the ROE factor (0.030250) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4839
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1628**	**36.1628**	**0.3155**	**35.8473**	
Patient Care					
Direct Care	**87.0964**	**87.0964**	**0.7598**	**86.3366**	
Indirect Care	**45.5557**	**45.5557**	**0.3974**	**45.1583**	
Property	**12.5900**	**8.4963**	**0.0741**	**8.4222**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.0257**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**181.4049**	**177.3112**	**1.5468**	**200.3872**	

***Medicaid Trend Adjustment :**

0 252425-00 - 2011/01

185.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Marshall Health and Rehab. Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
207 Marshall Drive		**09/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Perry FL 32347		Days In CR	**303**	Maximum:	**36,360**	Standard:	**181**
County:	**Taylor[62]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2011/01**	Total Patient:	**31,232**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,527**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**22,691**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1979**						
Acquired Date:	**9/1/1979**						
Entered Medicaid	**3/1/1984**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**211061**						

Medicaid Utilization	**72.65305%**
Occupancy:	**85.89659%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**107.96943%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	777,387	1,565,913	974,594	172,905	0	3,490,799
1a	Audit Adjustments						
2	Cost Per Diem	34.2597	69.0103	42.9507	**7.6200**		153.8407
3	Cost Per Diem Inflated	35.9203	71.2765	45.0325			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.9203**	**71.2765**	**45.0325**	**7.6200**		159.8493
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.9203**	**71.2765**	**44.2723**	**7.6200**		159.0891
12/13	Medicaid Adjustment Rate		1.8165	1.1283			
14	Prospective Per Diem 11	**35.9203**	**73.0930**	**45.4006**	**7.6200**		**162.0339**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252425-00 - 2011/01

185.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Marshall Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/07**
Indexed Asset Value	**3,504,541**
FRVS Base Asset:	**2,027,076**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**1,901,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**276,197**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,803,633**	**7.0065**
20% ROE(2):	**700,908**	**0.5379**
Insurance Cost(3):	**25,291**	**0.8098**
Taxes Cost(3):	**28,457**	**0.9111**
Home Office(3):	**11,573**	**0.3705**
Replacement(3&4):	**32,830**	**0.0000**
Total FRVS PD:		**9.6358**

(1) 80% Capital ($2,803,633) amortized at 7.7500% for 20 years Principal & Interest of $276,197 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.0065
(2) 20% ROE ($700,908) times the ROE factor (0.030250) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5379
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.9203**	**35.9203**	**0.3133**	**35.6070**	
Patient Care					
Direct Care	**73.0930**	**73.0930**	**0.6376**	**72.4554**	
Indirect Care	**45.4006**	**45.4006**	**0.3960**	**45.0046**	
Property	**7.6200**	**9.6358**	**0.0841**	**9.5517**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.4977**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**162.0339**	**164.0497**	**1.4310**	**185.7135**	

***Medicaid Trend Adjustment :**

0 252433-00 - 2011/01

207.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

SeaView Nursing and Rehab. Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2401 NE 2nd Street	**09/01/2008-06/30/2009**	Number of Beds: **83**	Superior: **0**
Pompano Beach FL 33062	Days In CR **303**	Maximum: **25,149**	Standard: **181**
County: **Broward[6]**	First Used: **2010/01**	Max Annualized: **30,295**	Conditional: **0**
Region: **South[2]** Area: **10**	Last Used: **2011/01**	Total Patient: **22,522**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **1,877**	
Current Class **South Small [3]**	Initial CR? **False**	Medicaid: **18,552**	
Class at 1/94: **South Small [3]**			
Operating Ex **> 18 months [1]**			
Open Date: **8/1/1983**			
Acquired Date: **8/1/1983**			
Entered Medicaid **8/1/1983**			
Med # Active Date: **12/1/2001**			
Previous Med # **207489**			

Medicaid Utilization	**82.37279%**
Occupancy:	**89.55426%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**112.56701%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	769,618	1,304,226	944,689	148,230	0	3,166,763
1a	Audit Adjustments						
2	Cost Per Diem	41.4844	70.3011	50.9211	**7.9900**		170.6966
3	Cost Per Diem Inflated	43.4951	72.6097	53.3892			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.4951**	**72.6097**	**53.3892**	**7.9900**		177.4840
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7966		56.1408			
7	Provider Target Rate	**50.0232**		**58.5755**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.4951**	**72.6097**	**53.3892**	**7.9900**		177.4840
12/13	Medicaid Adjustment Rate		2.6444	1.9444			
14	Prospective Per Diem 11	**43.4951**	**75.2541**	**55.3336**	**7.9900**		**182.0728**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252433-00 - 2011/01

207.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

SeaView Nursing and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**2,168,868**
FRVS Base Asset:	**1,201,038**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**1,234,273.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**170,931**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,735,094**	**6.2691**
20% ROE(2):	**433,774**	**0.4813**
Insurance Cost(3):	**17,493**	**0.7767**
Taxes Cost(3):	**45,300**	**2.0114**
Home Office(3):	**8,131**	**0.3610**
Replacement(3&4):	**13,740**	**0.0000**
Total FRVS PD:		**9.8995**

(1) 80% Capital ($1,735,094) amortized at 7.7500% for 20 years Principal & Interest of $170,931 divided by annual available days (30,295) divided by Occup. Adj. (0.9000) = $6.2691
(2) 20% ROE ($433,774) times the ROE factor (0.030250) divided by annual available days (30,295) divided by Occup. Adj. (0.9000) = $0.4813
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**83**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,365,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.4951**	**43.4951**	**0.3794**	**43.1157**	
Patient Care					
Direct Care	**75.2541**	**75.2541**	**0.6565**	**74.5976**	
Indirect Care	**55.3336**	**55.3336**	**0.4827**	**54.8509**	
Property	**7.9900**	**9.8995**	**0.0864**	**9.8131**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2607**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**182.0728**	**183.9823**	**1.6050**	**207.2351**	

***Medicaid Trend Adjustment :**

0 252441-00 - 2011/01

205.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Plantation Bay Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4641 Old Canoe Creek Road		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
St. Cloud FL 34769		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Osceola[49]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**41,044**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,644**	Inflation	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**24,127**	FY Index:	**1.20629404**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**58.78326%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**93.70776%**	Cost:	**1.03027953**
Open Date:	**7/20/1995**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**7/20/1995**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16650000**
Entered Medicaid	**7/20/1995**	Low Occupancy Adjustment Factor:			**117.78784%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**12/1/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02014574**
Previous Med #	**213080**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	949,699	2,012,631	1,185,155	216,660	0	4,364,145
1a	Audit Adjustments						
2	Cost Per Diem	39.3625	83.4182	49.1215	**8.9800**		180.8822
3	Cost Per Diem Inflated	40.5544	85.0987	50.6089			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.5544**	**85.0987**	**50.6089**	**8.9800**		185.2420
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1474**	**85.0987**	**46.1145**	**8.9800**		178.3406
12/13	Medicaid Adjustment Rate		0.8409	0.4557			
14	Prospective Per Diem 11	**38.1474**	**85.9396**	**46.5702**	**8.9800**		**179.6372**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252441-00 - 2011/01

205.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Plantation Bay Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/20/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/07**
Indexed Asset Value	**4,774,096**
FRVS Base Asset:	**3,595,112**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**4,216,969.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**376,252**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,819,277**	**9.5447**
20% ROE(2):	**954,819**	**0.7644**
Insurance Cost(3):	**33,580**	**0.8181**
Taxes Cost(3):	**64,364**	**1.5682**
Home Office(3):	**21,717**	**0.5291**
Replacement(3&4):	**34,024**	**0.0000**
Total FRVS PD:		**13.2245**

(1) 80% Capital ($3,819,277) amortized at 7.7500% for 20 years Principal & Interest of $376,252 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.5447

(2) 20% ROE ($954,819) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7644

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1995**	Used Per Bed Standard:	**34,904**
Comparison Bed	**103**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,595,112**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1474**	**38.1474**	**0.3328**	**37.8146**	
Patient Care					
Direct Care	**85.9396**	**85.9396**	**0.7497**	**85.1899**	
Indirect Care	**46.5702**	**46.5702**	**0.4063**	**46.1639**	
Property	**8.9800**	**13.2245**	**0.1154**	**13.1091**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.3231**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**179.6372**	**183.8817**	**1.6042**	**205.1977**	

***Medicaid Trend Adjustment :**

0 252450-00 - 2011/01

205.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Rio Pinar Health Care

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
7950 Lake Underhill Road		**07/01/2009-06/30/2010**		Number of Beds:	**180**	Superior:	**0**
Orlando FL 32822		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2011/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**63,687**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,574**	Inflation	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**43,596**	FY Index:	**1.20629404**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**68.45353%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**96.93607%**	Cost:	**1.03027953**
Open Date:	**2/1/1987**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**2/1/1987**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16650000**
Entered Medicaid	**2/1/1987**	Low Occupancy Adjustment Factor:			**121.84572%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**12/1/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02014574**
Previous Med #	**209341**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,441,442	3,743,179	1,826,677	962,600	0	7,973,898
1a	Audit Adjustments						
2	Cost Per Diem	33.0636	85.8606	41.9001	**22.0800**		182.9043
3	Cost Per Diem Inflated	34.0648	87.5903	43.1688			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.0648**	**87.5903**	**43.1688**	**22.0800**		186.9039
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.0648**	**87.5903**	**43.1688**	**13.6500**		178.4739
12/13	Medicaid Adjustment Rate		1.8184	0.8962			
14	Prospective Per Diem 11	**34.0648**	**89.4087**	**44.0650**	**13.6500**		**181.1885**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252450-00 - 2011/01

205.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Rio Pinar Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/23/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/01**
Indexed Asset Value	**8,136,570**
FRVS Base Asset:	**5,162,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**646,078**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,509,256**	**10.9264**
20% ROE(2):	**1,627,314**	**0.8686**
Insurance Cost(3):	**51,004**	**0.8009**
Taxes Cost(3):	**140,668**	**2.2087**
Home Office(3):	**29,527**	**0.4636**
Replacement(3&4):	**26,578**	**0.0000**
Total FRVS PD:		**15.2682**

(1) 80% Capital ($6,509,256) amortized at 10.0000% for 20 years Interest of $646,078 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $10.9264
(2) 20% ROE ($1,627,314) times the ROE factor (0.031560) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.8686
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,162,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.0648**	**34.0648**	**0.2972**	**33.7676**	
Patient Care					
Direct Care	**89.4087**	**89.4087**	**0.7799**	**88.6288**	
Indirect Care	**44.0650**	**44.0650**	**0.3844**	**43.6806**	
Property	**13.6500**	**15.2682**	**0.1332**	**15.1350**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5906**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**181.1885**	**182.8067**	**1.5947**	**205.3997**	

***Medicaid Trend Adjustment :**

0 252468-00 - 2011/01

203.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Rosewood Health and Rehab. Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3920 Rosewood Way		**09/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32808		Days In CR	**303**	Maximum:	**36,360**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**34,305**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,839**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**25,354**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**11/1/1984**						
Acquired Date:	**11/1/1984**						
Entered Medicaid	**11/1/1984**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**208183**						

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Medicaid Utilization	**73.90759%**	Statewide Low Occupancy Threshold:	**79.55640%**
Occupancy:	**94.34819%**	Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.59283%**	Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,007,834	1,945,492	1,126,470	236,299	0	4,316,095
1a	Audit Adjustments						
2	Cost Per Diem	39.7505	76.7331	44.4297	**9.3200**		170.2333
3	Cost Per Diem Inflated	41.6772	79.2529	46.5832			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.6772**	**79.2529**	**46.5832**	**9.3200**		176.8333
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		45.5401			
7	Provider Target Rate	**38.1474**		**46.6848**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1474**	**79.2529**	**46.5832**	**9.3200**		173.3035
12/13	Medicaid Adjustment Rate		2.1316	1.2529			
14	Prospective Per Diem 11	**38.1474**	**81.3845**	**47.8361**	**9.3200**		**176.6880**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252468-00 - 2011/01

203.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Rosewood Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,733,160**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**5,140,025.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**451,836**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,586,528**	**11.4621**
20% ROE(2):	**1,146,632**	**0.8799**
Insurance Cost(3):	**25,291**	**0.7372**
Taxes Cost(3):	**47,826**	**1.3941**
Home Office(3):	**14,098**	**0.4110**
Replacement(3&4):	**30,544**	**0.0000**
Total FRVS PD:		**14.8843**

(1) 80% Capital ($4,586,528) amortized at 7.7500% for 20 years Principal & Interest of $451,836 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.4621
(2) 20% ROE ($1,146,632) times the ROE factor (0.030250) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8799
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1474**	**38.1474**	**0.3328**	**37.8146**	
Patient Care					
Direct Care	**81.3845**	**81.3845**	**0.7099**	**80.6746**	
Indirect Care	**47.8361**	**47.8361**	**0.4173**	**47.4188**	
Property	**9.3200**	**14.8843**	**0.1298**	**14.7545**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.6250**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**176.6880**	**182.2523**	**1.5898**	**203.8846**	

***Medicaid Trend Adjustment :**

0 252476-00 - 2011/01

200.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

OAKTREE HEALTHCARE

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
650 Reed Canal Road		**07/01/2009-06/30/2010**		Number of Beds:	**65**	Superior:	**0**
South Daytona FL 32019		Days In CR	**365**	Maximum:	**23,725**	Standard:	**181**
County: **Volusia[64]**		First Used:	**2011/01**	Max Annualized:	**23,725**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**21,312**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**989**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**16,578**		
Class at 1/94: **North Small [1]**							
Operating Ex **> 18 months [1]**							
Open Date:	**9/1/1981**						
Acquired Date:	**9/1/1981**						
Entered Medicaid	**9/1/1981**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**206351**						

Medicaid Utilization	**77.78716%**
Occupancy:	**89.82930%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**112.91271%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	726,081	1,160,596	771,825	91,842	0	2,750,344
1a	Audit Adjustments						
2	Cost Per Diem	43.7979	70.0082	46.5572	**5.5400**		165.9033
3	Cost Per Diem Inflated	45.1241	71.4186	47.9669			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.1241**	**71.4186**	**47.9669**	**5.5400**		170.0496
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9279		47.1885			
7	Provider Target Rate	**44.0070**		**48.7271**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.0070**	**71.4186**	**47.9669**	**5.5400**		168.9325
12/13	Medicaid Adjustment Rate		2.2326	1.4995			
14	Prospective Per Diem 11	**44.0070**	**73.6512**	**49.4664**	**5.5400**		**172.6646**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252476-00 - 2011/01

200.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

OAKTREE HEALTHCARE

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/21/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**1,736,268**
FRVS Base Asset:	**915,383**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**1,004,676.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**136,837**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,389,014**	**6.4085**
20% ROE(2):	**347,254**	**0.5133**
Insurance Cost(3):	**17,578**	**0.8248**
Taxes Cost(3):	**16,098**	**0.7553**
Home Office(3):	**9,643**	**0.4525**
Replacement(3&4):	**27,571**	**0.0000**
Total FRVS PD:		**8.9544**

(1) 80% Capital ($1,389,014) amortized at 7.7500% for 20 years Principal & Interest of $136,837 divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = $6.4085
(2) 20% ROE ($347,254) times the ROE factor (0.031560) divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = $0.5133
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**65**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,852,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.0070**	**44.0070**	**0.3839**	**43.6231**	
Patient Care					
Direct Care	**73.6512**	**73.6512**	**0.6425**	**73.0087**	
Indirect Care	**49.4664**	**49.4664**	**0.4315**	**49.0349**	
Property	**5.5400**	**8.9544**	**0.0781**	**8.8763**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.9562**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**172.6646**	**176.0790**	**1.5360**	**200.0963**	

***Medicaid Trend Adjustment :**

0 252484-00 - 2011/01

214.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Edinborough Healthcare Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1061 Virginia Street		**07/01/2009-06/30/2010**		Number of Beds:	**93**	Superior:	**0**
Dunedin FL 34698		Days In CR	**365**	Maximum:	**33,945**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**33,945**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**31,371**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,438**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**20,722**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**11/1/1981**						
Acquired Date:	**11/1/1981**						
Entered Medicaid	**10/1/1982**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**206962**						

Medicaid Utilization	**66.05464%**
Occupancy:	**92.41714%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.16557%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	760,100	1,737,345	1,074,352	157,073	0	3,728,870
1a	Audit Adjustments						
2	Cost Per Diem	36.6808	83.8406	51.8460	**7.5800**		179.9474
3	Cost Per Diem Inflated	37.7915	85.5296	53.4159			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.7915**	**85.5296**	**53.4159**	**7.5800**		184.3170
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4035		51.4890			
7	Provider Target Rate	**45.5197**		**53.6513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.7915**	**85.5296**	**53.4159**	**7.5800**		184.3170
12/13	Medicaid Adjustment Rate		1.5448	0.9648			
14	Prospective Per Diem 11	**37.7915**	**87.0744**	**54.3807**	**7.5800**		**186.8266**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252484-00 - 2011/01

214.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Edinborough Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**2,757,893**
FRVS Base Asset:	**1,628,358**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**274,305**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,206,314**	**8.9787**
20% ROE(2):	**551,579**	**0.5698**
Insurance Cost(3):	**25,723**	**0.8200**
Taxes Cost(3):	**39,148**	**1.2479**
Home Office(3):	**13,240**	**0.4220**
Replacement(3&4):	**32,632**	**0.0000**
Total FRVS PD:		**12.0384**

(1) 80% Capital ($2,206,314) amortized at 12.5000% for 20 years Interest of $274,305 divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = $8.9787
(2) 20% ROE ($551,579) times the ROE factor (0.031560) divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = $0.5698
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**93**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,650,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.7915**	**37.7915**	**0.3297**	**37.4618**	
Patient Care					
Direct Care	**87.0744**	**87.0744**	**0.7596**	**86.3148**	
Indirect Care	**54.3807**	**54.3807**	**0.4744**	**53.9063**	
Property	**7.5800**	**12.0384**	**0.1050**	**11.9334**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.3666**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**186.8266**	**191.2850**	**1.6687**	**214.5800**	

***Medicaid Trend Adjustment :**

0 252492-00 - 2011/01

198.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Spring Hill Health and Rehab. Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
12170 Cortez Blvd.		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
Brooksville FL 34613		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Hernando[27]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**41,063**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**15,861**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**18,828**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/11/1997**						
Acquired Date:	**7/11/1997**						
Entered Medicaid	**8/1/1997**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**214370**						

Medicaid Utilization	**45.85150%**
Occupancy:	**93.75114%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.84236%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	664,272	1,558,977	1,068,051	211,627	0	3,502,927
1a	Audit Adjustments						
2	Cost Per Diem	35.2811	82.8010	56.7267	**11.2400**		186.0488
3	Cost Per Diem Inflated	36.3494	84.4691	58.4444			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.3494**	**84.4691**	**58.4444**	**11.2400**		190.5029
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1628**	**84.4691**	**44.2723**	**11.2400**		176.1442
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**36.1628**	**84.4691**	**44.2723**	**11.2400**		**176.1442**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252492-00 - 2011/01

198.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Spring Hill Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/07**
Indexed Asset Value	**5,223,442**
FRVS Base Asset:	**4,444,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information

Amount:	**4,919,949.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**411,665**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,178,754**	**10.4430**
20% ROE(2):	**1,044,688**	**0.8364**
Insurance Cost(3):	**33,580**	**0.8178**
Taxes Cost(3):	**125,630**	**3.0594**
Home Office(3):	**28,701**	**0.6990**
Replacement(3&4):	**50,308**	**0.0000**
Total FRVS PD:		**15.8556**

(1) 80% Capital ($4,178,754) amortized at 7.7500% for 20 years Principal & Interest of $411,665 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.4430
(2) 20% ROE ($1,044,688) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8364
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**1/1/1997**	Used Per Bed Standard:	**37,041**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,444,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1628**	**36.1628**	**0.3155**	**35.8473**	
Patient Care					
Direct Care	**84.4691**	**84.4691**	**0.7369**	**83.7322**	
Indirect Care	**44.2723**	**44.2723**	**0.3862**	**43.8861**	
Property	**11.2400**	**15.8556**	**0.1383**	**15.7173**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.5567**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**176.1442**	**180.7598**	**1.5769**	**198.3367**	

***Medicaid Trend Adjustment :**

0 252506-00 - 2011/01

198.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Habana Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2916 Habana Way		**09/01/2008-06/30/2009**		Number of Beds:	**150**	Superior:	**0**
Tampa FL 33614		Days In CR	**303**	Maximum:	**45,450**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2010/01**	Max Annualized:	**54,750**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**43,287**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,570**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**31,841**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1970**						
Acquired Date:	**6/1/1970**						
Entered Medicaid	**10/1/1980**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**206083**						

Medicaid Utilization	**73.55788%**
Occupancy:	**95.24093%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.71498%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,229,612	2,454,975	1,437,358	282,748	0	5,404,693
1a	Audit Adjustments						
2	Cost Per Diem	38.6173	77.1011	45.1417	**8.8800**		169.7401
3	Cost Per Diem Inflated	40.4891	79.6330	47.3297			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.4891**	**79.6330**	**47.3297**	**8.8800**		176.3318
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1474**	**79.6330**	**46.1145**	**8.8800**		172.7749
12/13	Medicaid Adjustment Rate		2.1105	1.2222			
14	Prospective Per Diem 11	**38.1474**	**81.7435**	**47.3367**	**8.8800**		**176.1076**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252506-00 - 2011/01

198.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Habana Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**4,470,653**
FRVS Base Asset:	**2,111,676**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information

Amount:	**3,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**352,337**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**3,576,522**	**7.1504**
20% ROE(2):	**894,131**	**0.5489**
Insurance Cost(3):	**31,614**	**0.7303**
Taxes Cost(3):	**67,665**	**1.5632**
Home Office(3):	**17,410**	**0.4022**
Replacement(3&4):	**251,553**	**0.0000**
Total FRVS PD:		**10.3950**

(1) 80% Capital ($3,576,522) amortized at 7.7500% for 20 years Principal & Interest of $352,337 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $7.1504
(2) 20% ROE ($894,131) times the ROE factor (0.030250) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $0.5489
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**150**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,275,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1474**	**38.1474**	**0.3328**	**37.8146**	
Patient Care					
Direct Care	**81.7435**	**81.7435**	**0.7131**	**81.0304**	
Indirect Care	**47.3367**	**47.3367**	**0.4129**	**46.9238**	
Property	**8.8800**	**10.3950**	**0.0907**	**10.3043**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.6670**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**176.1076**	**177.6226**	**1.5495**	**198.3372**	

***Medicaid Trend Adjustment :**

0 252522-00 - 2011/01

202.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Vista Manor

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1550 Jess Parrish Court		**09/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Titusville FL 32796		Days In CR	**303**	Maximum:	**36,360**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**34,146**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,644**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**18,422**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1985**						
Acquired Date:	**9/1/1985**						
Entered Medicaid	**9/16/1985**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**208574**						

Medicaid Utilization	**53.95068%**
Occupancy:	**93.91089%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.04316%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	731,676	1,476,171	940,059	174,641	0	3,322,547
1a	Audit Adjustments						
2	Cost Per Diem	39.7175	80.1309	51.0291	**9.4800**		180.3575
3	Cost Per Diem Inflated	41.6426	82.7623	53.5025			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.6426**	**82.7623**	**53.5025**	**9.4800**		187.3874
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2119		44.9838			
7	Provider Target Rate	**38.1473**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1473**	**82.7623**	**46.1145**	**9.4800**		176.5041
12/13	Medicaid Adjustment Rate		0.3678	0.2050			
14	Prospective Per Diem 11	**38.1473**	**83.1301**	**46.3195**	**9.4800**		**177.0769**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252522-00 - 2011/01

202.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Vista Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**5,514,176**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**4,919,889.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**434,578**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,411,341**	**11.0243**
20% ROE(2):	**1,102,835**	**0.8463**
Insurance Cost(3):	**25,291**	**0.7407**
Taxes Cost(3):	**75,070**	**2.1985**
Home Office(3):	**15,875**	**0.4649**
Replacement(3&4):	**43,327**	**0.0000**
Total FRVS PD:		**15.2747**

(1) 80% Capital ($4,411,341) amortized at 7.7500% for 20 years Principal & Interest of $434,578 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.0243
(2) 20% ROE ($1,102,835) times the ROE factor (0.030250) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8463
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1473**	**38.1473**	**0.3328**	**37.8145**	
Patient Care					
Direct Care	**83.1301**	**83.1301**	**0.7252**	**82.4049**	
Indirect Care	**46.3195**	**46.3195**	**0.4041**	**45.9154**	
Property	**9.4800**	**15.2747**	**0.1332**	**15.1415**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.0632**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**177.0769**	**182.8716**	**1.5953**	**202.9366**	

***Medicaid Trend Adjustment :**

0 252531-00 - 2011/01

202.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Hillcrest Nursing and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4200 Washington Street		**07/01/2009-06/30/2010**		Number of Beds:	**240**	Superior:	**0**
Hollywood FL 33021		Days In CR	**365**	Maximum:	**87,600**	Standard:	**181**
County: **Broward[6]**		First Used:	**2011/01**	Max Annualized:	**87,600**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2011/01**	Total Patient:	**80,737**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**15,974**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**46,725**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date: **1/1/1986**							
Acquired Date: **1/1/1986**							
Entered Medicaid **6/27/1989**							
Med # Active Date: **12/1/2001**							
Previous Med # **201057**							

Medicaid Utilization	**57.87309%**
Occupancy:	**92.16552%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.84929%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,760,209	3,580,597	2,520,832	396,695	0	8,258,333
1a	Audit Adjustments						
2	Cost Per Diem	37.6717	76.6313	53.9504	**8.4900**		176.7434
3	Cost Per Diem Inflated	38.8124	78.1751	55.5840			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.8124**	**78.1751**	**55.5840**	**8.4900**		181.0615
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		46.7809			
7	Provider Target Rate	**40.1320**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.8124**	**78.1751**	**47.9568**	**8.4900**		173.4343
12/13	Medicaid Adjustment Rate		0.6924	0.4248			
14	Prospective Per Diem 11	**38.8124**	**78.8675**	**48.3816**	**8.4900**		**174.5515**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252531-00 - 2011/01

202.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Hillcrest Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/27/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/01**
Indexed Asset Value	**10,683,840**
FRVS Base Asset:	**6,840,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**6,780,937.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**842,005**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**8,547,072**	**10.6799**
20% ROE(2):	**2,136,768**	**0.8554**
Insurance Cost(3):	**68,460**	**0.8479**
Taxes Cost(3):	**208,173**	**2.5784**
Home Office(3):	**45,851**	**0.5679**
Replacement(3&4):	**204,575**	**0.0000**
Total FRVS PD:		**15.5295**

(1) 80% Capital ($8,547,072) amortized at 7.7500% for 20 years Principal & Interest of $842,005 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $10.6799
(2) 20% ROE ($2,136,768) times the ROE factor (0.031560) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $0.8554
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**240**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**6,840,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.8124**	**38.8124**	**0.3386**	**38.4738**	
Patient Care					
Direct Care	**78.8675**	**78.8675**	**0.6880**	**78.1795**	
Indirect Care	**48.3816**	**48.3816**	**0.4221**	**47.9595**	
Property	**8.4900**	**15.5295**	**0.1355**	**15.3940**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.1044**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**174.5515**	**181.5910**	**1.5842**	**202.7083**	

***Medicaid Trend Adjustment :**

0 252549-00 - 2011/01

222.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Azalea Court

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5065 Wallis Road		**09/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
West Palm Beach FL 33415		Days In CR	**303**	Maximum:	**36,360**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**26,746**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**935**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**21,813**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/1/1984**						
Acquired Date:	**10/1/1984**						
Entered Medicaid	**7/9/1986**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**209104**						

Medicaid Utilization	**81.55612%**
Occupancy:	**73.55886%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**92.46126%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,313,020	1,833,773	1,484,956	207,878	0	4,839,627
1a	Audit Adjustments						
2	Cost Per Diem	60.1944	84.0679	68.0767	**9.5300**		221.8690
3	Cost Per Diem Inflated	63.1120	86.8286	71.3764			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**63.1120**	**86.8286**	**71.3764**	**9.5300**		230.8470
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.2284		47.4500			
7	Provider Target Rate	**43.2899**		**48.6427**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.2899**	**86.8286**	**48.6427**	**9.5300**		188.2912
12/13	Medicaid Adjustment Rate		3.0825	1.7268			
14	Prospective Per Diem 11	**43.2899**	**89.9111**	**50.3695**	**9.5300**		**193.1005**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252549-00 - 2011/01

222.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Azalea Court

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/9/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,279,862**
FRVS Base Asset:	**3,590,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**2,786,919.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**416,112**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,223,890**	**10.5559**
20% ROE(2):	**1,055,972**	**0.8103**
Insurance Cost(3):	**25,291**	**0.9456**
Taxes Cost(3):	**50,179**	**1.8761**
Home Office(3):	**11,589**	**0.4333**
Replacement(3&4):	**160,519**	**0.0000**
Total FRVS PD:		**14.6212**

(1) 80% Capital ($4,223,890) amortized at 7.7500% for 20 years Principal & Interest of $416,112 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.5559
(2) 20% ROE ($1,055,972) times the ROE factor (0.030250) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8103
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1984**	Used Per Bed Standard:	**27,413**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,289,560**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.2899**	**43.2899**	**0.3776**	**42.9123**	
Patient Care					
Direct Care	**89.9111**	**89.9111**	**0.7843**	**89.1268**	
Indirect Care	**50.3695**	**50.3695**	**0.4394**	**49.9301**	
Property	**9.5300**	**14.6212**	**0.1275**	**14.4937**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.1717**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**193.1005**	**198.1917**	**1.7288**	**222.2317**	

***Medicaid Trend Adjustment :**

0 252557-00 - 2011/01

200.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Colonial Lakes Health Care

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
15204 West Colonial Drive	**09/01/2008-06/30/2009**	Number of Beds: **180**	Superior: **0**
Winter Garden FL 34787	Days In CR **303**	Maximum: **54,540**	Standard: **181**
County: **Orange[48]**	First Used: **2010/07**	Max Annualized: **65,700**	Conditional: **0**
Region: **Central[3]** Area: **7**	Last Used: **2011/01**	Total Patient: **51,685**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **8,087**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **35,532**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **6/1/1984**			
Acquired Date: **6/1/1984**			
Entered Medicaid **6/1/1984**			
Med # Active Date: **12/1/2001**			
Previous Med # **207861**			

Medicaid Utilization	**68.74722%**
Occupancy:	**94.76531%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.11714%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,294,118	2,585,601	1,681,406	253,698	0	5,814,823
1a	Audit Adjustments						
2	Cost Per Diem	36.4212	72.7682	47.3209	**7.1400**		163.6503
3	Cost Per Diem Inflated	38.1865	75.1578	49.6145			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.1865**	**75.1578**	**49.6145**	**7.1400**		170.0988
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		47.2438			
7	Provider Target Rate	**38.1474**		**48.4314**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1474**	**75.1578**	**48.4314**	**7.1400**		168.8766
12/13	Medicaid Adjustment Rate		1.5851	1.0214			
14	Prospective Per Diem 11	**38.1474**	**76.7429**	**49.4528**	**7.1400**		**171.4831**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252557-00 - 2011/01

200.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Colonial Lakes Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**8,363,833**
FRVS Base Asset:	**3,287,398**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**5,100,802.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**659,163**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,691,066**	**11.1477**
20% ROE(2):	**1,672,767**	**0.8558**
Insurance Cost(3):	**37,936**	**0.7340**
Taxes Cost(3):	**46,435**	**0.8984**
Home Office(3):	**20,821**	**0.4028**
Replacement(3&4):	**23,453**	**0.0000**
Total FRVS PD:		**14.0387**

(1) 80% Capital ($6,691,066) amortized at 7.7500% for 20 years Principal & Interest of $659,163 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $11.1477
(2) 20% ROE ($1,672,767) times the ROE factor (0.030250) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.8558
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1474**	**38.1474**	**0.3328**	**37.8146**	
Patient Care					
Direct Care	**76.7429**	**76.7429**	**0.6695**	**76.0734**	
Indirect Care	**49.4528**	**49.4528**	**0.4314**	**49.0214**	
Property	**7.1400**	**14.0387**	**0.1225**	**13.9162**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8837**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**171.4831**	**178.3818**	**1.5562**	**200.3064**	

***Medicaid Trend Adjustment :**

0 252662-00 - 2011/01

216.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Pinebrook Care & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1240 Pinebrook Road		**08/01/2009-07/31/2010**		Number of Beds:	**120**	Superior:	**0**
Venice FL 34292		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**40,814**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,723**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**20,134**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/1/1985**						
Acquired Date:	**3/1/1985**						
Entered Medicaid	**3/1/1985**						
Med # Active Date:	**11/1/2001**						
Previous Med #	**212202**						

Medicaid Utilization	**49.33111%**
Occupancy:	**93.18265%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.12778%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	751,367	1,865,622	1,021,253	479,391	0	4,117,633
1a	Audit Adjustments						
2	Cost Per Diem	37.3183	92.6603	50.7228	**23.8100**		204.5114
3	Cost Per Diem Inflated	38.3578	94.4192	52.1357			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.3578**	**94.4192**	**52.1357**	**23.8100**		208.7227
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		48.3768			
7	Provider Target Rate	**40.1320**		**49.5928**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.3578**	**94.4192**	**49.5928**	**13.6500**		196.0198
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.3578**	**94.4192**	**49.5928**	**13.6500**		**196.0198**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252662-00 - 2011/01

216.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Pinebrook Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/2005**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**4,922,831**
FRVS Base Asset:	**3,158,217**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**11.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**450,120**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,938,265**	**11.4186**
20% ROE(2):	**984,566**	**0.7753**
Insurance Cost(3):	**8,769**	**0.2149**
Taxes Cost(3):	**66,636**	**1.6327**
Home Office(3):	**39,525**	**0.9684**
Replacement(3&4):	**30,358**	**0.0000**
Total FRVS PD:		**15.0099**

(1) 80% Capital ($3,938,265) amortized at 11.5000% for 20 years Interest of $450,120 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.4186

(2) 20% ROE ($984,566) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7753

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.3578**	**38.3578**	**0.3346**	**38.0232**	
Patient Care					
Direct Care	**94.4192**	**94.4192**	**0.8237**	**93.5955**	
Indirect Care	**49.5928**	**49.5928**	**0.4326**	**49.1602**	
Property	**13.6500**	**15.0099**	**0.1309**	**14.8790**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.9601**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**196.0198**	**197.3797**	**1.7218**	**216.2151**	

***Medicaid Trend Adjustment :**

0 252671-00 - 2011/01

213.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Palms of Sebring

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
725 South Pine Street		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Sebring FL 33870		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Highlands[28]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**40,504**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,254**	Inflation	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**19,710**	FY Index:	**1.19387802**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**48.66186%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**92.47488%**	Cost:	**1.04099417**
Open Date:	**12/1/1970**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**12/1/1970**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**12/1/1970**	Low Occupancy Adjustment Factor:			**116.23814%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**7/26/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**200972**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	968,984	1,605,439	999,112	351,232	0	3,924,767
1a	Audit Adjustments						
2	Cost Per Diem	49.1620	81.4530	50.6906	**17.8200**		199.1256
3	Cost Per Diem Inflated	51.1774	83.5956	52.7686			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.1774**	**83.5956**	**52.7686**	**17.8200**		205.3616
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.4221		58.0100			
7	Provider Target Rate	**47.5890**		**59.4682**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.5890**	**83.5956**	**52.7686**	**13.6500**		197.6032
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.5890**	**83.5956**	**52.7686**	**13.6500**		**197.6032**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252671-00 - 2011/01

213.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Palms of Sebring

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**4,023,492**
FRVS Base Asset:	**958,753**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,005,713.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**341,338**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,218,794**	**8.6590**
20% ROE(2):	**804,698**	**0.5955**
Insurance Cost(3):	**22,320**	**0.5511**
Taxes Cost(3):	**58,305**	**1.4395**
Home Office(3):	**15,437**	**0.3811**
Replacement(3&4):	**208,572**	**0.0000**
Total FRVS PD:		**11.6262**

(1) 80% Capital ($3,218,794) amortized at 8.7500% for 20 years Principal & Interest of $341,338 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.6590

(2) 20% ROE ($804,698) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5955

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**54**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,539,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.5890**	**47.5890**	**0.4151**	**47.1739**	
Patient Care					
Direct Care	**83.5956**	**83.5956**	**0.7292**	**82.8664**	
Indirect Care	**52.7686**	**52.7686**	**0.4603**	**52.3083**	
Property	**13.6500**	**11.6262**	**0.1014**	**11.5248**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.2034**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**197.6032**	**195.5794**	**1.7060**	**213.6739**	

***Medicaid Trend Adjustment :**

0 252689-00 - 2011/01

206.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Orchard Ridge Care & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4927 Voorhees Road		**08/01/2009-07/31/2010**		Number of Beds:	**120**	Superior:	**0**
New Port Richey FL 34653		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pasco[51]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**39,746**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,096**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**17,141**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1983**						
Acquired Date:	**8/1/1983**						
Entered Medicaid	**8/1/1983**						
Med # Active Date:	**9/1/2001**						
Previous Med #	**201669**						

Medicaid Utilization	**43.12635%**
Occupancy:	**90.74429%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.06285%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	620,461	1,440,041	844,483	219,919	0	3,124,904
1a	Audit Adjustments						
2	Cost Per Diem	36.1975	84.0115	49.2668	**12.8300**		182.3058
3	Cost Per Diem Inflated	37.2058	85.6062	50.6391			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.2058**	**85.6062**	**50.6391**	**12.8300**		186.2811
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.9915		63.4483			
7	Provider Target Rate	**39.9716**		**65.0432**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.2058**	**85.6062**	**50.6391**	**12.8300**		186.2811
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**37.2058**	**85.6062**	**50.6391**	**12.8300**		**186.2811**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252689-00 - 2011/01

206.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Orchard Ridge Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**4,746,313**
FRVS Base Asset:	**2,095,491**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**2,200,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6500**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**9.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**432,188**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,797,050**	**10.9637**
20% ROE(2):	**949,263**	**0.7475**
Insurance Cost(3):	**10,963**	**0.2758**
Taxes Cost(3):	**87,275**	**2.1958**
Home Office(3):	**36,071**	**0.9075**
Replacement(3&4):	**51,668**	**0.0000**
Total FRVS PD:		**15.0903**

(1) 80% Capital ($3,797,050) amortized at 9.7500% for 20 years Principal & Interest of $432,188 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.9637
(2) 20% ROE ($949,263) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7475
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.2058**	**37.2058**	**0.3246**	**36.8812**	
Patient Care					
Direct Care	**85.6062**	**85.6062**	**0.7468**	**84.8594**	
Indirect Care	**50.6391**	**50.6391**	**0.4417**	**50.1974**	
Property	**12.8300**	**15.0903**	**0.1119**	**12.7181**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.5207**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**186.2811**	**188.5414**	**1.6250**	**206.7739**	

***Medicaid Trend Adjustment :**

0 252956-00 - 2011/01

218.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Leesburg Health & Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
715 East Dixie Avenue		**03/01/2009-02/28/2010**		Number of Beds:	**120**	Superior:	**0**
Leesburg FL 32748		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Lake[35]**		First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **3**	Last Used:	**2011/01**	Total Patient:	**28,256**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**9,899**	**Inflation**	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**15,142**	FY Index:	**1.19701332**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**53.58862%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**64.51142%**	Cost:	**1.03826753**
Open Date:	**1/1/1980**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/1/1980**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16183216**
Entered Medicaid	**4/1/1982**	Low Occupancy Adjustment Factor:			**81.08891%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**12/31/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02424433**
Previous Med #	**211427**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	691,636	1,361,460	795,739	222,133	0	3,070,968
1a	Audit Adjustments						
2	Cost Per Diem	45.6767	89.9128	52.5518	**14.6700**		202.8113
3	Cost Per Diem Inflated	47.4246	92.0927	54.5628			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.4246**	**92.0927**	**54.5628**	**14.6700**		208.7501
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.4264		56.8479			
7	Provider Target Rate	**43.4929**		**58.2769**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.4929**	**92.0927**	**53.4956**	**13.6500**		202.7312
12/13	Medicaid Adjustment Rate		0.3718	0.2160			
14	Prospective Per Diem 11	**43.4929**	**92.4645**	**53.7116**	**13.6500**		**203.3190**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252956-00 - 2011/01

218.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Leesburg Health & Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/01**
Indexed Asset Value	**3,613,180**
FRVS Base Asset:	**2,210,061**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information

Amount:	**3,200,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.0000**	**%**
Chase Rate:	**5.5000**	**%**
Amortization Rate:	**7.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**268,924**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**2,890,544**	**6.8220**
20% ROE(2):	**722,636**	**0.5615**
Insurance Cost(3):	**55,365**	**1.9594**
Taxes Cost(3):	**34,723**	**1.2289**
Home Office(3):	**18,410**	**0.6515**
Replacement(3&4):	**42,908**	**0.0000**
Total FRVS PD:		**11.2233**

(1) 80% Capital ($2,890,544) amortized at 7.0000% for 20 years Principal & Interest of $268,924 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.8220
(2) 20% ROE ($722,636) times the ROE factor (0.030630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5615
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.4929**	**43.4929**	**0.3794**	**43.1135**	
Patient Care					
Direct Care	**92.4645**	**92.4645**	**0.8066**	**91.6579**	
Indirect Care	**53.7116**	**53.7116**	**0.4685**	**53.2431**	
Property	**13.6500**	**11.2233**	**0.0979**	**11.1254**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.2332**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**203.3190**	**200.8923**	**1.7524**	**218.9702**	

***Medicaid Trend Adjustment :**

0 253014-00 - 2011/01

226.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Springwood Care & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4602 Northgate Court		**08/01/2008-07/31/2009**		Number of Beds:	**120**	Superior:	**0**
Sarasota FL 34234		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Sarasota[58]**		First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2011/01**	Total Patient:	**31,405**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**2,589**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**25,576**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date:	**5/1/1982**						
Acquired Date:	**5/1/1982**						
Entered Medicaid	**5/1/1982**						
Med # Active Date:	**11/1/2001**						
Previous Med #	**212270**						

Medicaid Utilization	**81.43926%**
Occupancy:	**71.70091%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**90.12589%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,203,875	2,366,340	1,123,004	598,478	0	5,291,697
1a	Audit Adjustments						
2	Cost Per Diem	47.0705	92.5219	43.9085	**23.4000**		206.9009
3	Cost Per Diem Inflated	49.3520	95.5602	46.0367			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.3520**	**95.5602**	**46.0367**	**23.4000**		214.3489
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.0305		46.8181			
7	Provider Target Rate	**44.1121**		**47.9950**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.1121**	**95.5602**	**46.0367**	**13.6500**		199.3590
12/13	Medicaid Adjustment Rate		3.3799	1.6283			
14	Prospective Per Diem 11	**44.1121**	**98.9401**	**47.6650**	**13.6500**		**204.3672**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253014-00 - 2011/01

226.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Springwood Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/2005**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**4,226,853**
FRVS Base Asset:	**2,100,178**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**335,630**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,381,482**	**8.5142**
20% ROE(2):	**845,371**	**0.6680**
Insurance Cost(3):	**7,222**	**0.2300**
Taxes Cost(3):	**58,972**	**1.8778**
Home Office(3):	**29,568**	**0.9415**
Replacement(3&4):	**169,512**	**0.0000**
Total FRVS PD:		**12.2315**

(1) 80% Capital ($3,381,482) amortized at 10.0000% for 20 years Interest of $335,630 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.5142
(2) 20% ROE ($845,371) times the ROE factor (0.031150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6680
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.1121**	**44.1121**	**0.3848**	**43.7273**	
Patient Care					
Direct Care	**98.9401**	**98.9401**	**0.8631**	**98.0770**	
Indirect Care	**47.6650**	**47.6650**	**0.4158**	**47.2492**	
Property	**13.6500**	**12.2315**	**0.1067**	**12.1248**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2777**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**204.3672**	**202.9487**	**1.7704**	**226.0531**	

***Medicaid Trend Adjustment :**

0 253146-00 - 2011/01

191.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Southern Oaks Health Care

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3855 Old Canoe Creek Road		**08/01/2008-07/31/2009**		Number of Beds:	**120**	Superior:	**0**
St. Cloud FL 34769		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Osceola[49]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**39,341**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,345**	Inflation	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**30,292**	FY Index:	**1.18536552**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**76.99855%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**89.81963%**	Cost:	**1.04846989**
Open Date:	**2/1/1986**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**2/1/1986**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15216426**
Entered Medicaid	**2/24/1986**	Low Occupancy Adjustment Factor:			**112.90058%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**7/2/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03283884**
Previous Med #	**208868**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	986,440	2,269,952	1,162,998	357,143	33,319	4,809,852
1a	Audit Adjustments						
2	Cost Per Diem	32.5644	74.9357	38.3929	**11.7900**	**1.0999**	158.7829
3	Cost Per Diem Inflated	34.1428	77.3965	40.2538			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.1428**	**77.3965**	**40.2538**	**11.7900**	**1.0999**	164.6830
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.9983		44.9838			
7	Provider Target Rate	**38.9535**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.1428**	**77.3965**	**40.2538**	**11.7900**	**1.0999**	164.6830
12/13	Medicaid Adjustment Rate		2.3508	1.2226			
14	Prospective Per Diem 11	**34.1428**	**79.7473**	**41.4764**	**11.7900**	**1.0999**	**168.2564**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253146-00 - 2011/01

191.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Southern Oaks Health Care

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/01**
Indexed Asset Value	**5,312,770**
FRVS Base Asset:	**2,133,058**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**3,475,159.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**12.1500**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**6.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**365,398**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,250,216**	**9.2694**
20% ROE(2):	**1,062,554**	**0.8396**
Insurance Cost(3):	**46,524**	**1.1826**
Taxes Cost(3):	**52,544**	**1.3356**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**63,494**	**0.0000**
Total FRVS PD:		**12.6272**

(1) 80% Capital ($4,250,216) amortized at 6.0000% for 20 years Principal & Interest of $365,398 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.2694
(2) 20% ROE ($1,062,554) times the ROE factor (0.031150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8396
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.1428**	**34.1428**	**0.2978**	**33.8450**	
Patient Care					
Direct Care	**79.7473**	**79.7473**	**0.6957**	**79.0516**	
Indirect Care	**41.4764**	**41.4764**	**0.3618**	**41.1146**	
Property	**11.7900**	**12.6272**	**0.1028**	**11.6872**	
ROE	**1.0999**	**0.5562**	**0.0096**	**1.0903**	
ROE Adjustment	**-0.5562**	**-0.5562**	**-0.0049**	**-0.5513**	
Quality Assess-Medicaid Share				**$17.2290**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**167.7002**	**167.9937**	**1.4628**	**191.0635**	

***Medicaid Trend Adjustment :**

0 253421-00 - 2011/01

188.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Palms At Park Place

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
221 Park Place Blvd.		**08/01/2008-07/31/2009**		Number of Beds:	**120**	Superior:	**0**
Kissimmee FL 34741		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Osceola[49]**	First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**39,984**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,717**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**25,445**	FY Index:	**1.18536552**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**63.63796%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**91.28767%**	Cost:	**1.04846989**
Open Date:	**12/28/1993**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**12/28/1993**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15216426**
Entered Medicaid	**1/13/1994**	Low Occupancy Adjustment Factor:			**114.74586%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**8/1/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03283884**
Previous Med #	**211192**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	841,533	1,774,192	1,007,358	621,621	0	4,244,704
1a	Audit Adjustments						
2	Cost Per Diem	33.0726	69.7265	39.5896	**24.4300**		166.8187
3	Cost Per Diem Inflated	34.6756	72.0162	41.5085			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.6756**	**72.0162**	**41.5085**	**24.4300**		172.6303
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.6756**	**72.0162**	**41.5085**	**13.6500**		161.8503
12/13	Medicaid Adjustment Rate		1.1049	0.6369			
14	Prospective Per Diem 11	**34.6756**	**73.1211**	**42.1454**	**13.6500**		**163.5921**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253421-00 - 2011/01

188.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Palms At Park Place

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/13/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/07**
Indexed Asset Value	**5,206,191**
FRVS Base Asset:	**3,930,360**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**6,898,511.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0300**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**11.0300**	**%**
Interest Only:	**False**	
Yearly Payment:	**516,903**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,164,953**	**13.1127**
20% ROE(2):	**1,041,238**	**0.8228**
Insurance Cost(3):	**50,100**	**1.2530**
Taxes Cost(3):	**65,108**	**1.6284**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**8,622**	**0.0000**
Total FRVS PD:		**16.8169**

(1) 80% Capital ($4,164,953) amortized at 11.0300% for 20 years Principal & Interest of $516,903 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.1127
(2) 20% ROE ($1,041,238) times the ROE factor (0.031150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8228
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1993**	Used Per Bed Standard:	**32,753**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,930,360**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.6756**	**34.6756**	**0.3025**	**34.3731**	
Patient Care					
Direct Care	**73.1211**	**73.1211**	**0.6379**	**72.4832**	
Indirect Care	**42.1454**	**42.1454**	**0.3677**	**41.7777**	
Property	**13.6500**	**16.8169**	**0.1467**	**16.6702**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.1958**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**163.5921**	**166.7590**	**1.4548**	**188.0971**	

***Medicaid Trend Adjustment :**

0 253430-00 - 2011/01

195.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Sunset Point Care & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1980 Sunset Point Road		**08/01/2008-07/31/2009**		Number of Beds:	**120**	Superior:	**0**
Clearwater FL 33765		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**40,403**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,889**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**21,606**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1980**						
Acquired Date:	**6/1/1980**						
Entered Medicaid	**5/1/1984**						
Med # Active Date:	**11/1/2001**						
Previous Med #	**201839**						

Medicaid Utilization	**53.47623%**
Occupancy:	**92.24429%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.94830%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	827,505	1,797,922	785,852	205,905	0	3,617,184
1a	Audit Adjustments						
2	Cost Per Diem	38.2998	83.2140	36.3719	**9.5300**		167.4157
3	Cost Per Diem Inflated	40.1562	85.9467	38.1348			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.1562**	**85.9467**	**38.1348**	**9.5300**		173.7677
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.6092		44.9838			
7	Provider Target Rate	**38.5546**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.5546**	**85.9467**	**38.1348**	**9.5300**		172.1661
12/13	Medicaid Adjustment Rate		0.3361	0.1491			
14	Prospective Per Diem 11	**38.5546**	**86.2828**	**38.2839**	**9.5300**		**172.6513**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253430-00 - 2011/01

195.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Sunset Point Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/01**
Indexed Asset Value	**3,735,636**
FRVS Base Asset:	**1,921,442**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information

Amount:	**1,365,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6500**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**9.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**340,158**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**2,988,509**	**8.6291**
20% ROE(2):	**747,127**	**0.5904**
Insurance Cost(3):	**8,166**	**0.2021**
Taxes Cost(3):	**54,555**	**1.3503**
Home Office(3):	**34,813**	**0.8616**
Replacement(3&4):	**123,060**	**0.0000**
Total FRVS PD:		**11.6335**

(1) 80% Capital ($2,988,509) amortized at 9.7500% for 20 years Principal & Interest of $340,158 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.6291
(2) 20% ROE ($747,127) times the ROE factor (0.031150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5904
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.5546**	**38.5546**	**0.3363**	**38.2183**	
Patient Care					
Direct Care	**86.2828**	**86.2828**	**0.7527**	**85.5301**	
Indirect Care	**38.2839**	**38.2839**	**0.3340**	**37.9499**	
Property	**9.5300**	**11.6335**	**0.1015**	**11.5320**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.6872**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**172.6513**	**174.7548**	**1.5245**	**195.5146**	

***Medicaid Trend Adjustment :**

0 253448-00 - 2011/01

209.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bay Tree Care & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2600 Highlands Boulevard, No		**08/01/2009-07/31/2010**		Number of Beds:	**120**	Superior:	**0**
Palm Harbor FL 34684		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**39,438**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,709**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**25,553**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1982**						
Acquired Date:	**9/1/1982**						
Entered Medicaid	**9/1/1982**						
Med # Active Date:	**11/1/2001**						
Previous Med #	**201782**						

Medicaid Utilization	**64.79284%**
Occupancy:	**90.04110%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.17894%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	956,486	2,326,414	1,032,665	276,228	0	4,591,793
1a	Audit Adjustments						
2	Cost Per Diem	37.4315	91.0427	40.4127	**10.8100**		179.6969
3	Cost Per Diem Inflated	38.4742	92.7709	41.5384			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.4742**	**92.7709**	**41.5384**	**10.8100**		183.5935
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.8046		45.8861			
7	Provider Target Rate	**40.8052**		**47.0395**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.4742**	**92.7709**	**41.5384**	**10.8100**		183.5935
12/13	Medicaid Adjustment Rate		1.5439	0.6913			
14	Prospective Per Diem 11	**38.4742**	**94.3148**	**42.2297**	**10.8100**		**185.8287**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253448-00 - 2011/01

209.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bay Tree Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/2007**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/07**
Indexed Asset Value	**3,902,626**
FRVS Base Asset:	**1,845,021**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**1,650,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6500**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**9.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**355,364**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,122,101**	**9.0148**
20% ROE(2):	**780,525**	**0.6146**
Insurance Cost(3):	**8,653**	**0.2194**
Taxes Cost(3):	**51,078**	**1.2951**
Home Office(3):	**31,490**	**0.7985**
Replacement(3&4):	**58,003**	**0.0000**
Total FRVS PD:		**11.9424**

(1) 80% Capital ($3,122,101) amortized at 9.7500% for 20 years Principal & Interest of $355,364 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.0148

(2) 20% ROE ($780,525) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6146

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.4742**	**38.4742**	**0.3356**	**38.1386**	
Patient Care					
Direct Care	**94.3148**	**94.3148**	**0.8227**	**93.4921**	
Indirect Care	**42.2297**	**42.2297**	**0.3684**	**41.8613**	
Property	**10.8100**	**11.9424**	**0.1042**	**11.8382**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.1042**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**185.8287**	**186.9611**	**1.6309**	**209.0315**	

***Medicaid Trend Adjustment :**

0 253456-00 - 2011/01

198.89

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Surrev Place Health & Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4100 S.W. 33rd Avenue	**03/01/2009-06/30/2010**	Number of Beds: **120**	Superior: **0**
Ocala FL 32674	Days In CR **487**	Maximum: **58,440**	Standard: **181**
County: **Marion[42]**	First Used: **2011/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2011/01**	Total Patient: **52,810**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **5,850**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **36,380**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **3/4/1988**			
Acquired Date: **3/4/1988**			
Entered Medicaid **3/4/1988**			
Med # Active Date: **12/7/2001**			
Previous Med # **204188**			

Medicaid Utilization	**68.88847%**
Occupancy:	**90.36618%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.58757%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20114856**
Semester Index:	**1.24282006**
Cost:	**1.03469304**
Target:	**1.01759574**
DC FY Index:	**1.16416550**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02219143**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,582,386	2,850,922	1,320,468	1,072,482	0	6,826,258
1a	Audit Adjustments						
2	Cost Per Diem	43.4960	78.3651	36.2965	**29.4800**		187.6376
3	Cost Per Diem Inflated	45.0050	80.1041	37.5557			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.0050**	**80.1041**	**37.5557**	**29.4800**		192.1448
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.4961		50.2169			
7	Provider Target Rate	**39.4638**		**51.4792**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.4638**	**80.1041**	**37.5557**	**13.6500**		170.7736
12/13	Medicaid Adjustment Rate		1.7022	0.7980			
14	Prospective Per Diem 11	**39.4638**	**81.8063**	**38.3537**	**13.6500**		**173.2738**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253456-00 - 2011/01

198.89

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Surrey Place Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/4/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**5,545,456**
FRVS Base Asset:	**1,765,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030860**

Mortgage Information		
Amount:	**3,020,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.1800**	**%**
Chase Rate:	**7.5645**	**%**
Amortization Rate:	**9.5645**	**%**
Interest Only:	**False**	
Yearly Payment:	**498,477**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,436,365**	**12.6453**
20% ROE(2):	**1,109,091**	**0.8683**
Insurance Cost(3):	**84,784**	**1.6055**
Taxes Cost(3):	**70,971**	**1.3439**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**152,975**	**0.0000**
Total FRVS PD:		**16.4630**

(1) 80% Capital ($4,436,365) amortized at 9.5645% for 20 years Principal & Interest of $498,477 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.6453
(2) 20% ROE ($1,109,091) times the ROE factor (0.030860) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8683
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,765,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.4638**	**39.4638**	**0.3443**	**39.1195**	
Patient Care					
Direct Care	**81.8063**	**81.8063**	**0.7136**	**81.0927**	
Indirect Care	**38.3537**	**38.3537**	**0.3346**	**38.0191**	
Property	**13.6500**	**16.4630**	**0.1436**	**16.3194**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.7441**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**173.2738**	**176.0868**	**1.5361**	**198.8919**	

***Medicaid Trend Adjustment :**

0 253464-00 - 2011/01

213.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

West Bay Care & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3865 Tampa Road		**08/01/2008-07/31/2009**		Number of Beds:	**120**	Superior:	**0**
Oldsmar FL 34677		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**40,465**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,363**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,842**	FY Index:	**1.18536552**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**56.44878%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**92.38585%**	Cost:	**1.04846989**
Open Date:	**9/1/1982**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**9/1/1982**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15216426**
Entered Medicaid	**9/1/1982**	Low Occupancy Adjustment Factor:			**116.12623%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**11/1/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03283884**
Previous Med #	**201693**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	963,305	2,144,096	950,097	238,927	0	4,296,425
1a	Audit Adjustments						
2	Cost Per Diem	42.1725	93.8664	41.5943	**10.4600**		188.0932
3	Cost Per Diem Inflated	44.2166	96.9489	43.6104			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.2166**	**96.9489**	**43.6104**	**10.4600**		195.2359
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		48.0682			
7	Provider Target Rate	**38.1474**		**49.2765**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1474**	**95.7090**	**43.6104**	**10.4600**		187.9268
12/13	Medicaid Adjustment Rate		0.6944	0.3164			
14	Prospective Per Diem 11	**38.1474**	**96.4034**	**43.9268**	**10.4600**		**188.9376**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253464-00 - 2011/01

213.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

West Bay Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/07**
Indexed Asset Value	**4,594,267**
FRVS Base Asset:	**2,238,198**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**2,100,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6500**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**9.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**418,343**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,675,414**	**10.6125**
20% ROE(2):	**918,853**	**0.7261**
Insurance Cost(3):	**8,159**	**0.2016**
Taxes Cost(3):	**63,457**	**1.5682**
Home Office(3):	**38,444**	**0.9501**
Replacement(3&4):	**77,022**	**0.0000**
Total FRVS PD:		**14.0585**

(1) 80% Capital ($3,675,414) amortized at 9.7500% for 20 years Principal & Interest of $418,343 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.6125

(2) 20% ROE ($918,853) times the ROE factor (0.031150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7261

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1474**	**38.1474**	**0.3328**	**37.8146**	
Patient Care					
Direct Care	**96.4034**	**96.4034**	**0.8410**	**95.5624**	
Indirect Care	**43.9268**	**43.9268**	**0.3832**	**43.5436**	
Property	**10.4600**	**14.0585**	**0.1226**	**13.9359**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.4037**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**188.9376**	**192.5361**	**1.6796**	**213.8573**	

***Medicaid Trend Adjustment :**

0 253472-00 - 2011/01

222.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

WUESTHOFF PROGRESSIVE CARE CTR

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
110 LONGWOOD AVE		**10/01/2008-09/30/2009**		Number of Beds:	**114**	Superior:	**0**
Rockledge FL 32955		Days In CR	**365**	Maximum:	**41,610**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2010/07**	Max Annualized:	**41,610**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**39,347**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**18,084**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**11,631**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/30/1995**						
Acquired Date:	**5/30/1995**						
Entered Medicaid	**5/30/1995**						
Med # Active Date:	**1/1/2002**						
Previous Med #	**211826**						

Medicaid Utilization	**29.56007%**
Occupancy:	**94.56140%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.86084%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	551,950	1,203,121	569,605	180,397	0	2,505,073
1a	Audit Adjustments						
2	Cost Per Diem	47.4551	103.4409	48.9730	**15.5100**		215.3790
3	Cost Per Diem Inflated	49.6207	106.5294	51.2079			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.6207**	**106.5294**	**51.2079**	**15.5100**		222.8680
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.7326		57.0657			
7	Provider Target Rate	**53.0330**		**58.5001**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**95.7090**	**51.2079**	**13.6500**		208.3590
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.7921**	**95.7090**	**51.2079**	**13.6500**		**208.3590**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253472-00 - 2011/01

222.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

WUESTHOFF PROGRESSIVE CARE CTR

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/30/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/01**
Indexed Asset Value	**4,677,975**
FRVS Base Asset:	**3,917,154**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**5,595,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**4.7900**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**4.7900**	**%**
Interest Only:	**False**	
Yearly Payment:	**291,192**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,742,380**	**7.7757**
20% ROE(2):	**935,595**	**0.7520**
Insurance Cost(3):	**0**	**0.0000**
Taxes Cost(3):	**40,281**	**1.0237**
Home Office(3):	**90,032**	**2.2882**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**11.8396**

(1) 80% Capital ($3,742,380) amortized at 4.7900% for 20 years Principal & Interest of $291,192 divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = $7.7757
(2) 20% ROE ($935,595) times the ROE factor (0.030100) divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = $0.7520
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**114**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,917,154**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**95.7090**	**95.7090**	**0.8349**	**94.8741**	
Indirect Care	**51.2079**	**51.2079**	**0.4467**	**50.7612**	
Property	**13.6500**	**11.8396**	**0.1033**	**11.7363**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.1757**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**208.3590**	**206.5486**	**1.8018**	**222.5196**	

***Medicaid Trend Adjustment :**

0 253481-00 - 2011/01

246.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Forum at Deer Creek

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3001 Deer Creek Blvd		**07/01/2009-06/30/2010**		Number of Beds:	**60**	Superior:	**0**
Deerfield Beach FL 33442		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County: **Broward[6]**		First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2011/01**	Total Patient:	**19,671**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,571**		
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**8,593**		
Class at 1/94: **South Small [3]**							
Operating Ex **> 18 months [1]**							
Open Date: **3/30/1990**							
Acquired Date: **3/30/1990**							
Entered Medicaid **6/4/1990**							
Med # Active Date: **1/11/2002**							
Previous Med # **211460**							

Medicaid Utilization	**43.68360%**
Occupancy:	**89.82192%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**112.90344%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	421,618	760,131	766,139	390,982	0	2,338,870
1a	Audit Adjustments						
2	Cost Per Diem	49.0653	88.4593	89.1585	**45.5001**		272.1832
3	Cost Per Diem Inflated	50.5510	90.2414	91.8582			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.5510**	**90.2414**	**91.8582**	**45.5001**		278.1507
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	83.4536		72.6080			
7	Provider Target Rate	**85.5514**		**74.4331**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.5510**	**90.2414**	**70.2905**	**13.6500**		224.7329
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.5510**	**90.2414**	**70.2905**	**13.6500**		**224.7329**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253481-00 - 2011/01

246.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Forum at Deer Creek

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/4/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/01**
Indexed Asset Value	**2,600,418**
FRVS Base Asset:	**1,801,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**1,731,844.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.0000**	**%**
Chase Rate:	**11.5000**	**%**
Amortization Rate:	**12.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**274,875**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,080,334**	**13.9460**
20% ROE(2):	**520,084**	**0.8328**
Insurance Cost(3):	**21,387**	**1.0872**
Taxes Cost(3):	**62,173**	**3.1606**
Home Office(3):	**10,355**	**0.5264**
Replacement(3&4):	**728,103**	**0.0000**
Total FRVS PD:		**19.5530**

(1) 80% Capital ($2,080,334) amortized at 12.0000% for 20 years Principal & Interest of $274,875 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $13.9460

(2) 20% ROE ($520,084) times the ROE factor (0.031560) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.8328

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,801,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.5510**	**50.5510**	**0.4410**	**50.1100**	
Patient Care					
Direct Care	**90.2414**	**90.2414**	**0.7872**	**89.4542**	
Indirect Care	**70.2905**	**70.2905**	**0.6132**	**69.6773**	
Property	**13.6500**	**19.5530**	**0.1706**	**19.3824**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.6254**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**224.7329**	**230.6359**	**2.0120**	**246.8464**	

***Medicaid Trend Adjustment :**

0 253707-00 - 2011/01

221.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Eden Springs Nursing and Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4679 Crawfordville Highway		**08/01/2009-07/31/2010**		Number of Beds:	**120**	Superior:	**0**
Crawfordville FL 32326		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Wakulla[65]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2011/01**	Total Patient:	**38,231**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,574**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**26,889**	FY Index:	**1.20913928**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**70.33298%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**87.28539%**	Cost:	**1.02785517**
Open Date:	**6/1/1974**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**6/1/1974**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16783181**
Entered Medicaid	**6/1/1974**	Low Occupancy Adjustment Factor:			**109.71510%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**8/1/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.01898235**
Previous Med #	**221392**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,118,567	2,481,761	1,330,544	430,493	0	5,361,365
1a	Audit Adjustments						
2	Cost Per Diem	41.5994	92.2965	49.4828	**16.0100**		199.3887
3	Cost Per Diem Inflated	42.7582	94.0485	50.8612			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.7582**	**94.0485**	**50.8612**	**16.0100**		203.6779
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.4751		59.5588			
7	Provider Target Rate	**40.4674**		**61.0559**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.4674**	**94.0485**	**50.8612**	**13.6500**		199.0271
12/13	Medicaid Adjustment Rate		2.1513	1.1634			
14	Prospective Per Diem 11	**40.4674**	**96.1998**	**52.0246**	**13.6500**		**202.3418**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253707-00 - 2011/01

221.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Eden Springs Nursing and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1974/01**
Indexed Asset Value	**3,920,960**
FRVS Base Asset:	**1,939,160**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**3,300,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**9.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**357,033**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,136,768**	**9.0572**
20% ROE(2):	**784,192**	**0.6175**
Insurance Cost(3):	**20,137**	**0.5267**
Taxes Cost(3):	**29,857**	**0.7810**
Home Office(3):	**14,246**	**0.3726**
Replacement(3&4):	**20,533**	**0.0000**
Total FRVS PD:		**11.3550**

(1) 80% Capital ($3,136,768) amortized at 9.7500% for 20 years Principal & Interest of $357,033 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.0572
(2) 20% ROE ($784,192) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6175
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.4674**	**40.4674**	**0.3530**	**40.1144**	
Patient Care					
Direct Care	**96.1998**	**96.1998**	**0.8392**	**95.3606**	
Indirect Care	**52.0246**	**52.0246**	**0.4538**	**51.5708**	
Property	**13.6500**	**11.3550**	**0.0991**	**11.2559**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.0846**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**202.3418**	**200.0468**	**1.7451**	**221.9834**	

***Medicaid Trend Adjustment :**

0 253723-00 - 2011/01

236.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Jackson Plaza Nursing & Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1861 NW 8th Ave.		**03/01/2009-02/28/2010**		Number of Beds:	**120**	Superior:	**0**
Miami FL 33136		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**40,109**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**9,220**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**28,187**	FY Index:	**1.19701332**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**70.27600%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**91.57306%**	Cost:	**1.03826753**
Open Date:	**12/7/2000**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**11/6/2000**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16183216**
Entered Medicaid	**12/7/2000**	Low Occupancy Adjustment Factor:			**115.10458%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/2002**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02424433**
Previous Med #	**228460**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,589,619	2,628,559	1,662,675	1,036,154	0	6,917,007
1a	Audit Adjustments						
2	Cost Per Diem	56.3955	93.2543	58.9873	**36.7600**		245.3971
3	Cost Per Diem Inflated	58.5536	95.5152	61.2446			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.5536**	**95.5152**	**61.2446**	**36.7600**		252.0734
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.8399		55.8308			
7	Provider Target Rate	**43.9168**		**57.2342**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.9168**	**95.5152**	**56.8989**	**13.6500**		209.9809
12/13	Medicaid Adjustment Rate		2.1787	1.2979			
14	Prospective Per Diem 11	**43.9168**	**97.6939**	**58.1968**	**13.6500**		**213.4575**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253723-00 - 2011/01

236.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Jackson Plaza Nursing & Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/26/2002**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2000/07**
Indexed Asset Value	**5,365,454**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**2,100,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**522,928**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,292,363**	**13.2656**
20% ROE(2):	**1,073,091**	**0.8338**
Insurance Cost(3):	**67,953**	**1.6942**
Taxes Cost(3):	**8,343**	**0.2080**
Home Office(3):	**21,509**	**0.5363**
Replacement(3&4):	**36,292**	**0.0000**
Total FRVS PD:		**16.5379**

(1) 80% Capital ($4,292,363) amortized at 10.7500% for 20 years Principal & Interest of $522,928 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.2656

(2) 20% ROE ($1,073,091) times the ROE factor (0.030630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8338

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2000**	Used Per Bed Standard:	**39,849**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,781,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.9168**	**43.9168**	**0.3831**	**43.5337**	
Patient Care					
Direct Care	**97.6939**	**97.6939**	**0.8522**	**96.8417**	
Indirect Care	**58.1968**	**58.1968**	**0.5077**	**57.6891**	
Property	**13.6500**	**16.5379**	**0.1443**	**16.3936**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.5015**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**213.4575**	**216.3454**	**1.8873**	**236.5567**	

***Medicaid Trend Adjustment :**

0 254177-00 - 2011/01

205.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Manor Pines Convalescent Center, LLC

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1701 NE 26th Street		**07/01/2008-06/30/2009**		Number of Beds:	**206**	Superior:	**0**
Ft. Lauderdale FL 33305		Days In CR	**365**	Maximum:	**75,190**	Standard:	**181**
County: **Broward[6]**		First Used:	**2010/07**	Max Annualized:	**75,190**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2011/01**	Total Patient:	**47,671**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**12,605**	Inflation	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**16,828**	FY Index:	**1.18376228**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**35.30029%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**63.40072%**	Cost:	**1.04988990**
Open Date: **7/1/1966**		Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date: **2/1/1968**		Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15050000**
Entered Medicaid **3/6/2002**		Low Occupancy Adjustment Factor:			**79.69279%**	**DC Sem Index:**	**1.19000000**
Med # Active Date: **3/6/2002**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03433290**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	746,648	1,286,625	773,295	248,550	0	3,055,118
1a	Audit Adjustments						
2	Cost Per Diem	44.3694	76.4574	45.9529	**14.7700**		181.5497
3	Cost Per Diem Inflated	46.5830	79.0824	48.2455			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.5830**	**79.0824**	**48.2455**	**14.7700**		188.6809
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.9620		46.7809			
7	Provider Target Rate	**50.1927**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.5830**	**79.0824**	**47.9568**	**13.6500**		187.2722
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.5830**	**79.0824**	**47.9568**	**13.6500**		**187.2722**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 254177-00 - 2011/01

205.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Manor Pines Convalescent Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/6/2002**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**2,454,548**
FRVS Base Asset:	**2,454,548**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**375,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**9.5700**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**165,410**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,963,638**	**2.4443**
20% ROE(2):	**490,910**	**0.2297**
Insurance Cost(3):	**97,852**	**2.0527**
Taxes Cost(3):	**231,865**	**4.8639**
Home Office(3):	**94,255**	**1.9772**
Replacement(3&4):	**63,649**	**0.0000**
Total FRVS PD:		**11.5678**

(1) 80% Capital ($1,963,638) amortized at 8.5000% for 20 years Interest of $165,410 divided by annual available days (75,190) divided by Occup. Adj. (0.9000) = $2.4443
(2) 20% ROE ($490,910) times the ROE factor (0.031670) divided by annual available days (75,190) divided by Occup. Adj. (0.9000) = $0.2297
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1971**	Used Per Bed Standard:	**10,261**
Comparison Bed	**206**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,113,766**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.5830**	**46.5830**	**0.4064**	**46.1766**	
Patient Care					
Direct Care	**79.0824**	**79.0824**	**0.6899**	**78.3925**	
Indirect Care	**47.9568**	**47.9568**	**0.4183**	**47.5385**	
Property	**13.6500**	**11.5678**	**0.1009**	**11.4669**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.8510**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**187.2722**	**185.1900**	**1.6155**	**205.0226**	

***Medicaid Trend Adjustment :**

0 254291-00 - 2011/01

252.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Arch Plaza Nursing & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
12505 NE 16th Avenue	**08/01/2009-07/31/2010**	Number of Beds: **98**	Superior: **0**
North Miami FL 33161	Days In CR **365**	Maximum: **35,770**	Standard: **181**
County: **Dade[13]**	First Used: **2011/01**	Max Annualized: **35,770**	Conditional: **0**
Region: **South[2]** Area: **11**	Last Used: **2011/01**	Total Patient: **31,601**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **6,353**	
Current Class **South Small [3]**	Initial CR? **False**	Medicaid: **23,199**	
Class at 1/94: **South Small [3]**			
Operating Ex **> 18 months [1]**			
Open Date: **11/23/1998**			
Acquired Date: **10/1/1978**			
Entered Medicaid **5/1/1971**			
Med # Active Date: **1/1/2002**			
Previous Med # **213845**			

Medicaid Utilization	**73.41223%**
Occupancy:	**88.34498%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**111.04698%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,347,858	2,337,520	1,462,059	295,555	0	5,442,992
1a	Audit Adjustments						
2	Cost Per Diem	58.0998	100.7595	63.0225	**12.7400**		234.6218
3	Cost Per Diem Inflated	59.7182	102.6722	64.7780			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**59.7182**	**102.6722**	**64.7780**	**12.7400**		239.9084
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7966		56.1408			
7	Provider Target Rate	**50.0232**		**58.5755**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.0232**	**102.1952**	**58.5755**	**12.7400**		223.5339
12/13	Medicaid Adjustment Rate		2.6917	1.5428			
14	Prospective Per Diem 11	**50.0232**	**104.8869**	**60.1183**	**12.7400**		**227.7684**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 254291-00 - 2011/01

252.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Arch Plaza Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1978/07**
Indexed Asset Value	**4,418,617**
FRVS Base Asset:	**1,103,440**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**1,800,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**430,647**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,534,894**	**13.3770**
20% ROE(2):	**883,723**	**0.8521**
Insurance Cost(3):	**15,936**	**0.5043**
Taxes Cost(3):	**36,634**	**1.1593**
Home Office(3):	**17,860**	**0.5652**
Replacement(3&4):	**144,143**	**0.0000**
Total FRVS PD:		**16.4579**

(1) 80% Capital ($3,534,894) amortized at 10.7500% for 20 years Principal & Interest of $430,647 divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = $13.3770

(2) 20% ROE ($883,723) times the ROE factor (0.031040) divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = $0.8521

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**118**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,363,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.0232**	**50.0232**	**0.4364**	**49.5868**	
Patient Care					
Direct Care	**104.8869**	**104.8869**	**0.9150**	**103.9719**	
Indirect Care	**60.1183**	**60.1183**	**0.5244**	**59.5939**	
Property	**12.7400**	**16.4579**	**0.1436**	**16.3143**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.0445**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**227.7684**	**231.4863**	**2.0194**	**252.1085**	

***Medicaid Trend Adjustment :**

0 254762-00 - 2011/01

203.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Wrights Healthcare & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
11300 110th Ave. North		**01/01/2009-12/31/2009**		Number of Beds:	**60**	Superior:	**0**
Seminole FL 33778		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**20,311**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,126**	**Inflation**	
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**7,143**	FY Index:	**1.19387802**
Class at 1/94:	**North Small [1]**	Medicaid Utilization			**35.16814%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**92.74429%**	Cost:	**1.04099417**
Open Date:	**1/1/1962**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**4/1/2002**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**5/21/2002**	Low Occupancy Adjustment Factor:			**116.57678%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**5/21/2002**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	307,482	494,191	353,670	124,217	0	1,279,560
1a	Audit Adjustments						
2	Cost Per Diem	43.0466	69.1854	49.5128	**17.3900**		179.1348
3	Cost Per Diem Inflated	44.8113	71.0053	51.5425			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.8113**	**71.0053**	**51.5425**	**17.3900**		184.7491
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1074		51.4890			
7	Provider Target Rate	**46.2413**		**53.6513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.8113**	**71.0053**	**51.5425**	**13.6500**		181.0091
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.8113**	**71.0053**	**51.5425**	**13.6500**		**181.0091**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 254762-00 - 2011/01

203.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Wrights Healthcare & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/21/2002**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2002/01**
Indexed Asset Value	**2,540,019**
FRVS Base Asset:	**2,472,420**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**200,182**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,032,015**	**10.1564**
20% ROE(2):	**508,004**	**0.7518**
Insurance Cost(3):	**53,526**	**2.6353**
Taxes Cost(3):	**19,359**	**0.9531**
Home Office(3):	**6,489**	**0.3195**
Replacement(3&4):	**4,756**	**0.0000**
Total FRVS PD:		**14.8161**

(1) 80% Capital ($2,032,015) amortized at 7.7500% for 20 years Principal & Interest of $200,182 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $10.1564
(2) 20% ROE ($508,004) times the ROE factor (0.029170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.7518
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2001**	Used Per Bed Standard:	**41,207**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,472,420**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.8113**	**44.8113**	**0.3909**	**44.4204**	
Patient Care					
Direct Care	**71.0053**	**71.0053**	**0.6194**	**70.3859**	
Indirect Care	**51.5425**	**51.5425**	**0.4496**	**51.0929**	
Property	**13.6500**	**14.8161**	**0.1292**	**14.6869**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.0049**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**181.0091**	**182.1752**	**1.5891**	**203.1881**	

***Medicaid Trend Adjustment :**

0 254878-00 - 2011/01

183.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

EdgeWood Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1771 Edgewood Avenue West		**01/01/2009-12/31/2009**		Number of Beds:	**60**	Superior:	**0**
Jacksonville FL 32208		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**20,674**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,462**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**16,801**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1988**						
Acquired Date:	**1/1/1988**						
Entered Medicaid	**2/12/1988**						
Med # Active Date:	**5/16/2002**						
Previous Med #	**212521**						

Medicaid Utilization	**81.26632%**
Occupancy:	**94.40182%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.66025%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	635,993	1,010,520	652,107	306,618	0	2,605,238
1a	Audit Adjustments						
2	Cost Per Diem	37.8545	60.1464	38.8136	**18.2500**		155.0645
3	Cost Per Diem Inflated	39.4063	61.7285	40.4047			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.4063**	**61.7285**	**40.4047**	**18.2500**		159.7895
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.0102		47.1885			
7	Provider Target Rate	**41.0159**		**48.7271**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.4063**	**61.7285**	**40.4047**	**13.6500**		155.1895
12/13	Medicaid Adjustment Rate		2.1713	1.4212			
14	Prospective Per Diem 11	**39.4063**	**63.8998**	**41.8259**	**13.6500**		**158.7820**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 254878-00 - 2011/01

183.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

EdgeWood Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/1/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**2,775,620**
FRVS Base Asset:	**1,765,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,353,489.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.7500**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**9.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**239,741**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,220,496**	**12.1634**
20% ROE(2):	**555,124**	**0.8216**
Insurance Cost(3):	**16,268**	**0.7869**
Taxes Cost(3):	**38,507**	**1.8626**
Home Office(3):	**3,705**	**0.1792**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**15.8137**

(1) 80% Capital ($2,220,496) amortized at 9.0000% for 20 years Principal & Interest of $239,741 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $12.1634

(2) 20% ROE ($555,124) times the ROE factor (0.029170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.8216

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,765,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.4063**	**39.4063**	**0.3438**	**39.0625**	
Patient Care					
Direct Care	**63.8998**	**63.8998**	**0.5574**	**63.3424**	
Indirect Care	**41.8259**	**41.8259**	**0.3649**	**41.4610**	
Property	**13.6500**	**15.8137**	**0.1379**	**15.6758**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5876**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**158.7820**	**160.9457**	**1.4040**	**183.7264**	

***Medicaid Trend Adjustment :**

0 255572-00 - 2011/01

172.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Woodlands Care Center of Alachua County

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
7207 SW 24th Avenue		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Gainesville Fl 32607		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Alachua[1]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**43,067**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,177**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**20,473**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/6/2002**						
Acquired Date:	**5/6/2002**						
Entered Medicaid	**6/27/2002**						
Med # Active Date:	**6/27/2002**						
Previous Med #							

Medicaid Utilization	**47.53756%**
Occupancy:	**98.32649%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**123.59344%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	740,024	1,393,988	640,854	569,559	0	3,344,425
1a	Audit Adjustments						
2	Cost Per Diem	36.1463	68.0891	31.3024	**27.8200**		163.3578
3	Cost Per Diem Inflated	37.6281	69.8801	32.5856			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.6281**	**69.8801**	**32.5856**	**27.8200**		167.9138
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1628**	**69.8801**	**32.5856**	**13.6500**		152.2785
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**36.1628**	**69.8801**	**32.5856**	**13.6500**		**152.2785**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 255572-00 - 2011/01

172.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Woodlands Care Center of Alachua County

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/27/2002**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2002/01**
Indexed Asset Value	**5,381,808**
FRVS Base Asset:	**4,944,840**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**6,800,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.1900**	**%**
Chase Rate:	**5.2500**	**%**
Amortization Rate:	**7.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**408,351**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,305,446**	**10.3590**
20% ROE(2):	**1,076,362**	**0.7965**
Insurance Cost(3):	**33,981**	**0.7890**
Taxes Cost(3):	**109,939**	**2.5527**
Home Office(3):	**18,384**	**0.4269**
Replacement(3&4):	**47,220**	**0.0000**
Total FRVS PD:		**14.9241**

(1) 80% Capital ($4,305,446) amortized at 7.2500% for 20 years Principal & Interest of $408,351 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.3590
(2) 20% ROE ($1,076,362) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7965
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2001**	Used Per Bed Standard:	**41,207**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,944,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1628**	**36.1628**	**0.3155**	**35.8473**	
Patient Care					
Direct Care	**69.8801**	**69.8801**	**0.6096**	**69.2705**	
Indirect Care	**32.5856**	**32.5856**	**0.2843**	**32.3013**	
Property	**13.6500**	**14.9241**	**0.1302**	**14.7939**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.0687**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**152.2785**	**153.5526**	**1.3396**	**172.8788**	

***Medicaid Trend Adjustment :**

0 256269-00 - 2011/01

199.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Diamond Ridge Health & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2730 W. Marc Knighton Cour		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Lecanto FL 34461		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Citrus[9]**		First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **3**	Last Used:	**2011/01**	Total Patient:	**38,689**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**12,058**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**16,371**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date: **3/1/1989**							
Acquired Date: **3/1/1989**							
Entered Medicaid **6/23/1989**							
Med # Active Date: **6/1/2002**							
Previous Med # **211893**							

Medicaid Utilization	**42.31435%**
Occupancy:	**88.33105%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**111.02947%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	579,794	1,291,651	983,484	282,891	0	3,137,820
1a	Audit Adjustments						
2	Cost Per Diem	35.4159	78.8987	60.0748	**17.2800**		191.6694
3	Cost Per Diem Inflated	36.8677	80.9741	62.5375			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.8677**	**80.9741**	**62.5375**	**17.2800**		197.6593
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		50.0984			
7	Provider Target Rate	**36.1628**		**51.3577**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1628**	**80.9741**	**51.3577**	**13.6500**		182.1446
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**36.1628**	**80.9741**	**51.3577**	**13.6500**		**182.1446**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 256269-00 - 2011/01

199.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Diamond Ridge Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/23/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/01**
Indexed Asset Value	**4,994,823**
FRVS Base Asset:	**1,778,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**336,597**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,995,858**	**8.5387**
20% ROE(2):	**998,965**	**0.7392**
Insurance Cost(3):	**47,887**	**1.2377**
Taxes Cost(3):	**58,535**	**1.5130**
Home Office(3):	**5,956**	**0.1539**
Replacement(3&4):	**79,602**	**0.0000**
Total FRVS PD:		**12.1825**

(1) 80% Capital ($3,995,858) amortized at 8.5000% for 20 years Interest of $336,597 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.5387
(2) 20% ROE ($998,965) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7392
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1988**	Used Per Bed Standard:	**29,646**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,778,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1628**	**36.1628**	**0.3155**	**35.8473**	
Patient Care					
Direct Care	**80.9741**	**80.9741**	**0.7064**	**80.2677**	
Indirect Care	**51.3577**	**51.3577**	**0.4480**	**50.9097**	
Property	**13.6500**	**12.1825**	**0.1063**	**12.0762**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.9614**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**182.1446**	**180.6771**	**1.5762**	**199.6594**	

***Medicaid Trend Adjustment :**

0 256277-00 - 2011/01

231.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Surrev Place Convalescent Center of Bradenton

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5525 21st Avenue West		**01/01/2009-12/31/2009**		Number of Beds:	**60**	Superior:	**0**
Bradenton FL 34209		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Manatee[41]**	First Used:	**2010/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**18,819**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,486**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**5,216**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**2/8/1989**						
Acquired Date:	**2/8/1989**						
Entered Medicaid	**2/8/1989**						
Med # Active Date:	**6/1/2002**						
Previous Med #	**212938**						

Medicaid Utilization	**27.71667%**
Occupancy:	**85.93151%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**108.01332%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	209,030	508,177	350,128	116,682	0	1,184,017
1a	Audit Adjustments						
2	Cost Per Diem	40.0748	97.4266	67.1258	**22.3700**		226.9972
3	Cost Per Diem Inflated	41.7176	99.9894	69.8776			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.7176**	**99.9894**	**69.8776**	**22.3700**		233.9546
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4035		62.7571			
7	Provider Target Rate	**45.5197**		**64.3346**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.7176**	**96.8004**	**64.3346**	**13.6500**		216.5026
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**41.7176**	**96.8004**	**64.3346**	**13.6500**		**216.5026**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 256277-00 - 2011/01

231.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Surrev Place Convalescent Center of Bradenton

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/8/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/01**
Indexed Asset Value	**2,513,404**
FRVS Base Asset:	**1,778,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**169,376**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,010,723**	**8.5934**
20% ROE(2):	**502,681**	**0.7439**
Insurance Cost(3):	**29,398**	**1.5621**
Taxes Cost(3):	**28,804**	**1.5306**
Home Office(3):	**2,989**	**0.1588**
Replacement(3&4):	**64,018**	**0.0000**
Total FRVS PD:		**12.5888**

(1) 80% Capital ($2,010,723) amortized at 8.5000% for 20 years Interest of $169,376 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $8.5934
(2) 20% ROE ($502,681) times the ROE factor (0.029170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.7439
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1988**	Used Per Bed Standard:	**29,646**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,778,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.7176**	**41.7176**	**0.3639**	**41.3537**	
Patient Care					
Direct Care	**96.8004**	**96.8004**	**0.8444**	**95.9560**	
Indirect Care	**64.3346**	**64.3346**	**0.5612**	**63.7734**	
Property	**13.6500**	**12.5888**	**0.1098**	**12.4790**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.3390**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**216.5026**	**215.4414**	**1.8793**	**231.4982**	

***Medicaid Trend Adjustment :**

0 256757-00 - 2011/01

187.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lakeside Nursing & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1141 Armsdale Road		**01/01/2009-12/31/2009**		Number of Beds:	**122**	Superior:	**0**
Jacksonville FL 32218		Days In CR	**365**	Maximum:	**44,530**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2010/07**	Max Annualized:	**44,530**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**38,843**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,888**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**23,830**	FY Index:	**1.19387802**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**61.34954%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**87.22883%**	Cost:	**1.04099417**
Open Date:	**12/10/1997**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**12/10/1997**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**1/21/1998**	Low Occupancy Adjustment Factor:			**109.64402%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**9/23/2002**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**213420**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	770,590	1,810,739	931,843	515,205	0	4,028,377
1a	Audit Adjustments						
2	Cost Per Diem	32.3370	75.9857	39.1038	**21.6200**		169.0465
3	Cost Per Diem Inflated	33.6626	77.9845	40.7068			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.6626**	**77.9845**	**40.7068**	**21.6200**		173.9739
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.6295		43.1867			
7	Provider Target Rate	**36.5251**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.6626**	**77.9845**	**40.7068**	**13.6500**		166.0039
12/13	Medicaid Adjustment Rate		0.9957	0.5198			
14	Prospective Per Diem 11	**33.6626**	**78.9802**	**41.2266**	**13.6500**		**167.5194**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 256757-00 - 2011/01

187.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Lakeside Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/21/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/07**
Indexed Asset Value	**5,996,172**
FRVS Base Asset:	**2,222,460**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**404,077**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,796,938**	**10.0825**
20% ROE(2):	**1,199,234**	**0.8729**
Insurance Cost(3):	**30,023**	**0.7729**
Taxes Cost(3):	**57,429**	**1.4785**
Home Office(3):	**15,032**	**0.3870**
Replacement(3&4):	**58,312**	**0.0000**
Total FRVS PD:		**13.5938**

(1) 80% Capital ($4,796,938) amortized at 8.5000% for 20 years Interest of $404,077 divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = $10.0825
(2) 20% ROE ($1,199,234) times the ROE factor (0.029170) divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = $0.8729
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1997**	Used Per Bed Standard:	**37,041**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,222,460**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.6626**	**33.6626**	**0.2937**	**33.3689**	
Patient Care					
Direct Care	**78.9802**	**78.9802**	**0.6890**	**78.2912**	
Indirect Care	**41.2266**	**41.2266**	**0.3596**	**40.8670**	
Property	**13.6500**	**13.5938**	**0.1186**	**13.4752**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.0366**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**167.5194**	**167.4632**	**1.4609**	**187.6360**	

***Medicaid Trend Adjustment :**

0 256846-00 - 2011/01

212.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lakeside Pavillion Care & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2900 Twelfth Street		**08/01/2008-07/31/2009**		Number of Beds:	**120**	Superior:	**0**
Naples FL 33940		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Collier[11]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**40,146**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,656**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**26,208**	FY Index:	**1.18536552**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**65.28172%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**91.65754%**	Cost:	**1.04846989**
Open Date:	**5/1/1982**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**5/1/1982**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15216426**
Entered Medicaid	**5/1/1982**	Low Occupancy Adjustment Factor:			**115.21076%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**11/1/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03283884**
Previous Med #	**212245**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,074,614	2,257,274	1,122,335	575,004	0	5,029,227
1a	Audit Adjustments						
2	Cost Per Diem	41.0033	86.1292	42.8241	**21.9400**		191.8966
3	Cost Per Diem Inflated	42.9907	88.9576	44.8998			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.9907**	**88.9576**	**44.8998**	**21.9400**		198.7881
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.8238		46.7809			
7	Provider Target Rate	**42.8751**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.8751**	**88.9576**	**44.8998**	**13.6500**		190.3825
12/13	Medicaid Adjustment Rate		1.5294	0.7719			
14	Prospective Per Diem 11	**42.8751**	**90.4870**	**45.6717**	**13.6500**		**192.6838**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 256846-00 - 2011/01

212.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lakeside Pavillion Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/2005**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**4,197,556**
FRVS Base Asset:	**1,621,501**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**900,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**11.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**383,804**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,358,045**	**9.7363**
20% ROE(2):	**839,511**	**0.6634**
Insurance Cost(3):	**6,714**	**0.1672**
Taxes Cost(3):	**29,244**	**0.7284**
Home Office(3):	**36,711**	**0.9144**
Replacement(3&4):	**45,618**	**0.0000**
Total FRVS PD:		**12.2097**

(1) 80% Capital ($3,358,045) amortized at 11.5000% for 20 years Interest of $383,804 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.7363

(2) 20% ROE ($839,511) times the ROE factor (0.031150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6634

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**99**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,821,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.8751**	**42.8751**	**0.3740**	**42.5011**	
Patient Care					
Direct Care	**90.4870**	**90.4870**	**0.7894**	**89.6976**	
Indirect Care	**45.6717**	**45.6717**	**0.3984**	**45.2733**	
Property	**13.6500**	**12.2097**	**0.1065**	**12.1032**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.2390**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**192.6838**	**191.2435**	**1.6683**	**212.4113**	

***Medicaid Trend Adjustment :**

0 256935-00 - 2011/01

207.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Manor Oaks Nursing & Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2121 E. Commercial Blvd.		**09/01/2009-08/31/2010**		Number of Beds:	**116**	Superior:	**0**
Ft. Lauderdale FL 33308		Days In CR	**365**	Maximum:	**42,340**	Standard:	**151**
County:	**Broward[6]**	First Used:	**2011/01**	Max Annualized:	**42,340**	Conditional:	**30**
Region:	**South[2]** Area: **10**	Last Used:	**2011/01**	Total Patient:	**26,216**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,040**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**14,996**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1966**						
Acquired Date:	**7/1/1974**						
Entered Medicaid	**12/1/2002**						
Med # Active Date:	**12/1/2002**						
Previous Med #							

Medicaid Utilization	**57.20171%**
Occupancy:	**61.91781%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**77.82882%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21199123**
Semester Index:	**1.24282006**
Cost:	**1.02543651**
Target:	**1.01759574**
DC FY Index:	**1.16916514**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01782029**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	789,068	1,105,079	711,850	263,930	0	2,869,927
1a	Audit Adjustments						
2	Cost Per Diem	52.6186	73.6916	47.4693	**17.6000**		191.3795
3	Cost Per Diem Inflated	53.9570	75.0048	48.6768			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.9570**	**75.0048**	**48.6768**	**17.6000**		195.2386
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.8390		49.6335			
7	Provider Target Rate	**60.3180**		**50.8811**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**75.0048**	**48.6768**	**13.6500**		187.6694
12/13	Medicaid Adjustment Rate		0.5070	0.3290			
14	Prospective Per Diem 11	**50.3378**	**75.5118**	**49.0058**	**13.6500**		**188.5054**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 256935-00 - 2011/01

207.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Manor Oaks Nursing & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/2002**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1974/07**
Indexed Asset Value	**1,608,061**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030420**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**4.2500**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**4.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**53,868**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,286,449**	**1.4136**
20% ROE(2):	**321,612**	**0.2567**
Insurance Cost(3):	**81,802**	**3.1203**
Taxes Cost(3):	**105,917**	**4.0402**
Home Office(3):	**41,698**	**1.5906**
Replacement(3&4):	**33,682**	**0.0000**
Total FRVS PD:		**10.4214**

(1) 80% Capital ($1,286,449) amortized at 4.2500% for 20 years Interest of $53,868 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $1.4136
(2) 20% ROE ($321,612) times the ROE factor (0.030420) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.2567
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1974**	Used Per Bed Standard:	**13,088**
Comparison Bed	**116**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,518,208**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**75.5118**	**75.5118**	**0.6587**	**74.8531**	
Indirect Care	**49.0058**	**49.0058**	**0.4275**	**48.5783**	
Property	**13.6500**	**10.4214**	**0.0909**	**10.3305**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.9282**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**188.5054**	**185.2768**	**1.6162**	**207.1859**	

***Medicaid Trend Adjustment :**

0 257249-00 - 2011/01

203.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of Port St Lucie

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1751 Hillmoor Drive		**07/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Port St. Lucie FL 34952		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**St Lucie[56]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**41,529**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,268**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**26,336**	FY Index:	**1.18376228**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**63.41593%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**94.81507%**	Cost:	**1.04988990**
Open Date:	**2/25/1988**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**2/25/1988**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15050000**
Entered Medicaid	**2/25/1988**	Low Occupancy Adjustment Factor:			**119.17969%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**6/29/2002**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03433290**
Previous Med #	**216801**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	977,708	2,013,262	1,203,399	877,779	0	5,072,148
1a	Audit Adjustments						
2	Cost Per Diem	37.1244	76.4452	45.6941	**33.3300**		192.5937
3	Cost Per Diem Inflated	38.9765	79.0698	47.9738			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.9765**	**79.0698**	**47.9738**	**33.3300**		199.3501
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.6967		46.7809			
7	Provider Target Rate	**40.6945**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.9765**	**79.0698**	**47.9568**	**13.6500**		179.6531
12/13	Medicaid Adjustment Rate		1.1934	0.7238			
14	Prospective Per Diem 11	**38.9765**	**80.2632**	**48.6806**	**13.6500**		**181.5703**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257249-00 - 2011/01

203.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of Port St Lucie

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/25/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**5,514,492**
FRVS Base Asset:	**3,530,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**5,400,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0000**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**6.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**379,272**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,411,594**	**9.6213**
20% ROE(2):	**1,102,898**	**0.8861**
Insurance Cost(3):	**82,567**	**1.9882**
Taxes Cost(3):	**83,219**	**2.0039**
Home Office(3):	**11,659**	**0.2807**
Replacement(3&4):	**67,277**	**0.0000**
Total FRVS PD:		**14.7802**

(1) 80% Capital ($4,411,594) amortized at 6.0000% for 20 years Principal & Interest of $379,272 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.6213

(2) 20% ROE ($1,102,898) times the ROE factor (0.031670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8861

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,530,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.9765**	**38.9765**	**0.3400**	**38.6365**	
Patient Care					
Direct Care	**80.2632**	**80.2632**	**0.7002**	**79.5630**	
Indirect Care	**48.6806**	**48.6806**	**0.4247**	**48.2559**	
Property	**13.6500**	**14.7802**	**0.1289**	**14.6513**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.0811**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**181.5703**	**182.7005**	**1.5938**	**203.7849**	

***Medicaid Trend Adjustment :**

0 257257-00 - 2011/01

211.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of West Palm Beach

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
300 EXECUTIVE CENTER D		**07/01/2008-06/30/2009**		Number of Beds:	**176**	Superior:	**0**
West Palm Beach FL 33401		Days In CR	**365**	Maximum:	**64,240**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2010/07**	Max Annualized:	**64,240**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**55,881**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,239**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**30,222**		
Class at 1/94:	**South Large [4]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.18376228**
Open Date:	**4/20/1988**					Semester Index:	**1.24282006**
Acquired Date:	**4/20/1988**					Cost:	**1.04988990**
Entered Medicaid	**4/20/1988**					Target:	**1.01759574**
Med # Active Date:	**6/29/2002**					**DC FY Index:**	**1.15050000**
Previous Med #	**216798**					**DC Sem Index:**	**1.19000000**
						DC Inflation:	**1.03433290**
						PS Target:	**1.02513678**

Medicaid Utilization		**54.08278%**
Occupancy:		**86.98786%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**109.34112%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,074,955	2,699,415	1,179,331	1,155,689	0	6,109,390
1a	Audit Adjustments						
2	Cost Per Diem	35.5686	89.3195	39.0223	**38.2400**		202.1504
3	Cost Per Diem Inflated	37.3431	92.3861	40.9691			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.3431**	**92.3861**	**40.9691**	**38.2400**		208.9383
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		46.7809			
7	Provider Target Rate	**40.1320**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.3431**	**92.3861**	**40.9691**	**13.6500**		184.3483
12/13	Medicaid Adjustment Rate		0.4243	0.1882			
14	Prospective Per Diem 11	**37.3431**	**92.8104**	**41.1573**	**13.6500**		**184.9608**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257257-00 - 2011/01

211.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of West Palm Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/20/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**8,382,511**
FRVS Base Asset:	**3,530,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**7,515,852.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.5200**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.5200**	**%**
Interest Only:	**False**	
Yearly Payment:	**699,375**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,706,009**	**12.0966**
20% ROE(2):	**1,676,502**	**0.9183**
Insurance Cost(3):	**157,278**	**2.8145**
Taxes Cost(3):	**161,090**	**2.8827**
Home Office(3):	**16,317**	**0.2920**
Replacement(3&4):	**65,803**	**0.0000**
Total FRVS PD:		**19.0041**

(1) 80% Capital ($6,706,009) amortized at 8.5200% for 20 years Principal & Interest of $699,375 divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = $12.0966

(2) 20% ROE ($1,676,502) times the ROE factor (0.031670) divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = $0.9183

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,530,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.3431**	**37.3431**	**0.3258**	**37.0173**	
Patient Care					
Direct Care	**92.8104**	**92.8104**	**0.8096**	**92.0008**	
Indirect Care	**41.1573**	**41.1573**	**0.3590**	**40.7983**	
Property	**13.6500**	**19.0041**	**0.1658**	**18.8383**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.7168**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**184.9608**	**190.3149**	**1.6602**	**211.9686**	

***Medicaid Trend Adjustment :**

0 257265-00 - 2011/01

202.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of Gainesville

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
227SW 62nd Boulevard		**07/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Gainesville FL 32607		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Alachua[1]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**41,994**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,556**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**19,858**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/20/1987**						
Acquired Date:	**7/20/1987**						
Entered Medicaid	**7/21/1987**						
Med # Active Date:	**6/29/2002**						
Previous Med #	**216020**						

Medicaid Utilization	**47.28771%**
Occupancy:	**95.87671%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.51414%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	789,335	1,559,876	855,093	668,817	0	3,873,121
1a	Audit Adjustments						
2	Cost Per Diem	39.7490	78.5515	43.0604	**33.6800**		195.0409
3	Cost Per Diem Inflated	41.7321	81.2484	45.2087			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.7321**	**81.2484**	**45.2087**	**33.6800**		201.8692
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.5073		52.1031			
7	Provider Target Rate	**39.4752**		**53.4128**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.4752**	**81.2484**	**45.2087**	**13.6500**		179.5823
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**39.4752**	**81.2484**	**45.2087**	**13.6500**		**179.5823**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257265-00 - 2011/01

202.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of Gainesville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**5,768,874**
FRVS Base Asset:	**3,503,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**3,750,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.4600**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.4600**	**%**
Interest Only:	**False**	
Yearly Payment:	**444,794**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,615,099**	**11.2835**
20% ROE(2):	**1,153,775**	**0.9269**
Insurance Cost(3):	**88,232**	**2.1011**
Taxes Cost(3):	**124,338**	**2.9609**
Home Office(3):	**13,037**	**0.3104**
Replacement(3&4):	**50,615**	**0.0000**
Total FRVS PD:		**17.5828**

(1) 80% Capital ($4,615,099) amortized at 7.4600% for 20 years Principal & Interest of $444,794 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.2835

(2) 20% ROE ($1,153,775) times the ROE factor (0.031670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9269

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,503,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.4752**	**39.4752**	**0.3444**	**39.1308**	
Patient Care					
Direct Care	**81.2484**	**81.2484**	**0.7088**	**80.5396**	
Indirect Care	**45.2087**	**45.2087**	**0.3944**	**44.8143**	
Property	**13.6500**	**17.5828**	**0.1534**	**17.4294**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.1999**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**179.5823**	**183.5151**	**1.6010**	**202.7111**	

***Medicaid Trend Adjustment :**

0 257273-00 - 2011/01

212.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of Jacksonville

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5275 Spring Park Road		**07/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32216		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**40,563**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,420**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**26,732**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/2/1990**						
Acquired Date:	**3/2/1990**						
Entered Medicaid	**3/14/1990**						
Med # Active Date:	**6/29/2002**						
Previous Med #	**215724**						

Medicaid Utilization	**65.90242%**
Occupancy:	**92.60959%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.40747%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	954,761	2,264,797	1,144,499	887,235	0	5,251,292
1a	Audit Adjustments						
2	Cost Per Diem	35.7160	84.7223	42.8138	**33.1900**		196.4421
3	Cost Per Diem Inflated	37.4979	87.6311	44.9498			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.4979**	**87.6311**	**44.9498**	**33.1900**		203.2688
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.5151		47.7696			
7	Provider Target Rate	**39.4832**		**48.9704**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.4979**	**87.6311**	**44.9498**	**13.6500**		183.7288
12/13	Medicaid Adjustment Rate		1.5677	0.8042			
14	Prospective Per Diem 11	**37.4979**	**89.1988**	**45.7540**	**13.6500**		**186.1007**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257273-00 - 2011/01

212.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of Jacksonville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/14/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/01**
Indexed Asset Value	**5,893,020**
FRVS Base Asset:	**3,182,438**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**4,447,445.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.3900**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**10.3900**	**%**
Interest Only:	**False**	
Yearly Payment:	**560,639**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,714,416**	**14.2222**
20% ROE(2):	**1,178,604**	**0.9469**
Insurance Cost(3):	**86,882**	**2.1419**
Taxes Cost(3):	**65,376**	**1.6117**
Home Office(3):	**11,698**	**0.2884**
Replacement(3&4):	**32,626**	**0.0000**
Total FRVS PD:		**19.2111**

(1) 80% Capital ($4,714,416) amortized at 10.3900% for 20 years Principal & Interest of $560,639 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.2222

(2) 20% ROE ($1,178,604) times the ROE factor (0.031670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9469

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**106**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,182,438**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.4979**	**37.4979**	**0.3271**	**37.1708**	
Patient Care					
Direct Care	**89.1988**	**89.1988**	**0.7781**	**88.4207**	
Indirect Care	**45.7540**	**45.7540**	**0.3991**	**45.3549**	
Property	**13.6500**	**19.2111**	**0.1676**	**19.0435**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.9213**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**186.1007**	**191.6618**	**1.6719**	**212.5083**	

***Medicaid Trend Adjustment :**

0 257290-00 - 2011/01

206.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of Ocala

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2700 SW 34th Street		**07/01/2008-06/30/2009**		Number of Beds:	**180**	Superior:	**0**
Ocala FL 34474		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Marion[42]**	First Used:	**2010/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**62,210**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,827**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**38,450**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1987**						
Acquired Date:	**6/1/1987**						
Entered Medicaid	**6/1/1987**						
Med # Active Date:	**6/29/2002**						
Previous Med #	**215732**						

Medicaid Utilization	**61.80678%**
Occupancy:	**94.68797%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.01994%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,565,843	3,090,969	1,680,418	1,265,005	0	7,602,235
1a	Audit Adjustments						
2	Cost Per Diem	40.7241	80.3893	43.7040	**32.9000**		197.7174
3	Cost Per Diem Inflated	42.7558	83.1493	45.8844			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.7558**	**83.1493**	**45.8844**	**32.9000**		204.6895
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2950		46.1371			
7	Provider Target Rate	**38.2325**		**47.2968**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.2325**	**83.1493**	**45.8844**	**13.6500**		180.9162
12/13	Medicaid Adjustment Rate		1.1044	0.6095			
14	Prospective Per Diem 11	**38.2325**	**84.2537**	**46.4939**	**13.6500**		**182.6301**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257290-00 - 2011/01

206.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of Ocala

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/01**
Indexed Asset Value	**8,727,854**
FRVS Base Asset:	**1,720,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**9,386,700.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.5600**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**9.5600**	**%**
Interest Only:	**False**	
Yearly Payment:	**784,294**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,982,283**	**13.2639**
20% ROE(2):	**1,745,571**	**0.9349**
Insurance Cost(3):	**130,982**	**2.1055**
Taxes Cost(3):	**105,414**	**1.6945**
Home Office(3):	**18,431**	**0.2963**
Replacement(3&4):	**63,973**	**0.0000**
Total FRVS PD:		**18.2951**

(1) 80% Capital ($6,982,283) amortized at 9.5600% for 20 years Principal & Interest of $784,294 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $13.2639

(2) 20% ROE ($1,745,571) times the ROE factor (0.031670) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.9349

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,720,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.2325**	**38.2325**	**0.3335**	**37.8990**	
Patient Care					
Direct Care	**84.2537**	**84.2537**	**0.7350**	**83.5187**	
Indirect Care	**46.4939**	**46.4939**	**0.4056**	**46.0883**	
Property	**13.6500**	**18.2951**	**0.1596**	**18.1355**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.7367**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**182.6301**	**187.2752**	**1.6337**	**206.9753**	

***Medicaid Trend Adjustment :**

0 257303-00 - 2011/01

214.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of Orlando

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
654 East Econlockhatchee Tra		**07/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32825		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**41,644**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,976**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**26,453**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1987**						
Acquired Date:	**7/1/1987**						
Entered Medicaid	**9/21/1987**						
Med # Active Date:	**6/29/2002**						
Previous Med #	**216721**						

Medicaid Utilization	**63.52176%**
Occupancy:	**95.07763%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.50972%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,088,797	2,144,751	1,171,091	852,580	0	5,257,219
1a	Audit Adjustments						
2	Cost Per Diem	41.1597	81.0778	44.2706	**32.2300**		198.7381
3	Cost Per Diem Inflated	43.2132	83.8614	46.4793			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.2132**	**83.8614**	**46.4793**	**32.2300**		205.7839
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.5697		49.5592			
7	Provider Target Rate	**44.6649**		**50.8050**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.2132**	**83.8614**	**46.4793**	**13.6500**		187.2039
12/13	Medicaid Adjustment Rate		1.2757	0.7070			
14	Prospective Per Diem 11	**43.2132**	**85.1371**	**47.1863**	**13.6500**		**189.1866**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257303-00 - 2011/01

214.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of Orlando

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/21/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**5,857,352**
FRVS Base Asset:	**1,751,700**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**4,032,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.4600**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.4600**	**%**
Interest Only:	**False**	
Yearly Payment:	**486,560**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,685,882**	**12.3430**
20% ROE(2):	**1,171,470**	**0.9412**
Insurance Cost(3):	**88,894**	**2.1346**
Taxes Cost(3):	**67,551**	**1.6221**
Home Office(3):	**11,899**	**0.2857**
Replacement(3&4):	**34,207**	**0.0000**
Total FRVS PD:		**17.3266**

(1) 80% Capital ($4,685,882) amortized at 8.4600% for 20 years Principal & Interest of $486,560 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.3430

(2) 20% ROE ($1,171,470) times the ROE factor (0.031670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9412

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,751,700**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.2132**	**43.2132**	**0.3770**	**42.8362**	
Patient Care					
Direct Care	**85.1371**	**85.1371**	**0.7427**	**84.3944**	
Indirect Care	**47.1863**	**47.1863**	**0.4116**	**46.7747**	
Property	**13.6500**	**17.3266**	**0.1511**	**17.1755**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.6757**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.1866**	**192.8632**	**1.6824**	**214.4536**	

***Medicaid Trend Adjustment :**

0 257311-00 - 2011/01

203.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of Vero Beach

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1755 37th Street		**07/01/2008-06/30/2009**		Number of Beds:	**180**	Superior:	**0**
Vero Beach FL 32960		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Indian River[31]**	First Used:	**2010/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**60,941**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,358**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**40,467**	FY Index:	**1.18376228**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**66.40357%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**92.75647%**	Cost:	**1.04988990**
Open Date:	**7/1/1987**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**7/1/1987**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15050000**
Entered Medicaid	**11/25/1987**	Low Occupancy Adjustment Factor:			**116.59209%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**6/29/2002**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03433290**
Previous Med #	**217387**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,464,590	3,272,446	1,607,224	1,401,372	0	7,745,632
1a	Audit Adjustments						
2	Cost Per Diem	36.1922	80.8670	39.7169	**34.6300**		191.4061
3	Cost Per Diem Inflated	37.9978	83.6434	41.6984			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.9978**	**83.6434**	**41.6984**	**34.6300**		197.9696
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0808		46.7809			
7	Provider Target Rate	**42.1134**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.9978**	**83.6434**	**41.6984**	**13.6500**		176.9896
12/13	Medicaid Adjustment Rate		1.5436	0.7695			
14	Prospective Per Diem 11	**37.9978**	**85.1870**	**42.4679**	**13.6500**		**179.3027**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257311-00 - 2011/01

203.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of Vero Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/25/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**8,575,564**
FRVS Base Asset:	**2,656,745**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**7,717,166.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.5200**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.5200**	**%**
Interest Only:	**False**	
Yearly Payment:	**715,482**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,860,451**	**12.1002**
20% ROE(2):	**1,715,113**	**0.9186**
Insurance Cost(3):	**117,929**	**1.9351**
Taxes Cost(3):	**114,982**	**1.8868**
Home Office(3):	**16,592**	**0.2723**
Replacement(3&4):	**65,825**	**0.0000**
Total FRVS PD:		**17.1130**

(1) 80% Capital ($6,860,451) amortized at 8.5200% for 20 years Principal & Interest of $715,482 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $12.1002

(2) 20% ROE ($1,715,113) times the ROE factor (0.031670) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.9186

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**91**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,656,745**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.9978**	**37.9978**	**0.3315**	**37.6663**	
Patient Care					
Direct Care	**85.1870**	**85.1870**	**0.7431**	**84.4439**	
Indirect Care	**42.4679**	**42.4679**	**0.3705**	**42.0974**	
Property	**13.6500**	**17.1130**	**0.1493**	**16.9637**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.3936**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**179.3027**	**182.7657**	**1.5944**	**203.1620**	

***Medicaid Trend Adjustment :**

0 257320-00 - 2011/01

199.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of Winter Haven

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1120 Cypress Garden Bouleva		**07/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Winter Haven FL 33884		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Polk[53]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**41,717**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,342**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**29,518**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1987**						
Acquired Date:	**7/1/1987**						
Entered Medicaid	**7/9/1987**						
Med # Active Date:	**6/29/2002**						
Previous Med #	**216658**						

Medicaid Utilization	**70.75772%**
Occupancy:	**95.24429%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.71921%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	953,145	2,205,171	1,278,165	991,805	0	5,428,286
1a	Audit Adjustments						
2	Cost Per Diem	32.2903	74.7060	43.3012	**33.6000**		183.8975
3	Cost Per Diem Inflated	33.9013	77.2709	45.4615			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.9013**	**77.2709**	**45.4615**	**33.6000**		190.2337
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		50.0901			
7	Provider Target Rate	**38.1474**		**51.3492**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.9013**	**77.2709**	**45.4615**	**13.6500**		170.2837
12/13	Medicaid Adjustment Rate		1.8045	1.0616			
14	Prospective Per Diem 11	**33.9013**	**79.0754**	**46.5231**	**13.6500**		**173.1498**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257320-00 - 2011/01

199.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of Winter Haven

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/9/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**5,857,352**
FRVS Base Asset:	**1,751,700**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**4,490,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.8000**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.8000**	**%**
Interest Only:	**False**	
Yearly Payment:	**498,711**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,685,882**	**12.6512**
20% ROE(2):	**1,171,470**	**0.9412**
Insurance Cost(3):	**97,815**	**2.3447**
Taxes Cost(3):	**100,426**	**2.4073**
Home Office(3):	**11,422**	**0.2738**
Replacement(3&4):	**19,848**	**0.0000**
Total FRVS PD:		**18.6182**

(1) 80% Capital ($4,685,882) amortized at 8.8000% for 20 years Principal & Interest of $498,711 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.6512

(2) 20% ROE ($1,171,470) times the ROE factor (0.031670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9412

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,751,700**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.9013**	**33.9013**	**0.2957**	**33.6056**	
Patient Care					
Direct Care	**79.0754**	**79.0754**	**0.6898**	**78.3856**	
Indirect Care	**46.5231**	**46.5231**	**0.4058**	**46.1173**	
Property	**13.6500**	**18.6182**	**0.1624**	**18.4558**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.5160**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**173.1498**	**178.1180**	**1.5537**	**199.6774**	

***Medicaid Trend Adjustment :**

0 257419-00 - 2011/01

229.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Citrus Health and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
701 Medical Court East	**06/01/2009-05/31/2010**	Number of Beds: **111**	Superior: **0**
Inverness FL 34452	Days In CR **365**	Maximum: **40,515**	Standard: **181**
County: **Citrus[9]**	First Used: **2011/01**	Max Annualized: **40,515**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2011/01**	Total Patient: **33,813**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **7,120**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **20,712**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **7/29/1994**			
Acquired Date: **7/29/1994**			
Entered Medicaid **7/29/1994**			
Med # Active Date: **4/11/2002**			
Previous Med # **211087**			

Medicaid Utilization	**61.25455%**
Occupancy:	**83.45798%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**104.90416%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20371855**
Semester Index:	**1.24282006**
Cost:	**1.03248393**
Target:	**1.01759574**
DC FY Index:	**1.16533216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02116808**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,090,220	1,863,457	1,227,452	471,612	0	4,652,741
1a	Audit Adjustments						
2	Cost Per Diem	52.6371	89.9699	59.2628	**22.7700**		224.6398
3	Cost Per Diem Inflated	54.3470	91.8744	61.1879			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.3470**	**91.8744**	**61.1879**	**22.7700**		230.1793
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.4901		51.5223			
7	Provider Target Rate	**46.6336**		**52.8174**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**91.8744**	**52.8174**	**13.6500**		203.5881
12/13	Medicaid Adjustment Rate		1.1633	0.6687			
14	Prospective Per Diem 11	**45.2463**	**93.0377**	**53.4861**	**13.6500**		**205.4201**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257419-00 - 2011/01

229.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Citrus Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/29/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/07**
Indexed Asset Value	**5,086,269**
FRVS Base Asset:	**3,754,020**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**5,275,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.8000**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.8000**	**%**
Interest Only:	**False**	
Yearly Payment:	**402,362**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,069,015**	**11.0347**
20% ROE(2):	**1,017,254**	**0.8894**
Insurance Cost(3):	**86,550**	**2.5597**
Taxes Cost(3):	**1,076**	**0.0318**
Home Office(3):	**70,198**	**2.0761**
Replacement(3&4):	**199,065**	**0.0000**
Total FRVS PD:		**16.5917**

(1) 80% Capital ($4,069,015) amortized at 7.8000% for 20 years Principal & Interest of $402,362 divided by annual available days (40,515) divided by Occup. Adj. (0.9000) = $11.0347
(2) 20% ROE ($1,017,254) times the ROE factor (0.031880) divided by annual available days (40,515) divided by Occup. Adj. (0.9000) = $0.8894
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1994**	Used Per Bed Standard:	**33,820**
Comparison Bed	**111**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,754,020**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**93.0377**	**93.0377**	**0.8116**	**92.2261**	
Indirect Care	**53.4861**	**53.4861**	**0.4666**	**53.0195**	
Property	**13.6500**	**16.5917**	**0.1447**	**16.4470**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.8650**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**205.4201**	**208.3618**	**1.8176**	**229.0063**	

***Medicaid Trend Adjustment :**

0 257460-00 - 2011/01

212.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of Clearwater

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3480 McMullen Booth Road		**07/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Clearwater FL 33761		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**40,419**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,233**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**20,232**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1987**						
Acquired Date:	**7/1/1987**						
Entered Medicaid	**9/18/1987**						
Med # Active Date:	**6/29/2002**						
Previous Med #	**216038**						

Medicaid Utilization	**50.05567%**
Occupancy:	**92.28082%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.99422%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	789,626	1,631,359	954,103	676,760	0	4,051,848
1a	Audit Adjustments						
2	Cost Per Diem	39.0286	80.6326	47.1581	**33.4500**		200.2693
3	Cost Per Diem Inflated	40.9757	83.4010	49.5108			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.9757**	**83.4010**	**49.5108**	**33.4500**		207.3375
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.5488		50.6047			
7	Provider Target Rate	**44.6435**		**51.8767**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.9757**	**83.4010**	**49.5108**	**13.6500**		187.5375
12/13	Medicaid Adjustment Rate		0.0052	0.0031			
14	Prospective Per Diem 11	**40.9757**	**83.4062**	**49.5139**	**13.6500**		**187.5458**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257460-00 - 2011/01

212.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of Clearwater

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/18/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**5,815,614**
FRVS Base Asset:	**3,503,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**5,374,781.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**11.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**576,270**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,652,491**	**14.6187**
20% ROE(2):	**1,163,123**	**0.9345**
Insurance Cost(3):	**85,767**	**2.1219**
Taxes Cost(3):	**74,828**	**1.8513**
Home Office(3):	**12,963**	**0.3207**
Replacement(3&4):	**26,840**	**0.0000**
Total FRVS PD:		**19.8471**

(1) 80% Capital ($4,652,491) amortized at 11.0000% for 20 years Principal & Interest of $576,270 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.6187

(2) 20% ROE ($1,163,123) times the ROE factor (0.031670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9345

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,503,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.9757**	**40.9757**	**0.3574**	**40.6183**	
Patient Care					
Direct Care	**83.4062**	**83.4062**	**0.7276**	**82.6786**	
Indirect Care	**49.5139**	**49.5139**	**0.4319**	**49.0820**	
Property	**13.6500**	**19.8471**	**0.1731**	**19.6740**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.1310**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**187.5458**	**193.7429**	**1.6900**	**212.7810**	

***Medicaid Trend Adjustment :**

0 257478-00 - 2011/01

225.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of Largo

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
10500 Starkey Road		**07/01/2008-06/30/2009**		Number of Beds:	**140**	Superior:	**0**
Largo FL 33777		Days In CR	**365**	Maximum:	**51,100**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**51,100**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**48,829**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,087**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**28,670**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1987**						
Acquired Date:	**7/1/1987**						
Entered Medicaid	**7/31/1987**						
Med # Active Date:	**6/29/2002**						
Previous Med #	**215716**						

Medicaid Utilization	**58.71511%**
Occupancy:	**95.55577%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.11073%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,074,651	2,502,292	1,495,586	957,005	0	6,029,534
1a	Audit Adjustments						
2	Cost Per Diem	37.4835	87.2791	52.1655	**33.3800**		210.3081
3	Cost Per Diem Inflated	39.3535	90.2756	54.7680			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.3535**	**90.2756**	**54.7680**	**33.3800**		217.7771
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.7756		57.9580			
7	Provider Target Rate	**41.8006**		**59.4149**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.3535**	**90.2756**	**54.7680**	**13.6500**		198.0471
12/13	Medicaid Adjustment Rate		0.8851	0.5370			
14	Prospective Per Diem 11	**39.3535**	**91.1607**	**55.3050**	**13.6500**		**199.4692**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257478-00 - 2011/01

225.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

PG of Largo

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/31/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**6,830,626**
FRVS Base Asset:	**2,277,210**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**7,227,441.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**11.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**676,847**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,464,501**	**14.7173**
20% ROE(2):	**1,366,125**	**0.9408**
Insurance Cost(3):	**108,143**	**2.2147**
Taxes Cost(3):	**103,977**	**2.1294**
Home Office(3):	**15,927**	**0.3262**
Replacement(3&4):	**82,489**	**0.0000**
Total FRVS PD:		**20.3284**

(1) 80% Capital ($5,464,501) amortized at 11.0000% for 20 years Principal & Interest of $676,847 divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = $14.7173
(2) 20% ROE ($1,366,125) times the ROE factor (0.031670) divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = $0.9408
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**78**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,277,210**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.3535**	**39.3535**	**0.3433**	**39.0102**	
Patient Care					
Direct Care	**91.1607**	**91.1607**	**0.7952**	**90.3655**	
Indirect Care	**55.3050**	**55.3050**	**0.4824**	**54.8226**	
Property	**13.6500**	**20.3284**	**0.1773**	**20.1511**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.7832**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**199.4692**	**206.1476**	**1.7982**	**225.7297**	

***Medicaid Trend Adjustment :**

0 257494-00 - 2011/01

219.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of North Miami

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
21251 East Dixie Highway	**07/01/2009-06/30/2010**	Number of Beds: **120**	Superior: **0**
Aventura FL 33180	Days In CR **365**	Maximum: **43,800**	Standard: **150**
County: **Dade[13]**	First Used: **2011/01**	Max Annualized: **43,800**	Conditional: **31**
Region: **South[2]** Area: **11**	Last Used: **2011/01**	Total Patient: **40,271**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **9,681**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **24,426**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **7/13/1988**			
Acquired Date: **7/13/1988**			
Entered Medicaid **7/13/1988**			
Med # Active Date: **6/29/2002**			
Previous Med # **216780**			

Medicaid Utilization	**60.65407%**
Occupancy:	**91.94292%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.56948%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	949,361	1,993,032	1,482,708	878,603	0	5,303,704
1a	Audit Adjustments						
2	Cost Per Diem	38.8668	81.5947	60.7020	**35.9700**		217.1335
3	Cost Per Diem Inflated	40.0437	83.2385	62.5400			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.0437**	**83.2385**	**62.5400**	**35.9700**		221.7922
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.7767		58.9440			
7	Provider Target Rate	**43.8520**		**60.4257**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.0437**	**83.2385**	**56.8989**	**13.6500**		193.8311
12/13	Medicaid Adjustment Rate		0.8268	0.5652			
14	Prospective Per Diem 11	**40.0437**	**84.0653**	**57.4641**	**13.6500**		**195.2231**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257494-00 - 2011/01

219.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of North Miami

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/13/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/07**
Indexed Asset Value	**5,489,538**
FRVS Base Asset:	**3,559,440**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**6,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.5100**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.5100**	**%**
Interest Only:	**False**	
Yearly Payment:	**424,866**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,391,630**	**10.7779**
20% ROE(2):	**1,097,908**	**0.8790**
Insurance Cost(3):	**53,148**	**1.3198**
Taxes Cost(3):	**165,110**	**4.1000**
Home Office(3):	**31,049**	**0.7710**
Replacement(3&4):	**37,188**	**0.0000**
Total FRVS PD:		**17.8477**

(1) 80% Capital ($4,391,630) amortized at 7.5100% for 20 years Principal & Interest of $424,866 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.7779

(2) 20% ROE ($1,097,908) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8790

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1988**	Used Per Bed Standard:	**29,662**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,559,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.0437**	**40.0437**	**0.3493**	**39.6944**	
Patient Care					
Direct Care	**84.0653**	**84.0653**	**0.7333**	**83.3320**	
Indirect Care	**57.4641**	**57.4641**	**0.5013**	**56.9628**	
Property	**13.6500**	**17.8477**	**0.1557**	**17.6920**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.3033**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**195.2231**	**199.4208**	**1.7396**	**219.5816**	

***Medicaid Trend Adjustment :**

0 257508-00 - 2011/01

210.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of Pinellas

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
200 16th Avenue SE	**07/01/2008-06/30/2009**	Number of Beds: **120**	Superior: **0**
Largo FL 33771	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Pinellas[52]**	First Used: **2010/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2011/01**	Total Patient: **40,271**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **8,118**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **23,219**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **6/14/1991**			
Acquired Date: **6/14/1991**			
Entered Medicaid **6/25/1991**			
Med # Active Date: **6/29/2002**			
Previous Med # **216402**			

Medicaid Utilization	**57.65687%**
Occupancy:	**91.94292%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.56948%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	838,360	1,913,229	1,009,603	792,000	0	4,553,192
1a	Audit Adjustments						
2	Cost Per Diem	36.1066	82.3993	43.4818	**34.1100**		196.0977
3	Cost Per Diem Inflated	37.9080	85.2283	45.6511			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.9080**	**85.2283**	**45.6511**	**34.1100**		202.8974
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.3356		44.9838			
7	Provider Target Rate	**39.2992**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.9080**	**85.2283**	**45.6511**	**13.6500**		182.4374
12/13	Medicaid Adjustment Rate		0.7342	0.3932			
14	Prospective Per Diem 11	**37.9080**	**85.9625**	**46.0443**	**13.6500**		**183.5648**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257508-00 - 2011/01

210.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

PG of Pinellas

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/25/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**5,897,786**
FRVS Base Asset:	**3,642,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**5,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.3900**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**10.3900**	**%**
Interest Only:	**False**	
Yearly Payment:	**561,093**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,718,229**	**14.2337**
20% ROE(2):	**1,179,557**	**0.9477**
Insurance Cost(3):	**91,836**	**2.2805**
Taxes Cost(3):	**76,199**	**1.8922**
Home Office(3):	**11,520**	**0.2861**
Replacement(3&4):	**30,827**	**0.0000**
Total FRVS PD:		**19.6402**

(1) 80% Capital ($4,718,229) amortized at 10.3900% for 20 years Principal & Interest of $561,093 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.2337
(2) 20% ROE ($1,179,557) times the ROE factor (0.031670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9477
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.9080**	**37.9080**	**0.3307**	**37.5773**	
Patient Care					
Direct Care	**85.9625**	**85.9625**	**0.7499**	**85.2126**	
Indirect Care	**46.0443**	**46.0443**	**0.4017**	**45.6426**	
Property	**13.6500**	**19.6402**	**0.1713**	**19.4689**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.0342**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**183.5648**	**189.5550**	**1.6536**	**210.5327**	

***Medicaid Trend Adjustment :**

0 257516-00 - 2011/01

203.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of Sun Citv

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3850 Upper Creek Drive		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
Sun City Center FL 33573		Days In CR	**365**	Maximum:	**43,800**	Standard:	**151**
County:	**Hillsborough[29]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**30**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**42,068**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,054**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,152**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1991**						
Acquired Date:	**6/1/1991**						
Entered Medicaid	**6/1/1991**						
Med # Active Date:	**6/29/2002**						
Previous Med #	**216411**						

Medicaid Utilization	**55.03471%**
Occupancy:	**96.04566%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.72650%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	800,598	1,880,804	1,015,089	744,105	0	4,440,596
1a	Audit Adjustments						
2	Cost Per Diem	34.5801	81.2372	43.8445	**32.1400**		191.8018
3	Cost Per Diem Inflated	35.6272	82.8738	45.1721			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.6272**	**82.8738**	**45.1721**	**32.1400**		195.8131
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9362		47.9160			
7	Provider Target Rate	**42.9903**		**49.1205**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.6272**	**82.8738**	**45.1721**	**13.6500**		177.3231
12/13	Medicaid Adjustment Rate		0.3916	0.2134			
14	Prospective Per Diem 11	**35.6272**	**83.2654**	**45.3855**	**13.6500**		**177.9281**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257516-00 - 2011/01

203.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of Sun Citv

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**5,871,099**
FRVS Base Asset:	**3,642,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**5,250,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.3900**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**10.3900**	**%**
Interest Only:	**False**	
Yearly Payment:	**558,554**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,696,879**	**14.1693**
20% ROE(2):	**1,174,220**	**0.9401**
Insurance Cost(3):	**50,428**	**1.1987**
Taxes Cost(3):	**88,241**	**2.0976**
Home Office(3):	**26,242**	**0.6238**
Replacement(3&4):	**38,487**	**0.0000**
Total FRVS PD:		**19.0295**

(1) 80% Capital ($4,696,879) amortized at 10.3900% for 20 years Principal & Interest of $558,554 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.1693

(2) 20% ROE ($1,174,220) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9401

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.6272**	**35.6272**	**0.3108**	**35.3164**	
Patient Care					
Direct Care	**83.2654**	**83.2654**	**0.7264**	**82.5390**	
Indirect Care	**45.3855**	**45.3855**	**0.3959**	**44.9896**	
Property	**13.6500**	**19.0295**	**0.1660**	**18.8635**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.3297**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**177.9281**	**183.3076**	**1.5991**	**203.6353**	

***Medicaid Trend Adjustment :**

0 257524-00 - 2011/01

213.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

PG of Tampa

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3612 138th Avenue		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
Tampa FL 33613		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**40,515**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,625**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**29,364**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1987**						
Acquired Date:	**7/1/1987**						
Entered Medicaid	**11/1/1987**						
Med # Active Date:	**6/29/2002**						
Previous Med #	**216429**						

Medicaid Utilization	**72.47686%**
Occupancy:	**92.50000%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.26972%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,127,323	2,464,159	1,268,297	971,067	0	5,830,846
1a	Audit Adjustments						
2	Cost Per Diem	38.3913	83.9177	43.1922	**33.0700**		198.5712
3	Cost Per Diem Inflated	39.5538	85.6083	44.5000			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.5538**	**85.6083**	**44.5000**	**33.0700**		202.7321
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9178		48.0573			
7	Provider Target Rate	**42.9715**		**49.2653**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.5538**	**85.6083**	**44.5000**	**13.6500**		183.3121
12/13	Medicaid Adjustment Rate		2.1647	1.1252			
14	Prospective Per Diem 11	**39.5538**	**87.7730**	**45.6252**	**13.6500**		**186.6020**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257524-00 - 2011/01

213.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

PG of Tampa

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**5,494,164**
FRVS Base Asset:	**3,007,085**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**5,006,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**11.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**544,417**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,395,331**	**13.8107**
20% ROE(2):	**1,098,833**	**0.8797**
Insurance Cost(3):	**58,736**	**1.4497**
Taxes Cost(3):	**72,714**	**1.7947**
Home Office(3):	**26,232**	**0.6475**
Replacement(3&4):	**19,478**	**0.0000**
Total FRVS PD:		**18.5823**

(1) 80% Capital ($4,395,331) amortized at 11.0000% for 20 years Principal & Interest of $544,417 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.8107
(2) 20% ROE ($1,098,833) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8797
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**103**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,007,085**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.5538**	**39.5538**	**0.3450**	**39.2088**	
Patient Care					
Direct Care	**87.7730**	**87.7730**	**0.7657**	**87.0073**	
Indirect Care	**45.6252**	**45.6252**	**0.3980**	**45.2272**	
Property	**13.6500**	**18.5823**	**0.1621**	**18.4202**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.7509**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**186.6020**	**191.5343**	**1.6708**	**213.2115**	

***Medicaid Trend Adjustment :**

0 258342-00 - 2011/01

200.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Oak Manor Healthcare and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3500 Oak Manor Lane		**01/01/2009-12/31/2009**		Number of Beds:	**180**	Superior:	**0**
Largo FL 33774		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**59,743**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,608**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**39,825**	FY Index:	**1.19387802**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**66.66053%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.93303%**	Cost:	**1.04099417**
Open Date:	**7/1/1990**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**7/1/1990**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**8/8/1990**	Low Occupancy Adjustment Factor:			**114.30008%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**9/1/2002**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**223875**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,491,581	3,184,375	1,537,199	937,082	0	7,150,237
1a	Audit Adjustments						
2	Cost Per Diem	37.4534	79.9592	38.5988	**23.5300**		179.5414
3	Cost Per Diem Inflated	38.9888	82.0625	40.1811			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.9888**	**82.0625**	**40.1811**	**23.5300**		184.7624
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.4126		44.9838			
7	Provider Target Rate	**38.3530**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.3530**	**82.0625**	**40.1811**	**13.6500**		174.2466
12/13	Medicaid Adjustment Rate		1.5381	0.7531			
14	Prospective Per Diem 11	**38.3530**	**83.6006**	**40.9342**	**13.6500**		**176.5378**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 258342-00 - 2011/01

200.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Oak Manor Healthcare and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/8/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/07**
Indexed Asset Value	**8,059,682**
FRVS Base Asset:	**5,431,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**8,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.6700**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**7.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**599,872**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,447,746**	**10.1450**
20% ROE(2):	**1,611,936**	**0.7952**
Insurance Cost(3):	**169,099**	**2.8304**
Taxes Cost(3):	**98,107**	**1.6422**
Home Office(3):	**14,440**	**0.2417**
Replacement(3&4):	**51,347**	**0.0000**
Total FRVS PD:		**15.6545**

(1) 80% Capital ($6,447,746) amortized at 7.0000% for 20 years Principal & Interest of $599,872 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $10.1450
(2) 20% ROE ($1,611,936) times the ROE factor (0.029170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.7952
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,431,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.3530**	**38.3530**	**0.3346**	**38.0184**	
Patient Care					
Direct Care	**83.6006**	**83.6006**	**0.7293**	**82.8713**	
Indirect Care	**40.9342**	**40.9342**	**0.3571**	**40.5771**	
Property	**13.6500**	**15.6545**	**0.1366**	**15.5179**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.1169**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**176.5378**	**178.5423**	**1.5576**	**200.6987**	

***Medicaid Trend Adjustment :**

0 258750-00 - 2011/01

221.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Indigo Manor

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
595 Williamson Blvd		**07/01/2008-06/30/2009**		Number of Beds:	**173**	Superior:	**0**
Daytona Beach FL 32114		Days In CR	**365**	Maximum:	**63,145**	Standard:	**181**
County:	**Volusia[64]**	First Used:	**2010/07**	Max Annualized:	**63,145**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**56,236**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,868**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**34,219**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1987**						
Acquired Date:	**7/1/1987**						
Entered Medicaid	**7/1/1987**						
Med # Active Date:	**1/1/2001**						
Previous Med #	**209651**						

Medicaid Utilization	**60.84892%**
Occupancy:	**89.05852%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**111.94388%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,412,886	2,867,199	1,787,346	388,043	0	6,455,474
1a	Audit Adjustments						
2	Cost Per Diem	41.2895	83.7897	52.2326	**11.3400**		188.6518
3	Cost Per Diem Inflated	43.3494	86.6664	54.8385			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.3494**	**86.6664**	**54.8385**	**11.3400**		196.1943
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.3305		53.1572			
7	Provider Target Rate	**42.3694**		**54.4934**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.3694**	**86.6664**	**53.4956**	**11.3400**		193.8714
12/13	Medicaid Adjustment Rate		1.0578	0.6529			
14	Prospective Per Diem 11	**42.3694**	**87.7242**	**54.1485**	**11.3400**		**195.5821**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 258750-00 - 2011/01

221.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Indigo Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**7,900,682**
FRVS Base Asset:	**3,503,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**3,405,700.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.4050**	**%**
Chase Rate:	**7.2500**	**%**
Amortization Rate:	**9.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**694,654**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,320,546**	**12.2233**
20% ROE(2):	**1,580,136**	**0.8806**
Insurance Cost(3):	**16,285**	**0.2896**
Taxes Cost(3):	**5,814**	**0.1034**
Home Office(3):	**56,236**	**1.0000**
Replacement(3&4):	**67,514**	**0.0000**
Total FRVS PD:		**14.4969**

(1) 80% Capital ($6,320,546) amortized at 9.2500% for 20 years Principal & Interest of $694,654 divided by annual available days (63,145) divided by Occup. Adj. (0.9000) = $12.2233

(2) 20% ROE ($1,580,136) times the ROE factor (0.031670) divided by annual available days (63,145) divided by Occup. Adj. (0.9000) = $0.8806

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,503,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.3694**	**42.3694**	**0.3696**	**41.9998**	
Patient Care					
Direct Care	**87.7242**	**87.7242**	**0.7653**	**86.9589**	
Indirect Care	**54.1485**	**54.1485**	**0.4724**	**53.6761**	
Property	**11.3400**	**14.4969**	**0.1265**	**14.3704**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.8652**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**195.5821**	**198.7390**	**1.7338**	**221.4675**	

***Medicaid Trend Adjustment :**

0 258831-00 - 2011/01

211.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Haven of Our Ladv of Peace

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1900 Summit Boulevard		**07/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Pensacola Fl 32503		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Escambia[17]**		First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **1**	Last Used:	**2011/01**	Total Patient:	**41,571**	Total:	**181**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**12,799**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**13,634**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date: **11/8/2001**							
Acquired Date: **11/8/2001**							
Entered Medicaid **11/8/2001**							
Med # Active Date: **11/8/2001**							
Previous Med # **227684**							

Medicaid Utilization	**32.79690%**
Occupancy:	**94.91096%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.30022%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	702,765	1,256,177	675,394	272,544	0	2,906,880
1a	Audit Adjustments						
2	Cost Per Diem	51.5450	92.1356	49.5375	**19.9900**		213.2081
3	Cost Per Diem Inflated	54.1166	95.2989	52.0089			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.1166**	**95.2989**	**52.0089**	**19.9900**		221.4144
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.8920		43.1867			
7	Provider Target Rate	**46.0204**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**94.8213**	**44.2723**	**13.6500**		197.9899
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.2463**	**94.8213**	**44.2723**	**13.6500**		**197.9899**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 258831-00 - 2011/01

211.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Haven of Our Ladv of Peace

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/8/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2001/07**
Indexed Asset Value	**5,452,413**
FRVS Base Asset:	**4,897,800**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**5.0000**	**%**
Chase Rate:	**5.0000**	**%**
Amortization Rate:	**5.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**215,137**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,361,930**	**5.4576**
20% ROE(2):	**1,090,483**	**0.8761**
Insurance Cost(3):	**15,245**	**0.3667**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**82,502**	**1.9846**
Replacement(3&4):	**20,175**	**0.0000**
Total FRVS PD:		**8.6850**

(1) 80% Capital ($4,361,930) amortized at 5.0000% for 20 years Interest of $215,137 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.4576
(2) 20% ROE ($1,090,483) times the ROE factor (0.031670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8761
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2001**	Used Per Bed Standard:	**40,815**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,897,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**94.8213**	**94.8213**	**0.8272**	**93.9941**	
Indirect Care	**44.2723**	**44.2723**	**0.3862**	**43.8861**	
Property	**13.6500**	**8.6850**	**0.0758**	**8.6092**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.0326**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**197.9899**	**193.0249**	**1.6839**	**211.9707**	

***Medicaid Trend Adjustment :**

0 259080-00 - 2011/01

216.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Inverrary

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4251 Rock Island Road		**09/01/2008-08/31/2009**		Number of Beds:	**120**	Superior:	**0**
Lauderhill FL 33319		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Broward[6]**		First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2011/01**	Total Patient:	**39,563**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**15,843**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**16,227**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date:	**12/26/2002**						
Acquired Date:	**12/26/2002**						
Entered Medicaid	**1/30/2003**						
Med # Active Date:	**1/30/2003**						
Previous Med #							

Medicaid Utilization	**41.01560%**
Occupancy:	**90.32648%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.53767%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18697094**
Semester Index:	**1.24282006**
Cost:	**1.04705180**
Target:	**1.01759574**
DC FY Index:	**1.15383092**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03134695**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	792,454	1,265,773	920,652	940,030	0	3,918,909
1a	Audit Adjustments						
2	Cost Per Diem	48.8355	78.0041	56.7358	**57.9300**		241.5054
3	Cost Per Diem Inflated	51.1333	80.4493	59.4053			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.1333**	**80.4493**	**59.4053**	**57.9300**		248.9179
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.5589		49.8377			
7	Provider Target Rate	**61.0560**		**51.0905**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**80.4493**	**51.0905**	**13.6500**		195.5276
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.3378**	**80.4493**	**51.0905**	**13.6500**		**195.5276**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259080-00 - 2011/01

216.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Inverrary

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/30/2003**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2002/07**
Indexed Asset Value	**5,542,230**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**12,700,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.1315**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**358,522**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,433,784**	**9.0949**
20% ROE(2):	**1,108,446**	**0.8613**
Insurance Cost(3):	**24,518**	**0.6197**
Taxes Cost(3):	**216,324**	**5.4678**
Home Office(3):	**45,375**	**1.1469**
Replacement(3&4):	**20,979**	**0.0000**
Total FRVS PD:		**17.1906**

(1) 80% Capital ($4,433,784) amortized at 5.2500% for 20 years Principal & Interest of $358,522 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.0949
(2) 20% ROE ($1,108,446) times the ROE factor (0.030630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8613
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2002**	Used Per Bed Standard:	**41,631**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,995,720**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**80.4493**	**80.4493**	**0.7018**	**79.7475**	
Indirect Care	**51.0905**	**51.0905**	**0.4457**	**50.6448**	
Property	**13.6500**	**17.1906**	**0.1500**	**17.0406**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.2895**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**195.5276**	**199.0682**	**1.7366**	**216.2182**	

***Medicaid Trend Adjustment :**

0 259225-00 - 2011/01

209.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lakeview Terrace Skilled Nursing Facility

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
110 Lodge Terrace Drive	**01/01/2009-12/31/2009**	Number of Beds: **20**	Superior: **181**
Altoona FL 32702	Days In CR **365**	Maximum: **7,300**	Standard: **0**
County: **Lake[35]**	First Used: **2011/01**	Max Annualized: **7,300**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2011/01**	Total Patient: **5,980**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **2,039**	
Current Class **North Small [1]**	Initial CR? **False**	Medicaid: **1,262**	
Class at 1/94: **North Small [1]**			
Operating Ex **> 18 months [1]**			
Open Date: **12/1/1981**			
Acquired Date: **12/1/1981**			
Entered Medicaid **5/28/1987**			
Med # Active Date: **1/3/2003**			
Previous Med # **212067**			

Medicaid Utilization	**21.10368%**
Occupancy:	**81.91781%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**102.96822%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	93,804	109,123	91,977	5,868	0	300,772
1a	Audit Adjustments						
2	Cost Per Diem	74.3296	86.4683	72.8819	**4.6498**		238.3296
3	Cost Per Diem Inflated	77.3767	88.7428	75.8696			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**77.3767**	**88.7428**	**75.8696**	**4.6498**		246.6389
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.5276		58.3208			
7	Provider Target Rate	**59.9988**		**59.7868**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.4247**	**88.7428**	**58.4725**	**4.6498**		200.2898
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**48.4247**	**88.7428**	**58.4725**	**4.6498**		**200.2898**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259225-00 - 2011/01

209.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Lakeview Terrace Skilled Nursing Facility

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/28/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**511,289**
FRVS Base Asset:	**472,029**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**240,715.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**11.6400**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**40,599**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**409,031**	**6.1795**
20% ROE(2):	**102,258**	**0.4540**
Insurance Cost(3):	**5,706**	**0.9542**
Taxes Cost(3):	**2,516**	**0.4207**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**8.0084**

(1) 80% Capital ($409,031) amortized at 10.0000% for 20 years Interest of $40,599 divided by annual available days (7,300) divided by Occup. Adj. (0.9000) = $6.1795
(2) 20% ROE ($102,258) times the ROE factor (0.029170) divided by annual available days (7,300) divided by Occup. Adj. (0.9000) = $0.4540
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1981**	Used Per Bed Standard:	**23,540**
Comparison Bed	**20**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**470,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.4247**	**48.4247**	**0.4224**	**48.0023**	
Patient Care					
Direct Care	**88.7428**	**88.7428**	**0.7741**	**87.9687**	
Indirect Care	**58.4725**	**58.4725**	**0.5101**	**57.9624**	
Property	**4.6498**	**8.0084**	**0.0699**	**7.9385**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**200.2898**	**203.6484**	**1.7765**	**209.4690**	

***Medicaid Trend Adjustment :**

0 259331-00 - 2011/01

200.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

UniHealth Post-Acute Care - Santa Rosa

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5530 Northrop Road		**07/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Milton FL 32570		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Santa Rosa[57]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2011/01**	Total Patient:	**41,530**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,649**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**28,502**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**2/6/2003**						
Acquired Date:	**2/6/2003**						
Entered Medicaid	**2/13/2003**						
Med # Active Date:	**2/13/2003**						
Previous Med #							

Medicaid Utilization	**68.62991%**
Occupancy:	**94.81735%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.18256%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,268,264	2,270,970	1,169,739	383,637	0	5,092,610
1a	Audit Adjustments						
2	Cost Per Diem	44.4974	79.6776	41.0406	**13.4600**		178.6756
3	Cost Per Diem Inflated	46.7174	82.4132	43.0881			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.7174**	**82.4132**	**43.0881**	**13.4600**		185.6787
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.3915			
7	Provider Target Rate	**36.1628**		**44.4822**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1628**	**82.4132**	**43.0881**	**13.4600**		175.1241
12/13	Medicaid Adjustment Rate		1.7273	0.9031			
14	Prospective Per Diem 11	**36.1628**	**84.1405**	**43.9912**	**13.4600**		**177.7545**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259331-00 - 2011/01

200.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

UniHealth Post-Acute Care - Santa Rosa

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/13/2003**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2003/01**
Indexed Asset Value	**5,571,217**
FRVS Base Asset:	**5,037,360**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**4,125,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0000**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**7.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**422,722**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,456,974**	**10.7235**
20% ROE(2):	**1,114,243**	**0.8952**
Insurance Cost(3):	**7,128**	**0.1716**
Taxes Cost(3):	**49,968**	**1.2032**
Home Office(3):	**61,077**	**1.4707**
Replacement(3&4):	**17,056**	**0.0000**
Total FRVS PD:		**14.4642**

(1) 80% Capital ($4,456,974) amortized at 7.2500% for 20 years Principal & Interest of $422,722 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.7235
(2) 20% ROE ($1,114,243) times the ROE factor (0.031670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8952
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2002**	Used Per Bed Standard:	**41,978**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,037,360**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1628**	**36.1628**	**0.3155**	**35.8473**	
Patient Care					
Direct Care	**84.1405**	**84.1405**	**0.7340**	**83.4065**	
Indirect Care	**43.9912**	**43.9912**	**0.3838**	**43.6074**	
Property	**13.4600**	**14.4642**	**0.1262**	**14.3380**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.3619**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**177.7545**	**178.7587**	**1.5595**	**200.1582**	

***Medicaid Trend Adjustment :**

0 259357-00 - 2011/01

202.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of New Port Richey

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
7400 Trouble Creek Road		**09/01/2009-08/31/2010**		Number of Beds:	**113**	Superior:	**0**
New Port Richey FL 34653		Days In CR	**365**	Maximum:	**41,245**	Standard:	**181**
County:	**Pasco[51]**	First Used:	**2011/01**	Max Annualized:	**41,245**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**38,146**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**22,537**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**10,494**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/29/2003**						
Acquired Date:	**1/29/2003**						
Entered Medicaid	**2/11/2003**						
Med # Active Date:	**2/11/2003**						
Previous Med #							

Medicaid Utilization	**27.51009%**
Occupancy:	**92.48636%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.25258%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21199123**
Semester Index:	**1.24282006**
Cost:	**1.02543651**
Target:	**1.01759574**
DC FY Index:	**1.16916514**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01782029**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	471,003	835,267	550,634	320,907	0	2,177,811
1a	Audit Adjustments						
2	Cost Per Diem	44.8831	79.5947	52.4713	**30.5800**		207.5291
3	Cost Per Diem Inflated	46.0248	81.0131	53.8060			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.0248**	**81.0131**	**53.8060**	**30.5800**		211.4239
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.3564		44.9838			
7	Provider Target Rate	**51.6222**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.0248**	**81.0131**	**46.1145**	**13.6500**		186.8024
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.0248**	**81.0131**	**46.1145**	**13.6500**		**186.8024**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259357-00 - 2011/01

202.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of New Port Richev

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/11/2003**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2003/01**
Indexed Asset Value	**5,192,018**
FRVS Base Asset:	**4,743,514**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030420**

Mortgage Information		
Amount:	**8,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.2400**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.2400**	**%**
Interest Only:	**False**	
Yearly Payment:	**393,648**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,153,614**	**10.6046**
20% ROE(2):	**1,038,404**	**0.8510**
Insurance Cost(3):	**21,356**	**0.5598**
Taxes Cost(3):	**100,128**	**2.6249**
Home Office(3):	**39,590**	**1.0379**
Replacement(3&4):	**75,395**	**0.0000**
Total FRVS PD:		**15.6782**

(1) 80% Capital ($4,153,614) amortized at 7.2400% for 20 years Principal & Interest of $393,648 divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = $10.6046
(2) 20% ROE ($1,038,404) times the ROE factor (0.030420) divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = $0.8510
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2002**	Used Per Bed Standard:	**41,978**
Comparison Bed	**113**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,743,514**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.0248**	**46.0248**	**0.4015**	**45.6233**	
Patient Care					
Direct Care	**81.0131**	**81.0131**	**0.7067**	**80.3064**	
Indirect Care	**46.1145**	**46.1145**	**0.4023**	**45.7122**	
Property	**13.6500**	**15.6782**	**0.1368**	**15.5414**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$7.7051**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**186.8024**	**188.8306**	**1.6473**	**202.4855**	

***Medicaid Trend Adjustment :**

0 259462-00 - 2011/01

229.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Nursing Center at University Village

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
12250 North 22nd Street		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Tampa FL 33612		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**40,850**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,804**	Inflation	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,825**	FY Index:	**1.19387802**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**55.87515%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**93.26484%**	Cost:	**1.04099417**
Open Date:	**11/9/1989**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**11/9/1989**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**11/9/1989**	Low Occupancy Adjustment Factor:			**117.23109%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**10/16/2002**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**220299**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	960,750	2,153,386	1,223,010	333,245	0	4,670,391
1a	Audit Adjustments						
2	Cost Per Diem	42.0920	94.3433	53.5820	**14.6000**		204.6173
3	Cost Per Diem Inflated	43.8175	96.8249	55.7785			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.8175**	**96.8249**	**55.7785**	**14.6000**		211.0209
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.4071		53.4320			
7	Provider Target Rate	**46.5485**		**54.7751**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.8175**	**95.7090**	**54.7751**	**13.6500**		207.9516
12/13	Medicaid Adjustment Rate		0.6326	0.3620			
14	Prospective Per Diem 11	**43.8175**	**96.3416**	**55.1371**	**13.6500**		**208.9462**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259462-00 - 2011/01

229.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Nursing Center at University Village

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/9/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/07**
Indexed Asset Value	**5,369,383**
FRVS Base Asset:	**1,558,338**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**13,689,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.4910**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**5.4910**	**%**
Interest Only:	**False**	
Yearly Payment:	**354,317**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,295,506**	**8.9883**
20% ROE(2):	**1,073,877**	**0.7946**
Insurance Cost(3):	**77,762**	**1.9036**
Taxes Cost(3):	**32,894**	**0.8052**
Home Office(3):	**14,269**	**0.3493**
Replacement(3&4):	**16,868**	**0.0000**
Total FRVS PD:		**12.8410**

(1) 80% Capital ($4,295,506) amortized at 5.4910% for 20 years Principal & Interest of $354,317 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.9883
(2) 20% ROE ($1,073,877) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7946
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,801,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.8175**	**43.8175**	**0.3822**	**43.4353**	
Patient Care					
Direct Care	**96.3416**	**96.3416**	**0.8404**	**95.5012**	
Indirect Care	**55.1371**	**55.1371**	**0.4810**	**54.6561**	
Property	**13.6500**	**12.8410**	**0.1120**	**12.7290**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.2327**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**208.9462**	**208.1372**	**1.8156**	**229.1514**	

***Medicaid Trend Adjustment :**

0 259586-00 - 2011/01

243.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Hamlin Place

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2180 Hypoluxo Road		**09/01/2008-08/31/2009**		Number of Beds:	**120**	Superior:	**0**
Lantana FL 33462		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**34,591**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,459**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**17,999**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/28/1984**						
Acquired Date:	**12/28/1984**						
Entered Medicaid	**12/28/1984**						
Med # Active Date:	**11/30/2002**						
Previous Med #	**217361**						

Medicaid Utilization	**52.03377%**
Occupancy:	**78.97488%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**99.26905%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18697094**
Semester Index:	**1.24282006**
Cost:	**1.04705180**
Target:	**1.01759574**
DC FY Index:	**1.15383092**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03134695**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	854,606	1,791,615	1,088,896	607,826	0	4,342,943
1a	Audit Adjustments						
2	Cost Per Diem	47.4807	99.5397	60.4976	**33.7700**		241.2880
3	Cost Per Diem Inflated	49.7148	102.6600	63.3441			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.7148**	**102.6600**	**63.3441**	**33.7700**		249.4889
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.1388		54.9238			
7	Provider Target Rate	**48.3237**		**56.3044**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.3237**	**96.5967**	**56.3044**	**13.6500**		214.8748
12/13	Medicaid Adjustment Rate		0.2210	0.1288			
14	Prospective Per Diem 11	**48.3237**	**96.8177**	**56.4332**	**13.6500**		**215.2246**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259586-00 - 2011/01

243.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Hamlin Place

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,806,236**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**2,700,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**594,426**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,644,989**	**15.0793**
20% ROE(2):	**1,161,247**	**0.9023**
Insurance Cost(3):	**74,670**	**2.1587**
Taxes Cost(3):	**87,892**	**2.5409**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**7,505**	**0.0000**
Total FRVS PD:		**20.6812**

(1) 80% Capital ($4,644,989) amortized at 11.5000% for 20 years Principal & Interest of $594,426 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.0793
(2) 20% ROE ($1,161,247) times the ROE factor (0.030630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9023
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.3237**	**48.3237**	**0.4215**	**47.9022**	
Patient Care					
Direct Care	**96.8177**	**96.8177**	**0.8446**	**95.9731**	
Indirect Care	**56.4332**	**56.4332**	**0.4923**	**55.9409**	
Property	**13.6500**	**20.6812**	**0.1804**	**20.5008**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.3140**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**215.2246**	**222.2558**	**1.9388**	**243.2281**	

***Medicaid Trend Adjustment :**

0 259870-00 - 2011/01

225.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Avante at St. Cloud, Inc.

Type of Cost Report:Prospective with Interim Component[8] Type of Cost:Actual with Interim Component[3] Type of Rate:Prospective[1] Interim Component effective date :01/01/2010

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1301 Kansas Avanue		**06/01/2009-05/31/2010**		Number of Beds:	**131**	Superior:	**0**
St. Cloud FL 34769		Days In CR	**365**	Maximum:	**47,815**	Standard:	**181**
County:	**Osceola[49]**	First Used:	**2011/01**	Max Annualized:	**47,815**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**40,776**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,511**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**30,542**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1968**						
Acquired Date:	**9/1/1968**						
Entered Medicaid	**1/1/1981**						
Med # Active Date:	**3/1/2003**						
Previous Med #	**229385**						

Medicaid Utilization	**74.90190%**
Occupancy:	**85.27868%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**107.19273%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
Interim Component Effective date:	**1/1/2010**

Inflation	
FY Index:	**1.20371855**
Semester Index:	**1.24282006**
Cost:	**1.03248393**
Target:	**1.01759574**
DC FY Index:	**1.16533216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02116808**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,184,629	2,752,292	1,444,675	178,060	0	5,559,656
1a	Audit Adjustments						
2	Cost Per Diem	38.7869	90.1150	47.3013	**5.8300**		182.0332
3	Cost Per Diem Inflated	40.0469	92.0226	48.8378			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.0469**	**92.0226**	**48.8378**	**5.8300**		186.7373
5a	Interim Adjustment			8.9476			
5b	Interim Adjusted Per Diem			**57.7854**			
6	Prior Semester: Provider Target Base	43.1410		51.5002			
7	Provider Target Rate	**44.2254**		**52.7947**			
7a	Interim Adjustment			8.9476			
7b	Interim Adjusted Provider Target Rate			**61.7423**			
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.0469**	**92.0226**	**55.1439**	**5.8300**		193.0434
12/13	Medicaid Adjustment Rate		2.5780	1.5448			
14	Prospective Per Diem 11	**40.0469**	**94.6006**	**56.6887**	**5.8300**		**197.1662**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259870-00 - 2011/01

225.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Avante at St. Cloud, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**3,466,515**
FRVS Base Asset:	**1,771,947**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**344,786**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,773,212**	**8.0120**
20% ROE(2):	**693,303**	**0.5136**
Insurance Cost(3):	**81,786**	**2.0057**
Taxes Cost(3):	**53,122**	**1.3028**
Home Office(3):	**42,808**	**1.0498**
Replacement(3&4):	**3,490**	**0.0000**
Total FRVS PD:		**12.8839**

(1) 80% Capital ($2,773,212) amortized at 12.5000% for 20 years Interest of $344,786 divided by annual available days (47,815) divided by Occup. Adj. (0.9000) = $8.0120
(2) 20% ROE ($693,303) times the ROE factor (0.031880) divided by annual available days (47,815) divided by Occup. Adj. (0.9000) = $0.5136
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**131**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,733,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.0469**	**40.0469**	**0.3493**	**39.6976**	
Patient Care					
Direct Care	**94.6006**	**94.6006**	**0.8252**	**93.7754**	
Indirect Care	**56.6887**	**56.6887**	**0.4945**	**56.1942**	
Property	**5.8300**	**12.8839**	**0.1124**	**12.7715**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8233**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**197.1662**	**204.2201**	**1.7814**	**225.8591**	

***Medicaid Trend Adjustment :**

0 259896-00 - 2011/01

205.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Beneva Lakes Healthcare and Rehabilitation Cent

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
741 S. Beneva Road		**01/01/2009-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Sarasota FL 34232		Days In CR	**181**	Maximum:	**21,720**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**20,945**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,263**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**13,999**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1982**						
Acquired Date:	**9/1/1982**						
Entered Medicaid	**9/1/1982**						
Med # Active Date:	**3/1/2003**						
Previous Med #	**209350**						

Medicaid Utilization	**66.83695%**
Occupancy:	**96.43186%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**121.21195%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	440,037	1,165,109	709,758	276,480	0	2,591,384
1a	Audit Adjustments						
2	Cost Per Diem	31.4335	83.2280	50.7006	**19.7500**		185.1121
3	Cost Per Diem Inflated	32.8680	85.7130	53.0144			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**32.8680**	**85.7130**	**53.0144**	**19.7500**		191.3454
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		50.0150			
7	Provider Target Rate	**40.1320**		**51.2722**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**32.8680**	**85.7130**	**51.2722**	**13.6500**		183.5032
12/13	Medicaid Adjustment Rate		1.6235	0.9712			
14	Prospective Per Diem 11	**32.8680**	**87.3365**	**52.2434**	**13.6500**		**186.0979**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259896-00 - 2011/01

205.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Beneva Lakes Healthcare and Rehabilitation Cent

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/07**
Indexed Asset Value	**4,879,900**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027290**

Mortgage Information		
Amount:	**5,118,750.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.3900**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**4.3900**	**%**
Interest Only:	**False**	
Yearly Payment:	**293,603**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,903,920**	**7.4481**
20% ROE(2):	**975,980**	**0.6757**
Insurance Cost(3):	**15,762**	**0.7525**
Taxes Cost(3):	**35,426**	**1.6914**
Home Office(3):	**9,454**	**0.4514**
Replacement(3&4):	**10,176**	**0.0000**
Total FRVS PD:		**11.0191**

(1) 80% Capital ($3,903,920) amortized at 4.3900% for 20 years Principal & Interest of $293,603 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.4481

(2) 20% ROE ($975,980) times the ROE factor (0.027290) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6757

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**32.8680**	**32.8680**	**0.2867**	**32.5813**	
Patient Care					
Direct Care	**87.3365**	**87.3365**	**0.7619**	**86.5746**	
Indirect Care	**52.2434**	**52.2434**	**0.4557**	**51.7877**	
Property	**13.6500**	**11.0191**	**0.0961**	**10.9230**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8965**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**186.0979**	**183.4670**	**1.6004**	**205.3602**	

***Medicaid Trend Adjustment :**

0 259900-00 - 2011/01

192.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Central Park Healthcare and Rehabilitation Cente

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
702 S. Kings Avenue		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
Brandon FL 33511		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**42,581**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,396**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**26,383**	FY Index:	**1.20629404**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**61.95956%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**97.21689%**	Cost:	**1.03027953**
Open Date:	**2/25/1991**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**2/25/1991**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16650000**
Entered Medicaid	**2/25/1991**	Low Occupancy Adjustment Factor:			**122.19870%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**3/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02014574**
Previous Med #	**203351**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	991,063	1,889,875	1,264,558	502,596	0	4,648,092
1a	Audit Adjustments						
2	Cost Per Diem	37.5645	71.6323	47.9308	**19.0500**		176.1776
3	Cost Per Diem Inflated	38.7019	73.0754	49.3821			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.7019**	**73.0754**	**49.3821**	**19.0500**		180.2094
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2661		44.9838			
7	Provider Target Rate	**38.2028**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.2028**	**73.0754**	**46.1145**	**13.6500**		171.0427
12/13	Medicaid Adjustment Rate		0.9832	0.6204			
14	Prospective Per Diem 11	**38.2028**	**74.0586**	**46.7349**	**13.6500**		**172.6463**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259900-00 - 2011/01

192.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Central Park Healthcare and Rehabilitation Cente

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/25/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**5,078,058**
FRVS Base Asset:	**3,642,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information

Amount:	**5,835,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.3900**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**4.3900**	**%**
Interest Only:	**False**	
Yearly Payment:	**305,525**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,062,446**	**7.7505**
20% ROE(2):	**1,015,612**	**0.8131**
Insurance Cost(3):	**33,580**	**0.7886**
Taxes Cost(3):	**87,046**	**2.0442**
Home Office(3):	**23,090**	**0.5423**
Replacement(3&4):	**71,303**	**0.0000**
Total FRVS PD:		**11.9387**

(1) 80% Capital ($4,062,446) amortized at 4.3900% for 20 years Principal & Interest of $305,525 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.7505
(2) 20% ROE ($1,015,612) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8131
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.2028**	**38.2028**	**0.3333**	**37.8695**	
Patient Care					
Direct Care	**74.0586**	**74.0586**	**0.6460**	**73.4126**	
Indirect Care	**46.7349**	**46.7349**	**0.4077**	**46.3272**	
Property	**13.6500**	**11.9387**	**0.1041**	**11.8346**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.5594**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**172.6463**	**170.9350**	**1.4911**	**192.6004**	

***Medicaid Trend Adjustment :**

0 259918-00 - 2011/01

207.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Coral Bay Healthcare and Rehabilitation

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2939 S. Haverhill Road		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
West Palm Beach FL 33415		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**40,719**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,075**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**19,013**		
Class at 1/94:	**South Large [4]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.20629404**
Open Date:	**5/4/1993**					Semester Index:	**1.24282006**
Acquired Date:	**5/4/1993**					Cost:	**1.03027953**
Entered Medicaid	**5/4/1993**					Target:	**1.01759574**
Med # Active Date:	**3/1/2003**					**DC FY Index:**	**1.16650000**
Previous Med #	**210650**					**DC Sem Index:**	**1.19000000**
						DC Inflation:	**1.02014574**
						PS Target:	**1.02513678**

Medicaid Utilization	**46.69319%**	
Occupancy:	**92.96575%**	
Statewide Low Occupancy Threshold:	**79.55640%**	
Medicaid Low Occupancy Threshold:	**41.59470%**	
Low Occupancy Adjustment Factor:	**116.85516%**	
Weighted Low Occ Adjustment Factor:	**100.00000%**	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	778,627	1,513,326	990,570	393,189	0	3,675,712
1a	Audit Adjustments						
2	Cost Per Diem	40.9523	79.5943	52.0996	**20.6800**		193.3262
3	Cost Per Diem Inflated	42.1923	81.1978	53.6772			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.1923**	**81.1978**	**53.6772**	**20.6800**		197.7473
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0169		50.8222			
7	Provider Target Rate	**43.0731**		**52.0997**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.1923**	**81.1978**	**52.0997**	**13.6500**		189.1398
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.1923**	**81.1978**	**52.0997**	**13.6500**		**189.1398**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259918-00 - 2011/01

207.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Coral Bay Healthcare and Rehabilitation

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/4/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/01**
Indexed Asset Value	**5,744,634**
FRVS Base Asset:	**3,861,960**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**7,736,250.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.3900**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**4.3900**	**%**
Interest Only:	**False**	
Yearly Payment:	**345,631**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,595,707**	**8.7679**
20% ROE(2):	**1,148,927**	**0.9198**
Insurance Cost(3):	**33,580**	**0.8247**
Taxes Cost(3):	**97,688**	**2.3991**
Home Office(3):	**25,082**	**0.6160**
Replacement(3&4):	**41,149**	**0.0000**
Total FRVS PD:		**13.5275**

(1) 80% Capital ($4,595,707) amortized at 4.3900% for 20 years Principal & Interest of $345,631 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.7679
(2) 20% ROE ($1,148,927) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9198
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**8/1/1992**	Used Per Bed Standard:	**32,183**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,861,960**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.1923**	**42.1923**	**0.3681**	**41.8242**	
Patient Care					
Direct Care	**81.1978**	**81.1978**	**0.7083**	**80.4895**	
Indirect Care	**52.0997**	**52.0997**	**0.4545**	**51.6452**	
Property	**13.6500**	**13.5275**	**0.1180**	**13.4095**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.3212**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.1398**	**189.0173**	**1.6489**	**207.2867**	

***Medicaid Trend Adjustment :**

0 259926-00 - 2011/01

206.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Oakbridge Healthcare Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3110 Oakbridge Blvd., E.		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
Lakeland FL 33803		Days In CR	**365**	Maximum:	**43,800**	Standard:	**156**
County:	**Polk[53]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**25**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**40,927**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**23,114**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**12,457**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/11/1991**						
Acquired Date:	**7/11/1991**						
Entered Medicaid	**8/2/1991**						
Med # Active Date:	**3/1/2003**						
Previous Med #	**203921**						

Medicaid Utilization	**30.43712%**
Occupancy:	**93.44064%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.45207%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	515,067	1,033,682	722,935	279,286	0	2,550,970
1a	Audit Adjustments						
2	Cost Per Diem	41.3476	82.9800	58.0344	**22.4200**		204.7820
3	Cost Per Diem Inflated	42.5996	84.6517	59.7917			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.5996**	**84.6517**	**59.7917**	**22.4200**		209.4630
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.5436		53.4516			
7	Provider Target Rate	**39.5125**		**54.7952**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.5125**	**84.6517**	**54.7952**	**13.6500**		192.6094
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**39.5125**	**84.6517**	**54.7952**	**13.6500**		**192.6094**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259926-00 - 2011/01

206.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Oakbridge Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/2/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/07**
Indexed Asset Value	**5,713,710**
FRVS Base Asset:	**3,663,600**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**5,891,250.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.3900**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**4.3900**	**%**
Interest Only:	**False**	
Yearly Payment:	**343,770**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,570,968**	**8.7207**
20% ROE(2):	**1,142,742**	**0.9149**
Insurance Cost(3):	**33,580**	**0.8205**
Taxes Cost(3):	**104,174**	**2.5454**
Home Office(3):	**30,304**	**0.7404**
Replacement(3&4):	**49,006**	**0.0000**
Total FRVS PD:		**13.7419**

(1) 80% Capital ($4,570,968) amortized at 4.3900% for 20 years Principal & Interest of $343,770 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.7207

(2) 20% ROE ($1,142,742) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9149

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1991**	Used Per Bed Standard:	**30,530**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,663,600**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.5125**	**39.5125**	**0.3447**	**39.1678**	
Patient Care					
Direct Care	**84.6517**	**84.6517**	**0.7385**	**83.9132**	
Indirect Care	**54.7952**	**54.7952**	**0.4780**	**54.3172**	
Property	**13.6500**	**13.7419**	**0.1199**	**13.6220**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$8.1955**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**192.6094**	**192.7013**	**1.6811**	**206.8128**	

***Medicaid Trend Adjustment :**

0 259934-00 - 2011/01

198.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Parks Healthcare and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
9311 S. Orange Blossom Trail		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32837		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**41,801**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,588**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**31,645**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1984**						
Acquired Date:	**9/1/1984**						
Entered Medicaid	**9/1/1984**						
Med # Active Date:	**3/1/2003**						
Previous Med #	**208078**						

Medicaid Utilization	**75.70393%**
Occupancy:	**95.43607%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.96027%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,255,186	2,296,104	1,460,871	625,622	0	5,637,783
1a	Audit Adjustments						
2	Cost Per Diem	39.6646	72.5582	46.1644	**19.7700**		178.1572
3	Cost Per Diem Inflated	40.8656	74.0199	47.5622			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.8656**	**74.0199**	**47.5622**	**19.7700**		182.2177
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1474**	**74.0199**	**46.1145**	**13.6500**		171.9318
12/13	Medicaid Adjustment Rate		2.1404	1.3335			
14	Prospective Per Diem 11	**38.1474**	**76.1603**	**47.4480**	**13.6500**		**175.4057**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259934-00 - 2011/01

198.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Parks Healthcare and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,772,819**
FRVS Base Asset:	**2,893,663**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**4,286,250.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.3900**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**4.3900**	**%**
Interest Only:	**False**	
Yearly Payment:	**347,326**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,618,255**	**8.8109**
20% ROE(2):	**1,154,564**	**0.9244**
Insurance Cost(3):	**33,580**	**0.8033**
Taxes Cost(3):	**88,025**	**2.1058**
Home Office(3):	**19,108**	**0.4571**
Replacement(3&4):	**76,951**	**0.0000**
Total FRVS PD:		**13.1015**

(1) 80% Capital ($4,618,255) amortized at 4.3900% for 20 years Principal & Interest of $347,326 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.8109
(2) 20% ROE ($1,154,564) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9244
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1474**	**38.1474**	**0.3328**	**37.8146**	
Patient Care					
Direct Care	**76.1603**	**76.1603**	**0.6644**	**75.4959**	
Indirect Care	**47.4480**	**47.4480**	**0.4139**	**47.0341**	
Property	**13.6500**	**13.1015**	**0.1191**	**13.5309**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.7633**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**175.4057**	**174.8572**	**1.5302**	**198.2359**	

***Medicaid Trend Adjustment :**

0 259942-00 - 2011/01

217.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Riverfront Nursing and Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
105 15th Street East		**09/01/2008-08/31/2009**		Number of Beds:	**110**	Superior:	**0**
Bradenton FL 34208		Days In CR	**365**	Maximum:	**40,150**	Standard:	**181**
County:	**Manatee[41]**	First Used:	**2010/07**	Max Annualized:	**40,150**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**38,612**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,367**	Inflation	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,668**	FY Index:	**1.18697094**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**58.70714%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**96.16936%**	Cost:	**1.04705180**
Open Date:	**12/1/1972**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**12/1/1972**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15383092**
Entered Medicaid	**12/1/1972**	Low Occupancy Adjustment Factor:			**120.88200%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**4/28/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03134695**
Previous Med #	**204960**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	963,141	1,745,370	1,176,591	452,907	0	4,338,009
1a	Audit Adjustments						
2	Cost Per Diem	42.4890	76.9971	51.9054	**19.9800**		191.3715
3	Cost Per Diem Inflated	44.4882	79.4107	54.3476			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.4882**	**79.4107**	**54.3476**	**19.9800**		198.2265
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.3588		52.7149			
7	Provider Target Rate	**44.4487**		**54.0400**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.4487**	**79.4107**	**54.0400**	**13.6500**		191.5494
12/13	Medicaid Adjustment Rate		0.7779	0.5294			
14	Prospective Per Diem 11	**44.4487**	**80.1886**	**54.5694**	**13.6500**		**192.8567**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259942-00 - 2011/01

217.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Riverfront Nursing and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1972/07**
Indexed Asset Value	**4,707,132**
FRVS Base Asset:	**912,347**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**1,901,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**421,216**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,765,706**	**11.6567**
20% ROE(2):	**941,426**	**0.7980**
Insurance Cost(3):	**105,791**	**2.7398**
Taxes Cost(3):	**52,198**	**1.3519**
Home Office(3):	**2,502**	**0.0648**
Replacement(3&4):	**73,843**	**0.0000**
Total FRVS PD:		**16.6112**

(1) 80% Capital ($3,765,706) amortized at 9.5000% for 20 years Principal & Interest of $421,216 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $11.6567

(2) 20% ROE ($941,426) times the ROE factor (0.030630) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $0.7980

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**110**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,135,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.4487**	**44.4487**	**0.3877**	**44.0610**	
Patient Care					
Direct Care	**80.1886**	**80.1886**	**0.6995**	**79.4891**	
Indirect Care	**54.5694**	**54.5694**	**0.4760**	**54.0934**	
Property	**13.6500**	**16.6112**	**0.1449**	**16.4663**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.7250**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**192.8567**	**195.8179**	**1.7081**	**217.4319**	

***Medicaid Trend Adjustment :**

0 260355-00 - 2011/01

211.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Sarasota Memorial Nursing & Rehabilitation Faci

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5640 Rand Blvd.		**10/01/2008-09/30/2009**		Number of Beds:	**120**	Superior:	**0**
Sarasota FL 34238		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**39,689**	Total:	**181**
Control	**Government Non-Prof**	**Unaudited [3]**		Medicare:	**11,098**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**14,121**	FY Index:	**1.18857853**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**35.57913%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.61416%**	Cost:	**1.04563563**
Open Date:	**7/1/1987**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**7/1/1987**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15550000**
Entered Medicaid	**7/1/1987**	Low Occupancy Adjustment Factor:			**113.89927%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02985720**
Previous Med #	**212547**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	494,948	1,566,073	764,087	154,625	0	2,979,733
1a	Audit Adjustments						
2	Cost Per Diem	35.0505	110.9038	54.1100	**10.9500**		211.0143
3	Cost Per Diem Inflated	36.6501	114.2151	56.5793			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.6501**	**114.2151**	**56.5793**	**10.9500**		218.3945
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		46.7809			
7	Provider Target Rate	**40.1320**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.6501**	**96.5967**	**47.9568**	**10.9500**		192.1536
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**36.6501**	**96.5967**	**47.9568**	**10.9500**		**192.1536**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260355-00 - 2011/01

211.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Sarasota Memorial Nursing & Rehabilitation Faci

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**5,503,441**
FRVS Base Asset:	**3,503,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**10.5000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**459,059**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,402,753**	**11.6453**
20% ROE(2):	**1,100,688**	**0.8405**
Insurance Cost(3):	**0**	**0.0000**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**75,871**	**0.0000**
Total FRVS PD:		**12.4858**

(1) 80% Capital ($4,402,753) amortized at 10.5000% for 20 years Interest of $459,059 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.6453

(2) 20% ROE ($1,100,688) times the ROE factor (0.030100) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8405

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,503,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.6501**	**36.6501**	**0.3197**	**36.3304**	
Patient Care					
Direct Care	**96.5967**	**96.5967**	**0.8427**	**95.7540**	
Indirect Care	**47.9568**	**47.9568**	**0.4183**	**47.5385**	
Property	**10.9500**	**12.4858**	**0.0955**	**10.8545**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.5647**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**192.1536**	**193.6894**	**1.6762**	**211.6392**	

***Medicaid Trend Adjustment :**

0 260371-00 - 2011/01

219.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bridgeview Center, LLC

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
350 South Ridgewood Avenue		**01/01/2009-12/31/2009**		Number of Beds:	**139**	Superior:	**0**
Ormond Beach FL 32174		Days In CR	**365**	Maximum:	**50,735**	Standard:	**181**
County:	**Volusia[64]**	First Used:	**2010/07**	Max Annualized:	**50,735**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**43,520**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,327**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**35,566**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**2/1/1982**						
Acquired Date:	**2/1/1982**						
Entered Medicaid	**2/1/1982**						
Med # Active Date:	**5/1/2003**						
Previous Med #	**206539**						

Medicaid Utilization	**81.72335%**
Occupancy:	**85.77905%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**107.82168%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,487,170	3,175,301	1,707,128	987,312	0	7,356,911
1a	Audit Adjustments						
2	Cost Per Diem	41.8144	89.2791	47.9989	**27.7600**		206.8524
3	Cost Per Diem Inflated	43.5285	91.6275	49.9666			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.5285**	**91.6275**	**49.9666**	**27.7600**		212.8826
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2665		48.0687			
7	Provider Target Rate	**38.2033**		**49.2770**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.2033**	**91.6275**	**49.2770**	**13.6500**		192.7578
12/13	Medicaid Adjustment Rate		3.2701	1.7586			
14	Prospective Per Diem 11	**38.2033**	**94.8976**	**51.0356**	**13.6500**		**197.7865**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260371-00 - 2011/01

219.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Bridgeview Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/24/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**5,679,525**
FRVS Base Asset:	**3,114,685**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,604,537.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1087**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**398,527**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,543,620**	**8.7279**
20% ROE(2):	**1,135,905**	**0.7257**
Insurance Cost(3):	**56,215**	**1.2917**
Taxes Cost(3):	**54,374**	**1.2494**
Home Office(3):	**39,574**	**0.9093**
Replacement(3&4):	**162,949**	**0.0000**
Total FRVS PD:		**12.9040**

(1) 80% Capital ($4,543,620) amortized at 6.2500% for 20 years Principal & Interest of $398,527 divided by annual available days (50,735) divided by Occup. Adj. (0.9000) = $8.7279
(2) 20% ROE ($1,135,905) times the ROE factor (0.029170) divided by annual available days (50,735) divided by Occup. Adj. (0.9000) = $0.7257
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**143**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,075,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.2033**	**38.2033**	**0.3333**	**37.8700**	
Patient Care					
Direct Care	**94.8976**	**94.8976**	**0.8278**	**94.0698**	
Indirect Care	**51.0356**	**51.0356**	**0.4452**	**50.5904**	
Property	**13.6500**	**12.9040**	**0.1126**	**12.7914**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9578**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**197.7865**	**197.0405**	**1.7189**	**219.8765**	

***Medicaid Trend Adjustment :**

0 260444-00 - 2011/01

214.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bayview Center, LLC

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
301 South Bay Street		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Eustis FL 32726		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Lake[35]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**36,482**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,014**	Inflation	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**27,253**	FY Index:	**1.19387802**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**74.70259%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**83.29224%**	Cost:	**1.04099417**
Open Date:	**2/1/1983**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**2/1/1983**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**2/1/1983**	Low Occupancy Adjustment Factor:			**104.69583%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**5/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**207209**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,097,961	2,230,268	1,442,171	873,459	0	5,643,859
1a	Audit Adjustments						
2	Cost Per Diem	40.2877	81.8357	52.9179	**32.0500**		207.0913
3	Cost Per Diem Inflated	41.9393	83.9883	55.0872			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.9393**	**83.9883**	**55.0872**	**32.0500**		213.0648
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.0080		49.0171			
7	Provider Target Rate	**46.1394**		**50.2492**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.9393**	**83.9883**	**50.2492**	**13.6500**		189.8268
12/13	Medicaid Adjustment Rate		2.3341	1.3964			
14	Prospective Per Diem 11	**41.9393**	**86.3224**	**51.6456**	**13.6500**		**193.5573**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260444-00 - 2011/01

214.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bayview Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**4,789,636**
FRVS Base Asset:	**2,863,939**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,526,316.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1087**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**336,085**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,831,709**	**8.5257**
20% ROE(2):	**957,927**	**0.7088**
Insurance Cost(3):	**51,039**	**1.3990**
Taxes Cost(3):	**44,871**	**1.2299**
Home Office(3):	**33,580**	**0.9205**
Replacement(3&4):	**27,492**	**0.0000**
Total FRVS PD:		**12.7839**

(1) 80% Capital ($3,831,709) amortized at 6.2500% for 20 years Principal & Interest of $336,085 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.5257

(2) 20% ROE ($957,927) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7088

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.9393**	**41.9393**	**0.3659**	**41.5734**	
Patient Care					
Direct Care	**86.3224**	**86.3224**	**0.7530**	**85.5694**	
Indirect Care	**51.6456**	**51.6456**	**0.4505**	**51.1951**	
Property	**13.6500**	**12.7839**	**0.1115**	**12.6724**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.2420**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**193.5573**	**192.6912**	**1.6809**	**214.8494**	

***Medicaid Trend Adjustment :**

0 260452-00 - 2011/01

219.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Ruleme Center, LLC

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2810 Ruleme Street		**01/01/2009-12/31/2009**		Number of Beds:	**138**	Superior:	**0**
Eustis FL 32726		Days In CR	**365**	Maximum:	**50,370**	Standard:	**181**
County: **Lake[35]**		First Used:	**2011/01**	Max Annualized:	**50,370**	Conditional:	**0**
Region: **North [1]**	Area: **3**	Last Used:	**2011/01**	Total Patient:	**44,168**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**11,074**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**26,174**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**5/1/1981**						
Acquired Date:	**5/1/1981**						
Entered Medicaid	**5/1/1981**						
Med # Active Date:	**5/1/2003**						
Previous Med #	**213241**						

Medicaid Utilization	**59.26010%**
Occupancy:	**87.68712%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**110.22006%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,070,968	2,246,357	1,386,330	541,017	17,847	5,262,519
1a	Audit Adjustments						
2	Cost Per Diem	40.9172	85.8240	52.9659	**20.6700**	**0.6819**	201.0590
3	Cost Per Diem Inflated	42.5946	88.0816	55.1372			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.5946**	**88.0816**	**55.1372**	**20.6700**	**0.6819**	207.1653
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.1694		53.9573			
7	Provider Target Rate	**42.2043**		**55.3136**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.2043**	**88.0816**	**53.4956**	**13.6500**	**0.6819**	198.1134
12/13	Medicaid Adjustment Rate		0.9176	0.5573			
14	Prospective Per Diem 11	**42.2043**	**88.9992**	**54.0529**	**13.6500**	**0.6819**	**199.5883**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260452-00 - 2011/01

219.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Ruleme Center, LLC

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/01**
Indexed Asset Value	**3,976,721**
FRVS Base Asset:	**1,464,156**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**889,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**9.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**343,484**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,181,377**	**7.5769**
20% ROE(2):	**795,344**	**0.5118**
Insurance Cost(3):	**58,694**	**1.3289**
Taxes Cost(3):	**63,297**	**1.4331**
Home Office(3):	**42,185**	**0.9551**
Replacement(3&4):	**83,461**	**0.0000**
Total FRVS PD:		**11.8058**

(1) 80% Capital ($3,181,377) amortized at 9.0000% for 20 years Principal & Interest of $343,484 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $7.5769

(2) 20% ROE ($795,344) times the ROE factor (0.029170) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $0.5118

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**135**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,847,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.2043**	**42.2043**	**0.3682**	**41.8361**	
Patient Care					
Direct Care	**88.9992**	**88.9992**	**0.7764**	**88.2228**	
Indirect Care	**54.0529**	**54.0529**	**0.4715**	**53.5814**	
Property	**13.6500**	**11.8058**	**0.1191**	**13.5309**	
ROE	**0.6819**	**0.4305**	**0.0059**	**0.6760**	
ROE Adjustment	**-0.4305**	**-0.4305**	**-0.0038**	**-0.4267**	
Quality Assess-Medicaid Share				**$14.1089**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**199.1578**	**197.0622**	**1.7373**	**219.1265**	

***Medicaid Trend Adjustment :**

0 260568-00 - 2011/01

217.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Tierra Pines Center, LLC

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
7380 Ulmerton Road		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Largo FL 33771		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**39,848**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,945**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**33,814**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1979**						
Acquired Date:	**9/1/1979**						
Entered Medicaid	**11/1/1981**						
Med # Active Date:	**5/1/2003**						
Previous Med #	**213306**						

Medicaid Utilization	**84.85746%**
Occupancy:	**90.97717%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.35556%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,340,046	2,922,290	1,666,260	940,029	0	6,868,625
1a	Audit Adjustments						
2	Cost Per Diem	39.6299	86.4225	49.2772	**27.8000**		203.1296
3	Cost Per Diem Inflated	41.2545	88.6958	51.2973			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.2545**	**88.6958**	**51.2973**	**27.8000**		209.0476
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.4969		47.9716			
7	Provider Target Rate	**44.5903**		**49.1775**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.2545**	**88.6958**	**49.1775**	**13.6500**		192.7778
12/13	Medicaid Adjustment Rate		3.4782	1.9285			
14	Prospective Per Diem 11	**41.2545**	**92.1740**	**51.1060**	**13.6500**		**198.1845**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260568-00 - 2011/01

217.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Tierra Pines Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/24/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/07**
Indexed Asset Value	**3,256,024**
FRVS Base Asset:	**1,907,752**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**1,595,285.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1087**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**228,472**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,604,819**	**5.7958**
20% ROE(2):	**651,205**	**0.4819**
Insurance Cost(3):	**48,531**	**1.2179**
Taxes Cost(3):	**43,795**	**1.0991**
Home Office(3):	**33,503**	**0.8408**
Replacement(3&4):	**54,016**	**0.0000**
Total FRVS PD:		**9.4355**

(1) 80% Capital ($2,604,819) amortized at 6.2500% for 20 years Principal & Interest of $228,472 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.7958

(2) 20% ROE ($651,205) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4819

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.2545**	**41.2545**	**0.3599**	**40.8946**	
Patient Care					
Direct Care	**92.1740**	**92.1740**	**0.8041**	**91.3699**	
Indirect Care	**51.1060**	**51.1060**	**0.4458**	**50.6602**	
Property	**13.6500**	**9.4355**	**0.0823**	**9.3532**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.4384**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**198.1845**	**193.9700**	**1.6921**	**217.3134**	

***Medicaid Trend Adjustment :**

0 260576-00 - 2011/01

221.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Highlands Lake Center, LLC

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4240 Lakeland Highlands Roa	**01/01/2009-12/31/2009**	Number of Beds: **179**	Superior: **0**
Lakeland FL 33813	Days In CR **365**	Maximum: **65,335**	Standard: **181**
County: **Polk[53]**	First Used: **2011/01**	Max Annualized: **65,335**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2011/01**	Total Patient: **63,419**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **16,429**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **38,699**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **8/31/1988**			
Acquired Date: **8/31/1988**			
Entered Medicaid **9/29/1988**			
Med # Active Date: **5/1/2003**			
Previous Med # **213128**			

Medicaid Utilization	**61.02115%**
Occupancy:	**97.06742%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**122.01083%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,432,973	3,448,750	2,142,913	1,137,751	0	8,162,387
1a	Audit Adjustments						
2	Cost Per Diem	37.0287	89.1173	55.3739	**29.4000**		210.9199
3	Cost Per Diem Inflated	38.5467	91.4615	57.6439			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.5467**	**91.4615**	**57.6439**	**29.4000**		217.0521
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.3236		55.6565			
7	Provider Target Rate	**67.9908**		**57.0555**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.5467**	**91.4615**	**55.1439**	**13.6500**		198.8021
12/13	Medicaid Adjustment Rate		1.1340	0.6837			
14	Prospective Per Diem 11	**38.5467**	**92.5955**	**55.8276**	**13.6500**		**200.6198**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260576-00 - 2011/01

221.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Highlands Lake Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/29/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/07**
Indexed Asset Value	**7,977,213**
FRVS Base Asset:	**3,559,440**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,105,263.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1087**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**559,754**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,381,770**	**9.5194**
20% ROE(2):	**1,595,443**	**0.7915**
Insurance Cost(3):	**90,830**	**1.4322**
Taxes Cost(3):	**98,832**	**1.5584**
Home Office(3):	**61,568**	**0.9708**
Replacement(3&4):	**106,568**	**0.0000**
Total FRVS PD:		**14.2723**

(1) 80% Capital ($6,381,770) amortized at 6.2500% for 20 years Principal & Interest of $559,754 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $9.5194
(2) 20% ROE ($1,595,443) times the ROE factor (0.029170) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $0.7915
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1988**	Used Per Bed Standard:	**29,662**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,559,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.5467**	**38.5467**	**0.3363**	**38.2104**	
Patient Care					
Direct Care	**92.5955**	**92.5955**	**0.8077**	**91.7878**	
Indirect Care	**55.8276**	**55.8276**	**0.4870**	**55.3406**	
Property	**13.6500**	**14.2723**	**0.1245**	**14.1478**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.9520**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**200.6198**	**201.2421**	**1.7555**	**221.0357**	

***Medicaid Trend Adjustment :**

0 260649-00 - 2011/01

220.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Coquina Center, LLC

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
170 N. Center Street		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Ormond Beach FL 32074		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Volusia[64]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**40,971**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,107**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**25,709**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1987**						
Acquired Date:	**7/1/1987**						
Entered Medicaid	**11/1/1987**						
Med # Active Date:	**5/1/2003**						
Previous Med #	**209929**						

Medicaid Utilization	**62.74926%**
Occupancy:	**93.54110%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.57834%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	952,307	2,269,883	1,350,029	812,147	0	5,384,366
1a	Audit Adjustments						
2	Cost Per Diem	37.0418	88.2914	52.5119	**31.5900**		209.4351
3	Cost Per Diem Inflated	38.5603	90.6139	54.6646			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.5603**	**90.6139**	**54.6646**	**31.5900**		215.4288
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.6500		52.9090			
7	Provider Target Rate	**44.7472**		**54.2390**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.5603**	**90.6139**	**53.4956**	**13.6500**		196.3198
12/13	Medicaid Adjustment Rate		1.2997	0.7673			
14	Prospective Per Diem 11	**38.5603**	**91.9136**	**54.2629**	**13.6500**		**198.3868**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260649-00 - 2011/01

220.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Coquina Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**5,880,850**
FRVS Base Asset:	**1,751,700**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**1,464,793.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1087**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**412,654**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,704,680**	**10.4681**
20% ROE(2):	**1,176,170**	**0.8703**
Insurance Cost(3):	**59,712**	**1.4574**
Taxes Cost(3):	**65,026**	**1.5871**
Home Office(3):	**39,732**	**0.9698**
Replacement(3&4):	**86,403**	**0.0000**
Total FRVS PD:		**15.3527**

(1) 80% Capital ($4,704,680) amortized at 6.2500% for 20 years Principal & Interest of $412,654 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.4681
(2) 20% ROE ($1,176,170) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8703
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,751,700**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.5603**	**38.5603**	**0.3364**	**38.2239**	
Patient Care					
Direct Care	**91.9136**	**91.9136**	**0.8018**	**91.1118**	
Indirect Care	**54.2629**	**54.2629**	**0.4734**	**53.7895**	
Property	**13.6500**	**15.3527**	**0.1339**	**15.2188**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.6445**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**198.3868**	**200.0895**	**1.7455**	**220.5856**	

***Medicaid Trend Adjustment :**

0 260657-00 - 2011/01

215.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Island Lake Center, LLC

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
155 Landover Place		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Longwood FL 32750		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Seminole[59]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**41,816**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,215**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**25,445**	FY Index:	**1.19387802**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**60.84991%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**95.47032%**	Cost:	**1.04099417**
Open Date:	**3/10/1989**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**3/10/1989**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**4/10/1989**	Low Occupancy Adjustment Factor:			**120.00332%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**5/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**200573**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	935,731	2,184,428	1,280,636	708,898	0	5,109,693
1a	Audit Adjustments						
2	Cost Per Diem	36.7747	85.8490	50.3296	**27.8600**		200.8133
3	Cost Per Diem Inflated	38.2822	88.1072	52.3928			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.2822**	**88.1072**	**52.3928**	**27.8600**		206.6422
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.3836		50.8171			
7	Provider Target Rate	**40.3736**		**52.0945**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.2822**	**88.1072**	**52.0945**	**13.6500**		192.1339
12/13	Medicaid Adjustment Rate		1.0754	0.6359			
14	Prospective Per Diem 11	**38.2822**	**89.1826**	**52.7304**	**13.6500**		**193.8452**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260657-00 - 2011/01

215.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Island Lake Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/10/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/01**
Indexed Asset Value	**5,332,209**
FRVS Base Asset:	**3,527,874**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,949,390.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1087**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**374,156**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,265,767**	**9.4915**
20% ROE(2):	**1,066,442**	**0.7891**
Insurance Cost(3):	**48,531**	**1.1606**
Taxes Cost(3):	**60,501**	**1.4468**
Home Office(3):	**37,691**	**0.9014**
Replacement(3&4):	**26,661**	**0.0000**
Total FRVS PD:		**13.7894**

(1) 80% Capital ($4,265,767) amortized at 6.2500% for 20 years Principal & Interest of $374,156 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.4915
(2) 20% ROE ($1,066,442) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7891
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1988**	Used Per Bed Standard:	**29,646**
Comparison Bed	**119**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,527,874**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.2822**	**38.2822**	**0.3340**	**37.9482**	
Patient Care					
Direct Care	**89.1826**	**89.1826**	**0.7780**	**88.4046**	
Indirect Care	**52.7304**	**52.7304**	**0.4600**	**52.2704**	
Property	**13.6500**	**13.7894**	**0.1203**	**13.6691**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.0313**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**193.8452**	**193.9846**	**1.6923**	**215.9207**	

***Medicaid Trend Adjustment :**

0 260665-00 - 2011/01

221.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Indian River Center LLC

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
7201 Greensboro Drive		**01/01/2009-12/31/2009**		Number of Beds:	**179**	Superior:	**0**
West Melbourne FL 32904		Days In CR	**365**	Maximum:	**65,335**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2010/07**	Max Annualized:	**65,335**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**63,389**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,942**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**45,366**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1989**						
Acquired Date:	**7/1/1989**						
Entered Medicaid	**8/1/1989**						
Med # Active Date:	**5/1/2003**						
Previous Med #	**201138**						

Medicaid Utilization	**71.56762%**
Occupancy:	**97.02150%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**121.95311%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,760,332	4,094,889	2,219,260	1,232,141	0	9,306,622
1a	Audit Adjustments						
2	Cost Per Diem	38.8029	90.2634	48.9190	**27.1600**		205.1453
3	Cost Per Diem Inflated	40.3936	92.6377	50.9244			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.3936**	**92.6377**	**50.9244**	**27.1600**		211.1157
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.3967		49.4531			
7	Provider Target Rate	**38.3367**		**50.6962**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.3367**	**92.6377**	**50.6962**	**13.6500**		195.3206
12/13	Medicaid Adjustment Rate		2.2477	1.2301			
14	Prospective Per Diem 11	**38.3367**	**94.8854**	**51.9263**	**13.6500**		**198.7984**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260665-00 - 2011/01

221.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Indian River Center LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/29/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/07**
Indexed Asset Value	**7,958,168**
FRVS Base Asset:	**3,578,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,992,402.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1087**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**558,418**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,366,534**	**9.4967**
20% ROE(2):	**1,591,634**	**0.7896**
Insurance Cost(3):	**72,392**	**1.1420**
Taxes Cost(3):	**78,339**	**1.2358**
Home Office(3):	**56,512**	**0.8915**
Replacement(3&4):	**182,229**	**0.0000**
Total FRVS PD:		**13.5556**

(1) 80% Capital ($6,366,534) amortized at 6.2500% for 20 years Principal & Interest of $558,418 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $9.4967
(2) 20% ROE ($1,591,634) times the ROE factor (0.029170) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $0.7896
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,578,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.3367**	**38.3367**	**0.3344**	**38.0023**	
Patient Care					
Direct Care	**94.8854**	**94.8854**	**0.8277**	**94.0577**	
Indirect Care	**51.9263**	**51.9263**	**0.4530**	**51.4733**	
Property	**13.6500**	**13.5556**	**0.1183**	**13.4373**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.3620**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**198.7984**	**198.7040**	**1.7334**	**221.9297**	

***Medicaid Trend Adjustment :**

0 260673-00 - 2011/01

211.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Riverwood Center, LLC

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2802 Parental Home Dr		**01/01/2009-12/31/2009**		Number of Beds:	**240**	Superior:	**0**
Jacksonville FL 32216		Days In CR	**365**	Maximum:	**87,600**	Standard:	**181**
County: **Duval[16]**		First Used:	**2010/07**	Max Annualized:	**87,600**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**74,558**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**6,648**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**61,973**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date: **8/1/1982**							
Acquired Date: **8/1/1982**							
Entered Medicaid **8/1/1982**							
Med # Active Date: **5/1/2003**							
Previous Med # **213331**							

Medicaid Utilization	**83.12052%**
Occupancy:	**85.11187%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**106.98307%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,371,650	5,677,133	3,282,965	1,779,865	0	13,111,613
1a	Audit Adjustments						
2	Cost Per Diem	38.2691	91.6066	52.9741	**28.7200**		211.5698
3	Cost Per Diem Inflated	39.8379	94.0163	55.1457			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.8379**	**94.0163**	**55.1457**	**28.7200**		217.7199
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.4831		47.9568			
7	Provider Target Rate	**43.5510**		**49.1623**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.8379**	**94.0163**	**49.1623**	**13.6500**		196.6665
12/13	Medicaid Adjustment Rate		3.5031	1.8318			
14	Prospective Per Diem 11	**39.8379**	**97.5194**	**50.9941**	**13.6500**		**202.0014**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260673-00 - 2011/01

211.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Riverwood Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/24/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/07**
Indexed Asset Value	**9,809,380**
FRVS Base Asset:	**4,690,816**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,922,517.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1087**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**688,316**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,847,504**	**8.7305**
20% ROE(2):	**1,961,876**	**0.7259**
Insurance Cost(3):	**103,289**	**1.3854**
Taxes Cost(3):	**132,686**	**1.7796**
Home Office(3):	**65,579**	**0.8796**
Replacement(3&4):	**145,837**	**0.0000**
Total FRVS PD:		**13.5010**

(1) 80% Capital ($7,847,504) amortized at 6.2500% for 20 years Principal & Interest of $688,316 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $8.7305

(2) 20% ROE ($1,961,876) times the ROE factor (0.029170) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $0.7259

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**240**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**6,840,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.8379**	**39.8379**	**0.3475**	**39.4904**	
Patient Care					
Direct Care	**97.5194**	**97.5194**	**0.8507**	**96.6687**	
Indirect Care	**50.9941**	**50.9941**	**0.4448**	**50.5493**	
Property	**13.6500**	**13.5010**	**0.1178**	**13.3832**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.5523**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**202.0014**	**201.8524**	**1.7608**	**211.2410**	

***Medicaid Trend Adjustment :**

0 260690-00 - 2011/01

218.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Fairway Oaks Center, LLC

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
13806 N. 46th Street		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Tampa FL 33613		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**41,607**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,474**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**32,029**	FY Index:	**1.19387802**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**76.97984%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**94.99315%**	Cost:	**1.04099417**
Open Date:	**3/1/1983**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**3/1/1983**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**3/1/1983**	Low Occupancy Adjustment Factor:			**119.40353%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**5/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**213292**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,204,676	2,802,532	1,609,792	840,121	0	6,457,121
1a	Audit Adjustments						
2	Cost Per Diem	37.6120	87.4998	50.2605	**26.2300**		201.6023
3	Cost Per Diem Inflated	39.1539	89.8014	52.3209			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.1539**	**89.8014**	**52.3209**	**26.2300**		207.5062
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.6101		49.3401			
7	Provider Target Rate	**43.6812**		**50.5804**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.1539**	**89.8014**	**50.5804**	**13.6500**		193.1857
12/13	Medicaid Adjustment Rate		2.7257	1.5352			
14	Prospective Per Diem 11	**39.1539**	**92.5271**	**52.1156**	**13.6500**		**197.4466**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260690-00 - 2011/01

218.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Fairway Oaks Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**4,792,449**
FRVS Base Asset:	**2,511,048**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,099,769.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1087**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**336,282**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,833,959**	**8.5307**
20% ROE(2):	**958,490**	**0.7093**
Insurance Cost(3):	**48,531**	**1.1664**
Taxes Cost(3):	**43,349**	**1.0419**
Home Office(3):	**36,832**	**0.8852**
Replacement(3&4):	**62,326**	**0.0000**
Total FRVS PD:		**12.3335**

(1) 80% Capital ($3,833,959) amortized at 6.2500% for 20 years Principal & Interest of $336,282 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.5307

(2) 20% ROE ($958,490) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7093

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.1539**	**39.1539**	**0.3416**	**38.8123**	
Patient Care					
Direct Care	**92.5271**	**92.5271**	**0.8072**	**91.7199**	
Indirect Care	**52.1156**	**52.1156**	**0.4546**	**51.6610**	
Property	**13.6500**	**12.3335**	**0.1076**	**12.2259**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3526**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**197.4466**	**196.1301**	**1.7110**	**218.3688**	

***Medicaid Trend Adjustment :**

0 260771-00 - 2011/01

237.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Sinai Plaza Nursing & Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
201 NE 112th Street		**08/01/2009-07/31/2010**		Number of Beds:	**150**	Superior:	**0**
Miami FL 33161		Days In CR	**365**	Maximum:	**54,750**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2011/01**	Max Annualized:	**54,750**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**49,451**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**11,600**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**30,848**	FY Index:	**1.20913928**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**62.38094%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.32146%**	Cost:	**1.02785517**
Open Date:	**11/2/1990**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**11/2/1990**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16783181**
Entered Medicaid	**11/2/1990**	Low Occupancy Adjustment Factor:			**113.53136%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**6/7/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.01898235**
Previous Med #	**202916**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,842,003	3,342,982	2,163,643	455,625	0	7,804,253
1a	Audit Adjustments						
2	Cost Per Diem	59.7122	108.3695	70.1388	**14.7700**		252.9905
3	Cost Per Diem Inflated	61.3755	110.4266	72.0925			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**61.3755**	**110.4266**	**72.0925**	**14.7700**		258.6646
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.3330		58.3776			
7	Provider Target Rate	**49.5479**		**59.8450**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.5479**	**96.5967**	**56.8989**	**13.6500**		216.6935
12/13	Medicaid Adjustment Rate		1.3455	0.7925			
14	Prospective Per Diem 11	**49.5479**	**97.9422**	**57.6914**	**13.6500**		**218.8315**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260771-00 - 2011/01

237.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Sinai Plaza Nursing & Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/2/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/07**
Indexed Asset Value	**7,368,933**
FRVS Base Asset:	**4,526,100**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**6.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**506,816**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,895,146**	**10.2855**
20% ROE(2):	**1,473,787**	**0.9284**
Insurance Cost(3):	**19,384**	**0.3920**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**28,441**	**0.5751**
Replacement(3&4):	**211,196**	**0.0000**
Total FRVS PD:		**12.1810**

(1) 80% Capital ($5,895,146) amortized at 6.0000% for 20 years Principal & Interest of $506,816 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $10.2855

(2) 20% ROE ($1,473,787) times the ROE factor (0.031040) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $0.9284

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**150**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,526,100**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.5479**	**49.5479**	**0.4322**	**49.1157**	
Patient Care					
Direct Care	**97.9422**	**97.9422**	**0.8544**	**97.0878**	
Indirect Care	**57.6914**	**57.6914**	**0.5033**	**57.1881**	
Property	**13.6500**	**12.1810**	**0.1063**	**12.0747**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.4129**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**218.8315**	**217.3625**	**1.8962**	**237.4763**	

***Medicaid Trend Adjustment :**

0 261254-00 - 2011/01

215.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Alhambra Health & Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7501 38th Avenue North	**01/01/2009-12/31/2009**	Number of Beds: **60**	Superior: **0**
St. Petersburg FL 33710	Days In CR **365**	Maximum: **21,900**	Standard: **181**
County: **Pinellas[52]**	First Used: **2010/07**	Max Annualized: **21,900**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2011/01**	Total Patient: **19,215**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **3,307**	
Current Class **Central Small [5]**	Initial CR? **False**	Medicaid: **12,007**	
Class at 1/94: **North Small [1]**			
Operating Ex **> 18 months [1]**			
Open Date: **1/1/1971**			
Acquired Date: **4/13/1994**			
Entered Medicaid **4/13/1994**			
Med # Active Date: **6/27/2003**			
Previous Med # **211290**			

Medicaid Utilization	**62.48764%**
Occupancy:	**87.73972%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**110.28619%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	648,492	892,871	670,824	170,740	27,321	2,410,248
1a	Audit Adjustments						
2	Cost Per Diem	54.0095	74.3625	55.8694	**14.2200**	**2.2754**	200.7369
3	Cost Per Diem Inflated	56.2236	76.3186	58.1597			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.2236**	**76.3186**	**58.1597**	**14.2200**	**2.2754**	207.1973
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.5956		53.6480			
7	Provider Target Rate	**52.8925**		**54.9965**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.8925**	**76.3186**	**54.9965**	**13.6500**	**2.2754**	200.1330
12/13	Medicaid Adjustment Rate		1.0722	0.7726			
14	Prospective Per Diem 11	**52.8925**	**77.3908**	**55.7691**	**13.6500**	**2.2754**	**201.9778**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 261254-00 - 2011/01

215.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Alhambra Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/13/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/01**
Indexed Asset Value	**1,023,785**
FRVS Base Asset:	**615,660**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**458,612.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.5000**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**5.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**67,608**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**819,028**	**3.4301**
20% ROE(2):	**204,757**	**0.3030**
Insurance Cost(3):	**38,909**	**2.0249**
Taxes Cost(3):	**21,087**	**1.0974**
Home Office(3):	**17,031**	**0.8863**
Replacement(3&4):	**34,672**	**0.0000**
Total FRVS PD:		**7.7417**

(1) 80% Capital ($819,028) amortized at 5.5000% for 20 years Principal & Interest of $67,608 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $3.4301

(2) 20% ROE ($204,757) times the ROE factor (0.029170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.3030

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1971**	Used Per Bed Standard:	**10,261**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**615,660**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.8925**	**52.8925**	**0.4614**	**52.4311**	
Patient Care					
Direct Care	**77.3908**	**77.3908**	**0.6751**	**76.7157**	
Indirect Care	**55.7691**	**55.7691**	**0.4865**	**55.2826**	
Property	**13.6500**	**7.7417**	**0.0675**	**7.6742**	
ROE	**2.2754**	**2.2468**	**0.0196**	**2.2272**	
ROE Adjustment	**-2.2468**	**-2.2468**	**-0.0196**	**-2.2272**	
Quality Assess-Medicaid Share				**$15.5893**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**199.7310**	**193.7941**	**1.6905**	**215.2900**	

***Medicaid Trend Adjustment :**

0 261599-00 - 2011/01

222.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Wood Lake Nursing & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
6414 13th Road South		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
West Palm Beach FL 33415		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**36,163**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,008**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**25,901**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1988**						
Acquired Date:	**1/1/1988**						
Entered Medicaid	**7/11/1988**						
Med # Active Date:	**7/1/2003**						
Previous Med #	**210579**						

Medicaid Utilization	**71.62293%**
Occupancy:	**82.56392%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**103.78036%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,392,631	1,889,936	1,640,795	636,647	0	5,560,009
1a	Audit Adjustments						
2	Cost Per Diem	53.7675	72.9677	63.3487	**24.5800**		214.6639
3	Cost Per Diem Inflated	55.3956	74.4377	65.2669			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.3956**	**74.4377**	**65.2669**	**24.5800**		219.6802
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.9591		53.2741			
7	Provider Target Rate	**49.1646**		**54.6132**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1646**	**74.4377**	**54.6132**	**13.6500**		191.8655
12/13	Medicaid Adjustment Rate		1.8108	1.3285			
14	Prospective Per Diem 11	**49.1646**	**76.2485**	**55.9417**	**13.6500**		**195.0048**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 261599-00 - 2011/01

222.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Wood Lake Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/11/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**5,857,517**
FRVS Base Asset:	**3,530,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**6,825,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.9360**	**%**
Chase Rate:	**7.5000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**561,411**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,686,014**	**14.2418**
20% ROE(2):	**1,171,503**	**0.9379**
Insurance Cost(3):	**33,580**	**0.9286**
Taxes Cost(3):	**91,306**	**2.5248**
Home Office(3):	**20,078**	**0.5552**
Replacement(3&4):	**29,440**	**0.0000**
Total FRVS PD:		**19.1883**

(1) 80% Capital ($4,686,014) amortized at 10.5000% for 20 years Principal & Interest of $561,411 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.2418

(2) 20% ROE ($1,171,503) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9379

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,530,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1646**	**49.1646**	**0.4289**	**48.7357**	
Patient Care					
Direct Care	**76.2485**	**76.2485**	**0.6651**	**75.5834**	
Indirect Care	**55.9417**	**55.9417**	**0.4880**	**55.4537**	
Property	**13.6500**	**19.1883**	**0.1674**	**19.0209**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.2223**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**195.0048**	**200.5431**	**1.7494**	**222.6131**	

***Medicaid Trend Adjustment :**

0 261611-00 - 2011/01

207.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Terra Vista Rehabilitation and Health Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1730 Lucerne Terrace		**01/01/2009-12/31/2009**		Number of Beds:	**115**	Superior:	**0**
Orlando FL 32806		Days In CR	**365**	Maximum:	**41,975**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2010/07**	Max Annualized:	**41,975**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**32,633**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,336**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**24,794**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1972**						
Acquired Date:	**1/1/1972**						
Entered Medicaid	**1/1/1972**						
Med # Active Date:	**5/1/2003**						
Previous Med #	**217140**						

Medicaid Utilization	**75.97830%**
Occupancy:	**77.74389%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**97.72173%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	901,406	1,907,368	1,212,671	724,729	0	4,746,174
1a	Audit Adjustments						
2	Cost Per Diem	36.3558	76.9286	48.9099	**29.2300**		191.4243
3	Cost Per Diem Inflated	37.8462	78.9522	50.9149			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.8462**	**78.9522**	**50.9149**	**29.2300**		196.9433
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.8168		46.1620			
7	Provider Target Rate	**49.0188**		**47.3224**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.8462**	**78.9522**	**47.3224**	**13.6500**		177.7708
12/13	Medicaid Adjustment Rate		2.3074	1.3830			
14	Prospective Per Diem 11	**37.8462**	**81.2596**	**48.7054**	**13.6500**		**181.4612**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 261611-00 - 2011/01

207.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Terra Vista Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1972/01**
Indexed Asset Value	**3,994,236**
FRVS Base Asset:	**2,053,427**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,107,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**12.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**422,208**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,195,389**	**11.1762**
20% ROE(2):	**798,847**	**0.6168**
Insurance Cost(3):	**59,593**	**1.8262**
Taxes Cost(3):	**92,670**	**2.8398**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**12,311**	**0.0000**
Total FRVS PD:		**16.4590**

(1) 80% Capital ($3,195,389) amortized at 12.0000% for 20 years Principal & Interest of $422,208 divided by annual available days (41,975) divided by Occup. Adj. (0.9000) = $11.1762
(2) 20% ROE ($798,847) times the ROE factor (0.029170) divided by annual available days (41,975) divided by Occup. Adj. (0.9000) = $0.6168
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**115**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,277,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.8462**	**37.8462**	**0.3301**	**37.5161**	
Patient Care					
Direct Care	**81.2596**	**81.2596**	**0.7089**	**80.5507**	
Indirect Care	**48.7054**	**48.7054**	**0.4249**	**48.2805**	
Property	**13.6500**	**16.4590**	**0.1436**	**16.3154**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9051**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**181.4612**	**184.2702**	**1.6075**	**207.1649**	

***Medicaid Trend Adjustment :**

0 261629-00 - 2011/01

185.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Avalon Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1270 SW Main Blvd		**01/01/2009-12/31/2009**		Number of Beds:	**95**	Superior:	**0**
Lake City FL 32025		Days In CR	**365**	Maximum:	**34,675**	Standard:	**181**
County:	**Columbia[12]**	First Used:	**2010/07**	Max Annualized:	**34,675**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**29,964**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,381**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**20,815**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/1/1981**						
Acquired Date:	**10/1/1981**						
Entered Medicaid	**10/1/1981**						
Med # Active Date:	**5/1/2003**						
Previous Med #	**215562**						

Medicaid Utilization	**69.46669%**
Occupancy:	**86.41384%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**108.61959%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	675,843	1,530,124	785,424	348,443	0	3,339,834
1a	Audit Adjustments						
2	Cost Per Diem	32.4690	73.5106	37.7336	**16.7400**		160.4532
3	Cost Per Diem Inflated	33.8000	75.4443	39.2805			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.8000**	**75.4443**	**39.2805**	**16.7400**		165.2648
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.0102		47.1885			
7	Provider Target Rate	**41.0159**		**48.7271**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.8000**	**75.4443**	**39.2805**	**13.6500**		162.1748
12/13	Medicaid Adjustment Rate		1.6522	0.8602			
14	Prospective Per Diem 11	**33.8000**	**77.0965**	**40.1407**	**13.6500**		**164.6872**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 261629-00 - 2011/01

185.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Avalon Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**2,478,960**
FRVS Base Asset:	**1,393,413**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**1,150,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**14.8040**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**14.8040**	**%**
Interest Only:	**False**	
Yearly Payment:	**309,929**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,983,168**	**9.9312**
20% ROE(2):	**495,792**	**0.4634**
Insurance Cost(3):	**38,740**	**1.2929**
Taxes Cost(3):	**48,057**	**1.6038**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**2,859**	**0.0000**
Total FRVS PD:		**13.2913**

(1) 80% Capital ($1,983,168) amortized at 14.8040% for 20 years Principal & Interest of $309,929 divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = $9.9312
(2) 20% ROE ($495,792) times the ROE factor (0.029170) divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = $0.4634
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**95**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,707,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.8000**	**33.8000**	**0.2949**	**33.5051**	
Patient Care					
Direct Care	**77.0965**	**77.0965**	**0.6725**	**76.4240**	
Indirect Care	**40.1407**	**40.1407**	**0.3502**	**39.7905**	
Property	**13.6500**	**13.2913**	**0.1159**	**13.1754**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.4485**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**164.6872**	**164.3285**	**1.4335**	**185.9406**	

***Medicaid Trend Adjustment :**

0 261637-00 - 2011/01

206.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Emerald Healthcare Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1655 SE Walton Road		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Port St. Lucie FL 34952		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**St Lucie[56]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**39,975**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,226**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**23,141**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1987**						
Acquired Date:	**7/1/1987**						
Entered Medicaid	**11/1/1987**						
Med # Active Date:	**5/1/2003**						
Previous Med #	**216011**						

Medicaid Utilization	**57.88868%**
Occupancy:	**91.26712%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.72002%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	997,768	1,762,018	1,134,515	586,162	0	4,480,463
1a	Audit Adjustments						
2	Cost Per Diem	43.1169	76.1427	49.0262	**25.3300**		193.6158
3	Cost Per Diem Inflated	44.8844	78.1456	51.0360			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.8844**	**78.1456**	**51.0360**	**25.3300**		199.3960
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		51.3199			
7	Provider Target Rate	**40.1320**		**52.6099**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.1320**	**78.1456**	**51.0360**	**13.6500**		182.9636
12/13	Medicaid Adjustment Rate		0.6935	0.4529			
14	Prospective Per Diem 11	**40.1320**	**78.8391**	**51.4889**	**13.6500**		**184.1100**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 261637-00 - 2011/01

206.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Emerald Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**4,875,893**
FRVS Base Asset:	**2,656,745**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,139,792.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4000**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**10.4000**	**%**
Interest Only:	**False**	
Yearly Payment:	**464,187**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,900,714**	**11.7754**
20% ROE(2):	**975,179**	**0.7216**
Insurance Cost(3):	**53,758**	**1.3448**
Taxes Cost(3):	**94,465**	**2.3631**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**179,332**	**0.0000**
Total FRVS PD:		**16.2049**

(1) 80% Capital ($3,900,714) amortized at 10.4000% for 20 years Principal & Interest of $464,187 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.7754

(2) 20% ROE ($975,179) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7216

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**91**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,656,745**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.1320**	**40.1320**	**0.3501**	**39.7819**	
Patient Care					
Direct Care	**78.8391**	**78.8391**	**0.6877**	**78.1514**	
Indirect Care	**51.4889**	**51.4889**	**0.4492**	**51.0397**	
Property	**13.6500**	**16.2049**	**0.1414**	**16.0635**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.0131**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**184.1100**	**186.6649**	**1.6284**	**206.6467**	

***Medicaid Trend Adjustment :**

0 261670-00 - 2011/01

192.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Hawthorne Health & Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
851 West Lumsden Road		**03/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
Brandon FL 33511		Days In CR	**487**	Maximum:	**58,440**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**55,430**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,450**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**24,903**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/27/1995**						
Acquired Date:	**3/27/1995**						
Entered Medicaid	**3/27/1995**						
Med # Active Date:	**12/1/2001**						
Previous Med #	**211664**						

Medicaid Utilization	**44.92693%**
Occupancy:	**94.84942%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.22287%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20114856**
Semester Index:	**1.24282006**
Cost:	**1.03469304**
Target:	**1.01759574**
DC FY Index:	**1.16416550**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02219143**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	948,164	1,896,109	969,745	792,413	0	4,606,431
1a	Audit Adjustments						
2	Cost Per Diem	38.0743	76.1398	38.9409	**31.8200**		184.9750
3	Cost Per Diem Inflated	39.3952	77.8295	40.2919			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.3952**	**77.8295**	**40.2919**	**31.8200**		189.3366
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		45.8202			
7	Provider Target Rate	**38.1474**		**46.9720**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1474**	**77.8295**	**40.2919**	**13.6500**		169.9188
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.1474**	**77.8295**	**40.2919**	**13.6500**		**169.9188**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 261670-00 - 2011/01

192.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Hawthorne Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/27/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/01**
Indexed Asset Value	**5,821,706**
FRVS Base Asset:	**3,092,490**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030860**

Mortgage Information		
Amount:	**4,977,200.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.7965**	**%**
Chase Rate:	**8.3356**	**%**
Amortization Rate:	**8.7965**	**%**
Interest Only:	**False**	
Yearly Payment:	**495,552**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,657,365**	**12.5711**
20% ROE(2):	**1,164,341**	**0.9115**
Insurance Cost(3):	**77,651**	**1.4009**
Taxes Cost(3):	**106,400**	**1.9195**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**133,161**	**0.0000**
Total FRVS PD:		**16.8030**

(1) 80% Capital ($4,657,365) amortized at 8.7965% for 20 years Principal & Interest of $495,552 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.5711
(2) 20% ROE ($1,164,341) times the ROE factor (0.030860) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9115
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**90**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,092,490**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1474**	**38.1474**	**0.3328**	**37.8146**	
Patient Care					
Direct Care	**77.8295**	**77.8295**	**0.6789**	**77.1506**	
Indirect Care	**40.2919**	**40.2919**	**0.3515**	**39.9404**	
Property	**13.6500**	**16.8030**	**0.1466**	**16.6564**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.2418**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**169.9188**	**173.0718**	**1.5098**	**192.4009**	

***Medicaid Trend Adjustment :**

0 263389-00 - 2011/01

211.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Atlantic Shores Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4251 Stack Blvd.		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Melbourne FL 32901		Days In CR	**365**	Maximum:	**43,800**	Standard:	**150**
County:	**Brevard[5]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**31**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**40,723**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,154**	Inflation	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,496**	FY Index:	**1.19387802**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**57.69712%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**92.97488%**	Cost:	**1.04099417**
Open Date:	**12/8/1995**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**12/8/1995**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**12/8/1995**	Low Occupancy Adjustment Factor:			**116.86662%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**10/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**212156**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	970,948	1,965,629	1,048,824	838,337	0	4,823,738
1a	Audit Adjustments						
2	Cost Per Diem	41.3240	83.6580	44.6384	**35.6800**		205.3004
3	Cost Per Diem Inflated	43.0180	85.8586	46.4683			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.0180**	**85.8586**	**46.4683**	**35.6800**		211.0249
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.0135		49.4738			
7	Provider Target Rate	**47.1701**		**50.7174**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.0180**	**85.8586**	**46.4683**	**13.6500**		188.9949
12/13	Medicaid Adjustment Rate		0.6161	0.3335			
14	Prospective Per Diem 11	**43.0180**	**86.4747**	**46.8018**	**13.6500**		**189.9445**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263389-00 - 2011/01

211.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Atlantic Shores Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/8/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/07**
Indexed Asset Value	**5,452,421**
FRVS Base Asset:	**2,094,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,190,261.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**382,592**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,361,937**	**9.7055**
20% ROE(2):	**1,090,484**	**0.8069**
Insurance Cost(3):	**38,868**	**0.9544**
Taxes Cost(3):	**88,425**	**2.1714**
Home Office(3):	**13,309**	**0.3268**
Replacement(3&4):	**30,406**	**0.0000**
Total FRVS PD:		**13.9650**

(1) 80% Capital ($4,361,937) amortized at 6.2500% for 20 years Principal & Interest of $382,592 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.7055
(2) 20% ROE ($1,090,484) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8069
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1995**	Used Per Bed Standard:	**34,904**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,094,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.0180**	**43.0180**	**0.3753**	**42.6427**	
Patient Care					
Direct Care	**86.4747**	**86.4747**	**0.7544**	**85.7203**	
Indirect Care	**46.8018**	**46.8018**	**0.4083**	**46.3935**	
Property	**13.6500**	**13.9650**	**0.1218**	**13.8432**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.5220**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.9445**	**190.2595**	**1.6598**	**211.7188**	

***Medicaid Trend Adjustment :**

0 263443-00 - 2011/01

179.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bonifay Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
306 West Brock Avenue	**01/01/2009-12/31/2009**	Number of Beds: **180**	Superior: **0**
Bonifay FL 32425	Days In CR **365**	Maximum: **65,700**	Standard: **181**
County: **Holmes[30]**	First Used: **2010/07**	Max Annualized: **65,700**	Conditional: **0**
Region: **North [1]** Area: **2**	Last Used: **2011/01**	Total Patient: **59,516**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **6,987**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **48,203**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **7/1/1984**			
Acquired Date: **7/1/1984**			
Entered Medicaid **7/1/1984**			
Med # Active Date: **10/1/2003**			
Previous Med # **212377**			

Medicaid Utilization	**80.99167%**
Occupancy:	**90.58752%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.86578%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,651,784	3,344,646	1,612,806	1,676,018	0	8,285,254
1a	Audit Adjustments						
2	Cost Per Diem	34.2672	69.3867	33.4586	**34.7700**		171.8825
3	Cost Per Diem Inflated	35.6720	71.2119	34.8302			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.6720**	**71.2119**	**34.8302**	**34.7700**		176.4841
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8750		43.1867			
7	Provider Target Rate	**38.8271**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.6720**	**71.2119**	**34.8302**	**13.6500**		155.3641
12/13	Medicaid Adjustment Rate		2.4828	1.2144			
14	Prospective Per Diem 11	**35.6720**	**73.6947**	**36.0446**	**13.6500**		**159.0613**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263443-00 - 2011/01

179.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Bonifay Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/2003**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**6,761,660**
FRVS Base Asset:	**1,432,662**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**5,325,551.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**474,460**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,409,328**	**8.0240**
20% ROE(2):	**1,352,332**	**0.6671**
Insurance Cost(3):	**50,242**	**0.8442**
Taxes Cost(3):	**57,617**	**0.9681**
Home Office(3):	**19,451**	**0.3268**
Replacement(3&4):	**146,289**	**0.0000**
Total FRVS PD:		**10.8302**

(1) 80% Capital ($5,409,328) amortized at 6.2500% for 20 years Principal & Interest of $474,460 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $8.0240
(2) 20% ROE ($1,352,332) times the ROE factor (0.029170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.6671
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.6720**	**35.6720**	**0.3112**	**35.3608**	
Patient Care					
Direct Care	**73.6947**	**73.6947**	**0.6429**	**73.0518**	
Indirect Care	**36.0446**	**36.0446**	**0.3144**	**35.7302**	
Property	**13.6500**	**10.8302**	**0.0945**	**10.7357**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6194**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**159.0613**	**156.2415**	**1.3630**	**179.0950**	

***Medicaid Trend Adjustment :**

0 263451-00 - 2011/01

211.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Riviera Palms Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
926 Haben Blvd.		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Palmetto FL 34221		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Manatee[41]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**36,562**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,847**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**21,733**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/1/1988**						
Acquired Date:	**3/1/1988**						
Entered Medicaid	**3/7/1988**						
Med # Active Date:	**10/1/2003**						
Previous Med #	**212385**						

Medicaid Utilization	**59.44150%**
Occupancy:	**83.47489%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**104.92542%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	895,886	1,828,295	996,798	822,159	0	4,543,138
1a	Audit Adjustments						
2	Cost Per Diem	41.2224	84.1253	45.8656	**37.8300**		209.0433
3	Cost Per Diem Inflated	42.9123	86.3382	47.7458			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.9123**	**86.3382**	**47.7458**	**37.8300**		214.8263
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.0816		48.7454			
7	Provider Target Rate	**44.1645**		**49.9707**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.9123**	**86.3382**	**47.7458**	**13.6500**		190.6463
12/13	Medicaid Adjustment Rate		0.9171	0.5071			
14	Prospective Per Diem 11	**42.9123**	**87.2553**	**48.2529**	**13.6500**		**192.0705**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263451-00 - 2011/01

211.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Riviera Palms Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/7/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**5,073,189**
FRVS Base Asset:	**2,648,070**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,899,682.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**355,981**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,058,551**	**9.0305**
20% ROE(2):	**1,014,638**	**0.7508**
Insurance Cost(3):	**39,908**	**1.0915**
Taxes Cost(3):	**66,933**	**1.8307**
Home Office(3):	**11,949**	**0.3268**
Replacement(3&4):	**48,802**	**0.0000**
Total FRVS PD:		**13.0303**

(1) 80% Capital ($4,058,551) amortized at 6.2500% for 20 years Principal & Interest of $355,981 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.0305

(2) 20% ROE ($1,014,638) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7508

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**90**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,648,070**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.9123**	**42.9123**	**0.3743**	**42.5380**	
Patient Care					
Direct Care	**87.2553**	**87.2553**	**0.7612**	**86.4941**	
Indirect Care	**48.2529**	**48.2529**	**0.4209**	**47.8320**	
Property	**13.6500**	**13.0303**	**0.1137**	**12.9166**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.2737**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**192.0705**	**191.4508**	**1.6701**	**211.6515**	

***Medicaid Trend Adjustment :**

0 263460-00 - 2011/01

219.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Boynton Beach Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
9600 Lawrence Road		**01/01/2009-12/31/2009**		Number of Beds:	**169**	Superior:	**0**
Boynton Beach FL 33436		Days In CR	**365**	Maximum:	**61,685**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2010/07**	Max Annualized:	**61,685**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**53,775**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**21,161**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**22,602**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1977**						
Acquired Date:	**7/1/1984**						
Entered Medicaid	**7/1/1984**						
Med # Active Date:	**10/1/2003**						
Previous Med #	**211257**						

Medicaid Utilization	**42.03068%**
Occupancy:	**87.17679%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**109.57860%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	851,241	2,063,263	1,182,543	1,181,407	0	5,278,454
1a	Audit Adjustments						
2	Cost Per Diem	37.6622	91.2867	52.3203	**52.2700**		233.5392
3	Cost Per Diem Inflated	39.2061	93.6879	54.4651			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.2061**	**93.6879**	**54.4651**	**52.2700**		239.6291
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.4205		53.5154			
7	Provider Target Rate	**41.4365**		**54.8606**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.2061**	**93.6879**	**54.4651**	**13.6500**		201.0091
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**39.2061**	**93.6879**	**54.4651**	**13.6500**		**201.0091**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263460-00 - 2011/01

219.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Boynton Beach Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**7,917,520**
FRVS Base Asset:	**1,235,042**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**6,365,423.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**555,565**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,334,016**	**10.0072**
20% ROE(2):	**1,583,504**	**0.8320**
Insurance Cost(3):	**59,280**	**1.1024**
Taxes Cost(3):	**133,573**	**2.4839**
Home Office(3):	**17,575**	**0.3268**
Replacement(3&4):	**27,886**	**0.0000**
Total FRVS PD:		**14.7523**

(1) 80% Capital ($6,334,016) amortized at 6.2500% for 20 years Principal & Interest of $555,565 divided by annual available days (61,685) divided by Occup. Adj. (0.9000) = $10.0072
(2) 20% ROE ($1,583,504) times the ROE factor (0.029170) divided by annual available days (61,685) divided by Occup. Adj. (0.9000) = $0.8320
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**168**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,788,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.2061**	**39.2061**	**0.3420**	**38.8641**	
Patient Care					
Direct Care	**93.6879**	**93.6879**	**0.8173**	**92.8706**	
Indirect Care	**54.4651**	**54.4651**	**0.4751**	**53.9900**	
Property	**13.6500**	**14.7523**	**0.1287**	**14.6236**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.4202**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**201.0091**	**202.1114**	**1.7631**	**219.3656**	

***Medicaid Trend Adjustment :**

0 263478-00 - 2011/01

199.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Arbor Trail Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
611 Turner Camp Road	**01/01/2009-12/31/2009**	Number of Beds: **116**	Superior: **0**
Inverness FL 34453	Days In CR **365**	Maximum: **42,340**	Standard: **181**
County: **Citrus[9]**	First Used: **2010/07**	Max Annualized: **42,340**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2011/01**	Total Patient: **37,951**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **10,670**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **17,210**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **7/17/1987**			
Acquired Date: **7/17/1987**			
Entered Medicaid **7/17/1987**			
Med # Active Date: **10/1/2003**			
Previous Med # **211991**			

Medicaid Utilization	**45.34795%**
Occupancy:	**89.63392%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**112.66713%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	664,208	1,398,183	713,452	807,321	0	3,583,164
1a	Audit Adjustments						
2	Cost Per Diem	38.5943	81.2425	41.4557	**46.9100**		208.2025
3	Cost Per Diem Inflated	40.1764	83.3795	43.1551			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.1764**	**83.3795**	**43.1551**	**46.9100**		213.6210
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.5035		46.9585			
7	Provider Target Rate	**40.4965**		**48.1389**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.1764**	**83.3795**	**43.1551**	**13.6500**		180.3610
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**40.1764**	**83.3795**	**43.1551**	**13.6500**		**180.3610**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263478-00 - 2011/01

199.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Arbor Trail Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/17/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**5,221,838**
FRVS Base Asset:	**1,751,700**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,025,253.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**366,412**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,177,470**	**9.6156**
20% ROE(2):	**1,044,368**	**0.7995**
Insurance Cost(3):	**33,547**	**0.8840**
Taxes Cost(3):	**77,578**	**2.0442**
Home Office(3):	**12,403**	**0.3268**
Replacement(3&4):	**35,928**	**0.0000**
Total FRVS PD:		**13.6701**

(1) 80% Capital ($4,177,470) amortized at 6.2500% for 20 years Principal & Interest of $366,412 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $9.6156
(2) 20% ROE ($1,044,368) times the ROE factor (0.029170) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.7995
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,751,700**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.1764**	**40.1764**	**0.3505**	**39.8259**	
Patient Care					
Direct Care	**83.3795**	**83.3795**	**0.7274**	**82.6521**	
Indirect Care	**43.1551**	**43.1551**	**0.3765**	**42.7786**	
Property	**13.6500**	**13.6701**	**0.1192**	**13.5509**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.5359**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**180.3610**	**180.3811**	**1.5736**	**199.9405**	

***Medicaid Trend Adjustment :**

0 263486-00 - 2011/01

226.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Pinellas Point Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5601 31st Street North		**01/01/2009-12/31/2009**		Number of Beds:	**60**	Superior:	**0**
St. Petersburg FL 33712		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**18,785**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,827**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**13,835**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1972**						
Acquired Date:	**3/8/1995**						
Entered Medicaid	**3/8/1995**						
Med # Active Date:	**10/1/2003**						
Previous Med #	**211630**						

Medicaid Utilization	**73.64919%**
Occupancy:	**85.77626%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**107.81817%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	750,073	1,082,253	694,144	235,610	0	2,762,080
1a	Audit Adjustments						
2	Cost Per Diem	54.2156	78.2257	50.1730	**17.0300**		199.6443
3	Cost Per Diem Inflated	56.4381	80.2834	52.2298			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.4381**	**80.2834**	**52.2298**	**17.0300**		205.9813
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.3352		52.0757			
7	Provider Target Rate	**55.7010**		**53.6513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.6049**	**80.2834**	**52.2298**	**13.6500**		200.7681
12/13	Medicaid Adjustment Rate		2.1360	1.3896			
14	Prospective Per Diem 11	**54.6049**	**82.4194**	**53.6194**	**13.6500**		**204.2937**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263486-00 - 2011/01

226.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Pinellas Point Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/8/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/01**
Indexed Asset Value	**2,707,608**
FRVS Base Asset:	**1,604,692**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,040,258.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**189,990**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,166,086**	**9.6393**
20% ROE(2):	**541,522**	**0.8014**
Insurance Cost(3):	**24,432**	**1.3006**
Taxes Cost(3):	**30,876**	**1.6437**
Home Office(3):	**6,139**	**0.3268**
Replacement(3&4):	**15,142**	**0.0000**
Total FRVS PD:		**13.7118**

(1) 80% Capital ($2,166,086) amortized at 6.2500% for 20 years Principal & Interest of $189,990 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $9.6393
(2) 20% ROE ($541,522) times the ROE factor (0.029170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.8014
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,061,660**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.6049**	**54.6049**	**0.4763**	**54.1286**	
Patient Care					
Direct Care	**82.4194**	**82.4194**	**0.7190**	**81.7004**	
Indirect Care	**53.6194**	**53.6194**	**0.4677**	**53.1517**	
Property	**13.6500**	**13.7118**	**0.1196**	**13.5922**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.9962**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**204.2937**	**204.3555**	**1.7826**	**226.1662**	

***Medicaid Trend Adjustment :**

0 263494-00 - 2011/01

209.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Jacksonville Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4134 Dunn Ave.		**01/01/2009-12/31/2009**		Number of Beds:	**163**	Superior:	**0**
Jacksonville FL 32218		Days In CR	**365**	Maximum:	**59,495**	Standard:	**174**
County: **Duval[16]**		First Used:	**2010/07**	Max Annualized:	**59,495**	Conditional:	**7**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**54,735**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**5,331**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**41,378**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date: **10/1/1990**							
Acquired Date: **10/1/1990**							
Entered Medicaid **10/31/1990**							
Med # Active Date: **10/1/2003**							
Previous Med # **212725**							

Medicaid Utilization	**75.59697%**
Occupancy:	**91.99933%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.64039%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,575,112	3,562,300	1,727,447	875,145	0	7,740,004
1a	Audit Adjustments						
2	Cost Per Diem	38.0664	86.0916	41.7480	**21.1500**		187.0560
3	Cost Per Diem Inflated	39.6269	88.3562	43.4594			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.6269**	**88.3562**	**43.4594**	**21.1500**		192.5925
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1909		44.7820			
7	Provider Target Rate	**40.1760**		**45.9077**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.6269**	**88.3562**	**43.4594**	**13.6500**		185.0925
12/13	Medicaid Adjustment Rate		2.4460	1.2031			
14	Prospective Per Diem 11	**39.6269**	**90.8022**	**44.6625**	**13.6500**		**188.7416**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263494-00 - 2011/01

209.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Jacksonville Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/31/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/07**
Indexed Asset Value	**6,747,209**
FRVS Base Asset:	**3,017,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**5,227,709.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**473,446**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,397,767**	**8.8419**
20% ROE(2):	**1,349,442**	**0.7351**
Insurance Cost(3):	**38,006**	**0.6944**
Taxes Cost(3):	**40,497**	**0.7399**
Home Office(3):	**17,888**	**0.3268**
Replacement(3&4):	**71,737**	**0.0000**
Total FRVS PD:		**11.3381**

(1) 80% Capital ($5,397,767) amortized at 6.2500% for 20 years Principal & Interest of $473,446 divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = $8.8419

(2) 20% ROE ($1,349,442) times the ROE factor (0.029170) divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = $0.7351

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**100**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,017,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.6269**	**39.6269**	**0.3457**	**39.2812**	
Patient Care					
Direct Care	**90.8022**	**90.8022**	**0.7921**	**90.0101**	
Indirect Care	**44.6625**	**44.6625**	**0.3896**	**44.2729**	
Property	**13.6500**	**11.3381**	**0.0989**	**11.2392**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9960**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**188.7416**	**186.4297**	**1.6263**	**209.3965**	

***Medicaid Trend Adjustment :**

0 263508-00 - 2011/01

216.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Port Orange Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5600 Victory Gardens Blvd.	**01/01/2009-12/31/2009**	Number of Beds: **120**	Superior: **0**
Port Orange FL 32127	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Volusia[64]**	First Used: **2010/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2011/01**	Total Patient: **39,746**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **14,812**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **13,070**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **9/16/1992**			
Acquired Date: **9/16/1992**			
Entered Medicaid **10/9/1992**			
Med # Active Date: **10/1/2003**			
Previous Med # **211320**			

Medicaid Utilization	**32.88381%**
Occupancy:	**90.74429%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.06285%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	564,438	1,113,343	714,981	680,163	0	3,072,925
1a	Audit Adjustments						
2	Cost Per Diem	43.1858	85.1831	54.7040	**52.0400**		235.1129
3	Cost Per Diem Inflated	44.9562	87.4238	56.9465			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.9562**	**87.4238**	**56.9465**	**52.0400**		241.3665
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9829		51.6883			
7	Provider Target Rate	**44.0634**		**52.9876**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.0634**	**87.4238**	**52.9876**	**13.6500**		198.1248
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.0634**	**87.4238**	**52.9876**	**13.6500**		**198.1248**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263508-00 - 2011/01

216.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Port Orange Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/9/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1992/07**
Indexed Asset Value	**5,395,351**
FRVS Base Asset:	**3,793,080**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,905,038.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**378,587**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,316,281**	**9.6039**
20% ROE(2):	**1,079,070**	**0.7985**
Insurance Cost(3):	**41,038**	**1.0325**
Taxes Cost(3):	**85,625**	**2.1543**
Home Office(3):	**12,990**	**0.3268**
Replacement(3&4):	**17,307**	**0.0000**
Total FRVS PD:		**13.9160**

(1) 80% Capital ($4,316,281) amortized at 6.2500% for 20 years Principal & Interest of $378,587 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.6039

(2) 20% ROE ($1,079,070) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7985

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1992**	Used Per Bed Standard:	**31,609**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,793,080**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.0634**	**44.0634**	**0.3844**	**43.6790**	
Patient Care					
Direct Care	**87.4238**	**87.4238**	**0.7626**	**86.6612**	
Indirect Care	**52.9876**	**52.9876**	**0.4622**	**52.5254**	
Property	**13.6500**	**13.9160**	**0.1214**	**13.7946**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.8127**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**198.1248**	**198.3908**	**1.7306**	**216.0700**	

***Medicaid Trend Adjustment :**

0 263516-00 - 2011/01

194.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Macclenny Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
755 South 5th Street	**01/01/2009-12/31/2009**	Number of Beds: **120**	Superior: **0**
MacClenny FL 32063	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Baker[2]**	First Used: **2010/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2011/01**	Total Patient: **41,436**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **5,409**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **30,819**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **8/27/1990**			
Acquired Date: **9/29/1995**			
Entered Medicaid **8/27/1990**			
Med # Active Date: **10/1/2003**			
Previous Med # **212105**			

Medicaid Utilization	**74.37735%**
Occupancy:	**94.60274%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.91279%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,135,056	2,286,598	1,220,847	911,318	0	5,553,819
1a	Audit Adjustments						
2	Cost Per Diem	36.8297	74.1944	39.6135	**29.5700**		180.2076
3	Cost Per Diem Inflated	38.3395	76.1460	41.2374			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.3395**	**76.1460**	**41.2374**	**29.5700**		185.2929
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.8188		43.8540			
7	Provider Target Rate	**43.8951**		**44.9563**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.3395**	**76.1460**	**41.2374**	**13.6500**		169.3729
12/13	Medicaid Adjustment Rate		2.0883	1.1309			
14	Prospective Per Diem 11	**38.3395**	**78.2343**	**42.3683**	**13.6500**		**172.5921**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263516-00 - 2011/01

194.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Macclenny Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/27/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/07**
Indexed Asset Value	**5,340,379**
FRVS Base Asset:	**3,917,950**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,102,079.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**374,730**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,272,303**	**9.5061**
20% ROE(2):	**1,068,076**	**0.7904**
Insurance Cost(3):	**28,376**	**0.6848**
Taxes Cost(3):	**67,618**	**1.6319**
Home Office(3):	**13,542**	**0.3268**
Replacement(3&4):	**23,691**	**0.0000**
Total FRVS PD:		**12.9400**

(1) 80% Capital ($4,272,303) amortized at 6.2500% for 20 years Principal & Interest of $374,730 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.5061

(2) 20% ROE ($1,068,076) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7904

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,810,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.3395**	**38.3395**	**0.3345**	**38.0050**	
Patient Care					
Direct Care	**78.2343**	**78.2343**	**0.6825**	**77.5518**	
Indirect Care	**42.3683**	**42.3683**	**0.3696**	**41.9987**	
Property	**13.6500**	**12.9400**	**0.1129**	**12.8271**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3720**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**172.5921**	**171.8821**	**1.4995**	**194.3517**	

***Medicaid Trend Adjustment :**

0 263524-00 - 2011/01

215.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Medicana Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1710 Lake Worth Road	**01/01/2009-12/31/2009**	Number of Beds: **117**	Superior: **0**
Lake Worth FL 33460	Days In CR **365**	Maximum: **42,705**	Standard: **181**
County: **Palm Beach[50]**	First Used: **2011/01**	Max Annualized: **42,705**	Conditional: **0**
Region: **South[2]** Area: **9**	Last Used: **2011/01**	Total Patient: **29,312**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **3,861**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **17,706**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **7/1/1978**			
Acquired Date: **7/1/1978**			
Entered Medicaid **7/1/1978**			
Med # Active Date: **10/1/2003**			
Previous Med # **260096**			

Medicaid Utilization	**60.40529%**
Occupancy:	**68.63833%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**86.27632%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	907,453	1,467,197	833,841	180,601	0	3,389,092
1a	Audit Adjustments						
2	Cost Per Diem	51.2512	82.8644	47.0937	**10.2000**		191.4093
3	Cost Per Diem Inflated	53.3522	85.0441	49.0243			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.3522**	**85.0441**	**49.0243**	**10.2000**		197.6206
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.9310		58.1253			
7	Provider Target Rate	**60.4123**		**59.5864**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**85.0441**	**49.0243**	**10.2000**		194.6062
12/13	Medicaid Adjustment Rate		0.9955	0.5739			
14	Prospective Per Diem 11	**50.3378**	**86.0396**	**49.5982**	**10.2000**		**196.1756**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263524-00 - 2011/01

215.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Medicana Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1978/07**
Indexed Asset Value	**2,109,717**
FRVS Base Asset:	**1,241,751**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**1,343,842.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**148,037**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,687,774**	**3.8517**
20% ROE(2):	**421,943**	**0.3202**
Insurance Cost(3):	**22,095**	**0.7538**
Taxes Cost(3):	**56,093**	**1.9137**
Home Office(3):	**9,580**	**0.3268**
Replacement(3&4):	**124,830**	**0.0000**
Total FRVS PD:		**7.1662**

(1) 80% Capital ($1,687,774) amortized at 6.2500% for 20 years Principal & Interest of $148,037 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = $3.8517

(2) 20% ROE ($421,943) times the ROE factor (0.029170) divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = $0.3202

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**117**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,334,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**86.0396**	**86.0396**	**0.7506**	**85.2890**	
Indirect Care	**49.5982**	**49.5982**	**0.4327**	**49.1655**	
Property	**10.2000**	**7.1662**	**0.0625**	**7.1037**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3497**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**196.1756**	**193.1418**	**1.6849**	**215.4037**	

***Medicaid Trend Adjustment :**

0 263532-00 - 2011/01

211.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Tiffany Hall Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1800 SE Hillmoor Drive		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Port St. Lucie FL 34952		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**St Lucie[56]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**39,757**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,647**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**24,005**	FY Index:	**1.19387802**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**					Cost:	**1.04099417**
Open Date:	**6/8/1993**					Target:	**1.01759574**
Acquired Date:	**6/8/1993**					**DC FY Index:**	**1.15950000**
Entered Medicaid	**7/6/1993**					**DC Sem Index:**	**1.19000000**
Med # Active Date:	**10/1/2003**					**DC Inflation:**	**1.02630444**
Previous Med #	**258466**					**PS Target:**	**1.02513678**

Medicaid Utilization	**60.37930%**
Occupancy:	**90.76940%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.09441%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,010,334	1,999,153	1,054,508	954,199	0	5,018,194
1a	Audit Adjustments						
2	Cost Per Diem	42.0885	83.2807	43.9287	**39.7500**		209.0479
3	Cost Per Diem Inflated	43.8139	85.4714	45.7295			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.8139**	**85.4714**	**45.7295**	**39.7500**		214.7648
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.0550		51.0806			
7	Provider Target Rate	**48.2378**		**52.3646**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.8139**	**85.4714**	**45.7295**	**13.6500**		188.6648
12/13	Medicaid Adjustment Rate		0.9980	0.5340			
14	Prospective Per Diem 11	**43.8139**	**86.4694**	**46.2635**	**13.6500**		**190.1968**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263532-00 - 2011/01

211.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Tiffany Hall Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/6/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/01**
Indexed Asset Value	**5,141,178**
FRVS Base Asset:	**3,861,960**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,903,365.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**360,752**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,112,942**	**9.1515**
20% ROE(2):	**1,028,236**	**0.7609**
Insurance Cost(3):	**30,215**	**0.7600**
Taxes Cost(3):	**85,340**	**2.1465**
Home Office(3):	**12,993**	**0.3268**
Replacement(3&4):	**68,606**	**0.0000**
Total FRVS PD:		**13.1457**

(1) 80% Capital ($4,112,942) amortized at 6.2500% for 20 years Principal & Interest of $360,752 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.1515

(2) 20% ROE ($1,028,236) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7609

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**8/1/1992**	Used Per Bed Standard:	**32,183**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,861,960**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.8139**	**43.8139**	**0.3822**	**43.4317**	
Patient Care					
Direct Care	**86.4694**	**86.4694**	**0.7543**	**85.7151**	
Indirect Care	**46.2635**	**46.2635**	**0.4036**	**45.8599**	
Property	**13.6500**	**13.1457**	**0.1147**	**13.0310**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.6818**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**190.1968**	**189.6925**	**1.6548**	**211.3166**	

***Medicaid Trend Adjustment :**

0 263541-00 - 2011/01

213.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Metrowest Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5900 West Gate Drive		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32835		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**38,223**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,847**	Inflation	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**25,723**	FY Index:	**1.19387802**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**67.29718%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**87.26712%**	Cost:	**1.04099417**
Open Date:	**10/21/1994**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**10/1/1995**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**10/21/1994**	Low Occupancy Adjustment Factor:			**109.69214%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**10/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**212041**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,146,488	2,027,996	1,437,579	535,810	0	5,147,873
1a	Audit Adjustments						
2	Cost Per Diem	44.5705	78.8398	55.8869	**20.8300**		200.1272
3	Cost Per Diem Inflated	46.3976	80.9136	58.1779			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.3976**	**80.9136**	**58.1779**	**20.8300**		206.3191
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.5944		50.1721			
7	Provider Target Rate	**44.6902**		**51.4333**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.6902**	**80.9136**	**51.4333**	**13.6500**		190.6871
12/13	Medicaid Adjustment Rate		1.5745	1.0009			
14	Prospective Per Diem 11	**44.6902**	**82.4881**	**52.4342**	**13.6500**		**193.2625**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263541-00 - 2011/01

213.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Metrowest Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/21/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/07**
Indexed Asset Value	**5,156,189**
FRVS Base Asset:	**4,070,662**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,974,992.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**361,805**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,124,951**	**9.1782**
20% ROE(2):	**1,031,238**	**0.7631**
Insurance Cost(3):	**35,954**	**0.9406**
Taxes Cost(3):	**79,559**	**2.0814**
Home Office(3):	**12,492**	**0.3268**
Replacement(3&4):	**73,949**	**0.0000**
Total FRVS PD:		**13.2901**

(1) 80% Capital ($4,124,951) amortized at 6.2500% for 20 years Principal & Interest of $361,805 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.1782
(2) 20% ROE ($1,031,238) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7631
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1994**	Used Per Bed Standard:	**33,820**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,058,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.6902**	**44.6902**	**0.3899**	**44.3003**	
Patient Care					
Direct Care	**82.4881**	**82.4881**	**0.7196**	**81.7685**	
Indirect Care	**52.4342**	**52.4342**	**0.4574**	**51.9768**	
Property	**13.6500**	**13.2901**	**0.1159**	**13.1742**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.9643**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**193.2625**	**192.9026**	**1.6828**	**213.7812**	

***Medicaid Trend Adjustment :**

0 263559-00 - 2011/01

202.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Moultrie Creek Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
200 Mariner Health Way		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
St. Augustine FL 32086		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **St Johns[55]**		First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**40,870**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**10,544**	Inflation	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**20,613**	FY Index:	**1.19387802**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**50.43553%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**93.31051%**	Cost:	**1.04099417**
Open Date:	**12/9/1986**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**12/9/1986**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**12/9/1986**	Low Occupancy Adjustment Factor:			**117.28849%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**10/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**212300**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	857,526	1,615,455	923,251	992,104	0	4,388,336
1a	Audit Adjustments						
2	Cost Per Diem	41.6012	78.3707	44.7897	**48.1300**		212.8916
3	Cost Per Diem Inflated	43.3066	80.4322	46.6258			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.3066**	**80.4322**	**46.6258**	**48.1300**		218.4946
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.0686		45.8192			
7	Provider Target Rate	**45.1763**		**46.9709**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.3066**	**80.4322**	**46.6258**	**13.6500**		184.0146
12/13	Medicaid Adjustment Rate		0.0394	0.0228			
14	Prospective Per Diem 11	**43.3066**	**80.4716**	**46.6486**	**13.6500**		**184.0768**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263559-00 - 2011/01

202.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Moultrie Creek Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/07**
Indexed Asset Value	**5,283,456**
FRVS Base Asset:	**1,629,898**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,102,200.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**370,735**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,226,765**	**9.4047**
20% ROE(2):	**1,056,691**	**0.7819**
Insurance Cost(3):	**37,824**	**0.9255**
Taxes Cost(3):	**27,007**	**0.6608**
Home Office(3):	**13,357**	**0.3268**
Replacement(3&4):	**154,474**	**0.0000**
Total FRVS PD:		**12.0997**

(1) 80% Capital ($4,226,765) amortized at 6.2500% for 20 years Principal & Interest of $370,735 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.4047
(2) 20% ROE ($1,056,691) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7819
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1986**	Used Per Bed Standard:	**28,737**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,724,220**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.3066**	**43.3066**	**0.3778**	**42.9288**	
Patient Care					
Direct Care	**80.4716**	**80.4716**	**0.7020**	**79.7696**	
Indirect Care	**46.6486**	**46.6486**	**0.4069**	**46.2417**	
Property	**13.6500**	**12.0997**	**0.1056**	**11.9941**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.9721**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**184.0768**	**182.5265**	**1.5923**	**202.5034**	

***Medicaid Trend Adjustment :**

0 263567-00 - 2011/01

204.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Orange City Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2810 Enterprise Road		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
DeBary FL 32713		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Volusia[64]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**41,925**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,016**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**25,239**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/31/1991**						
Acquired Date:	**5/31/1991**						
Entered Medicaid	**6/26/1991**						
Med # Active Date:	**10/1/2003**						
Previous Med #	**211371**						

Medicaid Utilization	**60.20036%**
Occupancy:	**95.71918%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.31612%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	957,612	2,083,203	1,166,029	994,669	0	5,201,513
1a	Audit Adjustments						
2	Cost Per Diem	37.9418	82.5390	46.1995	**39.4100**		206.0903
3	Cost Per Diem Inflated	39.4972	84.7101	48.0934			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.4972**	**84.7101**	**48.0934**	**39.4100**		211.7107
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9126		44.9756			
7	Provider Target Rate	**42.9661**		**46.1061**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.4972**	**84.7101**	**46.1061**	**13.6500**		183.9634
12/13	Medicaid Adjustment Rate		0.9721	0.5291			
14	Prospective Per Diem 11	**39.4972**	**85.6822**	**46.6352**	**13.6500**		**185.4646**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263567-00 - 2011/01

204.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Orange City Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/26/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**5,138,265**
FRVS Base Asset:	**3,642,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,937,265.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**360,548**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,110,612**	**9.1463**
20% ROE(2):	**1,027,653**	**0.7604**
Insurance Cost(3):	**40,218**	**0.9593**
Taxes Cost(3):	**63,632**	**1.5178**
Home Office(3):	**13,702**	**0.3268**
Replacement(3&4):	**56,741**	**0.0000**
Total FRVS PD:		**12.7106**

(1) 80% Capital ($4,110,612) amortized at 6.2500% for 20 years Principal & Interest of $360,548 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.1463
(2) 20% ROE ($1,027,653) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7604
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.4972**	**39.4972**	**0.3445**	**39.1527**	
Patient Care					
Direct Care	**85.6822**	**85.6822**	**0.7474**	**84.9348**	
Indirect Care	**46.6352**	**46.6352**	**0.4068**	**46.2284**	
Property	**13.6500**	**12.7106**	**0.1109**	**12.5997**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.3315**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**185.4646**	**184.5252**	**1.6096**	**204.8442**	

***Medicaid Trend Adjustment :**

0 263575-00 - 2011/01

203.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bayshore Pointe Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3117 West Gandy Blvd.		**01/01/2009-12/31/2009**		Number of Beds:	**117**	Superior:	**0**
Tampa FL 33611		Days In CR	**365**	Maximum:	**42,705**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2010/07**	Max Annualized:	**42,705**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**39,561**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,424**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,788**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1970**						
Acquired Date:	**1/1/1970**						
Entered Medicaid	**1/1/1970**						
Med # Active Date:	**12/1/2003**						
Previous Med #	**218022**						

Medicaid Utilization	**57.60218%**
Occupancy:	**92.63787%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.44301%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	971,859	1,758,847	1,024,993	612,314	0	4,368,013
1a	Audit Adjustments						
2	Cost Per Diem	42.6478	77.1830	44.9795	**26.8700**		191.6803
3	Cost Per Diem Inflated	44.3961	79.2133	46.8234			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.3961**	**79.2133**	**46.8234**	**26.8700**		197.3028
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.1288		48.0323			
7	Provider Target Rate	**41.1375**		**49.2397**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.1375**	**79.2133**	**46.8234**	**13.6500**		180.8242
12/13	Medicaid Adjustment Rate		0.6775	0.4005			
14	Prospective Per Diem 11	**41.1375**	**79.8908**	**47.2239**	**13.6500**		**181.9022**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263575-00 - 2011/01

203.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Bayshore Pointe Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**4,716,200**
FRVS Base Asset:	**683,039**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,925,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**385,777**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,772,960**	**10.0373**
20% ROE(2):	**943,240**	**0.7159**
Insurance Cost(3):	**41,571**	**1.0508**
Taxes Cost(3):	**158,228**	**3.9996**
Home Office(3):	**12,929**	**0.3268**
Replacement(3&4):	**89,536**	**0.0000**
Total FRVS PD:		**16.1304**

(1) 80% Capital ($3,772,960) amortized at 8.2500% for 20 years Principal & Interest of $385,777 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = $10.0373
(2) 20% ROE ($943,240) times the ROE factor (0.029170) divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = $0.7159
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**75**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,137,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.1375**	**41.1375**	**0.3589**	**40.7786**	
Patient Care					
Direct Care	**79.8908**	**79.8908**	**0.6969**	**79.1939**	
Indirect Care	**47.2239**	**47.2239**	**0.4120**	**46.8119**	
Property	**13.6500**	**16.1304**	**0.1407**	**15.9897**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.9165**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**181.9022**	**184.3826**	**1.6085**	**203.2877**	

***Medicaid Trend Adjustment :**

0 263583-00 - 2011/01

206.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Roval Oaks Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2225 Knox McRae Drive		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Titusville FL 32780		Days In CR	**365**	Maximum:	**43,800**	Standard:	**146**
County:	**Brevard[5]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**35**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**38,337**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,739**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**18,048**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/9/1993**						
Acquired Date:	**4/9/1993**						
Entered Medicaid	**4/9/1993**						
Med # Active Date:	**10/1/2003**						
Previous Med #	**210609**						

Medicaid Utilization	**47.07724%**
Occupancy:	**87.52739%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**110.01930%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	765,503	1,493,607	890,834	943,369	0	4,093,313
1a	Audit Adjustments						
2	Cost Per Diem	42.4148	82.7575	49.3592	**52.2700**		226.8015
3	Cost Per Diem Inflated	44.1536	84.9344	51.3826			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.1536**	**84.9344**	**51.3826**	**52.2700**		232.7406
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.5037		46.0907			
7	Provider Target Rate	**41.5218**		**47.2493**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.5218**	**84.9344**	**47.2493**	**13.6500**		187.3555
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**41.5218**	**84.9344**	**47.2493**	**13.6500**		**187.3555**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263583-00 - 2011/01

206.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Royal Oaks Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/9/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/01**
Indexed Asset Value	**5,023,739**
FRVS Base Asset:	**3,861,960**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,912,325.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**352,511**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,018,991**	**8.9424**
20% ROE(2):	**1,004,748**	**0.7435**
Insurance Cost(3):	**40,392**	**1.0536**
Taxes Cost(3):	**70,072**	**1.8278**
Home Office(3):	**12,529**	**0.3268**
Replacement(3&4):	**41,733**	**0.0000**
Total FRVS PD:		**12.8941**

(1) 80% Capital ($4,018,991) amortized at 6.2500% for 20 years Principal & Interest of $352,511 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.9424
(2) 20% ROE ($1,004,748) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7435
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**8/1/1992**	Used Per Bed Standard:	**32,183**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,861,960**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.5218**	**41.5218**	**0.3622**	**41.1596**	
Patient Care					
Direct Care	**84.9344**	**84.9344**	**0.7409**	**84.1935**	
Indirect Care	**47.2493**	**47.2493**	**0.4122**	**46.8371**	
Property	**13.6500**	**12.8941**	**0.1125**	**12.7816**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.5553**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**187.3555**	**186.5996**	**1.6278**	**206.1242**	

***Medicaid Trend Adjustment :**

0 263591-00 - 2011/01

205.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Tuskawilla Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1024 Willa Springs Drive		**01/01/2009-12/31/2009**		Number of Beds:	**98**	Superior:	**0**
Winter Springs FL 32708		Days In CR	**365**	Maximum:	**35,770**	Standard:	**181**
County:	**Seminole[59]**	First Used:	**2010/07**	Max Annualized:	**35,770**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**32,900**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,012**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**15,581**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**11/7/1994**						
Acquired Date:	**11/7/1994**						
Entered Medicaid	**11/7/1994**						
Med # Active Date:	**10/1/2003**						
Previous Med #	**211966**						

Medicaid Utilization	**47.35866%**
Occupancy:	**91.97652%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.61171%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	599,535	1,299,655	747,030	790,580	0	3,436,800
1a	Audit Adjustments						
2	Cost Per Diem	38.4786	83.4128	47.9449	**50.7400**		220.5763
3	Cost Per Diem Inflated	40.0560	85.6069	49.9104			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.0560**	**85.6069**	**49.9104**	**50.7400**		226.3133
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4035		51.4890			
7	Provider Target Rate	**45.5197**		**53.6513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.0560**	**85.6069**	**49.9104**	**13.6500**		189.2233
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**40.0560**	**85.6069**	**49.9104**	**13.6500**		**189.2233**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263591-00 - 2011/01

205.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Tuskawilla Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/7/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/07**
Indexed Asset Value	**3,793,634**
FRVS Base Asset:	**3,043,800**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,981,982.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**266,196**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,034,907**	**8.2688**
20% ROE(2):	**758,727**	**0.6875**
Insurance Cost(3):	**35,086**	**1.0664**
Taxes Cost(3):	**69,986**	**2.1272**
Home Office(3):	**10,752**	**0.3268**
Replacement(3&4):	**113,717**	**0.0000**
Total FRVS PD:		**12.4767**

(1) 80% Capital ($3,034,907) amortized at 6.2500% for 20 years Principal & Interest of $266,196 divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = $8.2688
(2) 20% ROE ($758,727) times the ROE factor (0.029170) divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = $0.6875
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1994**	Used Per Bed Standard:	**33,820**
Comparison Bed	**90**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,043,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.0560**	**40.0560**	**0.3494**	**39.7066**	
Patient Care					
Direct Care	**85.6069**	**85.6069**	**0.7468**	**84.8601**	
Indirect Care	**49.9104**	**49.9104**	**0.4354**	**49.4750**	
Property	**13.6500**	**12.4767**	**0.1088**	**12.3679**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.3827**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.2233**	**188.0500**	**1.6404**	**205.3894**	

***Medicaid Trend Adjustment :**

0 263605-00 - 2011/01

226.33

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Hunter's Creek Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
14155 Town Loop Blvd.		**01/01/2009-12/31/2009**		Number of Beds:	**116**	Superior:	**0**
Orlando FL 32837		Days In CR	**365**	Maximum:	**42,340**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2010/07**	Max Annualized:	**42,340**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**40,324**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,751**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**25,446**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/26/1998**						
Acquired Date:	**5/26/1998**						
Entered Medicaid	**5/26/1998**						
Med # Active Date:	**10/1/2003**						
Previous Med #	**213691**						

Medicaid Utilization	**63.10386%**
Occupancy:	**95.23854%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.71198%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,063,608	2,280,132	1,579,081	1,261,867	0	6,184,688
1a	Audit Adjustments						
2	Cost Per Diem	41.7986	89.6067	62.0562	**49.5900**		243.0515
3	Cost Per Diem Inflated	43.5121	91.9638	64.6001			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.5121**	**91.9638**	**64.6001**	**49.5900**		249.6660
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.4303		67.7313			
7	Provider Target Rate	**44.5220**		**69.4338**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.5121**	**91.9638**	**55.1439**	**13.6500**		204.2698
12/13	Medicaid Adjustment Rate		1.3557	0.8129			
14	Prospective Per Diem 11	**43.5121**	**93.3195**	**55.9568**	**13.6500**		**206.4384**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263605-00 - 2011/01

226.33

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Hunter's Creek Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/26/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/01**
Indexed Asset Value	**5,229,040**
FRVS Base Asset:	**4,343,620**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,052,231.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**366,917**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,183,232**	**9.6289**
20% ROE(2):	**1,045,808**	**0.8006**
Insurance Cost(3):	**44,452**	**1.1024**
Taxes Cost(3):	**121,930**	**3.0238**
Home Office(3):	**13,179**	**0.3268**
Replacement(3&4):	**4,409**	**0.0000**
Total FRVS PD:		**14.8825**

(1) 80% Capital ($4,183,232) amortized at 6.2500% for 20 years Principal & Interest of $366,917 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $9.6289
(2) 20% ROE ($1,045,808) times the ROE factor (0.029170) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.8006
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1997**	Used Per Bed Standard:	**37,445**
Comparison Bed	**116**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,343,620**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.5121**	**43.5121**	**0.3796**	**43.1325**	
Patient Care					
Direct Care	**93.3195**	**93.3195**	**0.8141**	**92.5054**	
Indirect Care	**55.9568**	**55.9568**	**0.4881**	**55.4687**	
Property	**13.6500**	**14.8825**	**0.1298**	**14.7527**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.8757**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**206.4384**	**207.6709**	**1.8116**	**226.3321**	

***Medicaid Trend Adjustment :**

0 263613-00 - 2011/01

203.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Boulevard Manor Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2839 South Seacrest Boulevar		**01/01/2009-12/31/2009**		Number of Beds:	**167**	Superior:	**0**
Boynton Beach FL 33435		Days In CR	**365**	Maximum:	**60,955**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2011/01**	Max Annualized:	**60,955**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**54,148**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,551**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**28,961**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1975**						
Acquired Date:	**1/1/1975**						
Entered Medicaid	**1/1/1975**						
Med # Active Date:	**10/1/2003**						
Previous Med #	**259951**						

Medicaid Utilization	**53.48489%**
Occupancy:	**88.83275%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**111.66009%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,148,139	2,339,445	1,292,030	932,544	0	5,712,158
1a	Audit Adjustments						
2	Cost Per Diem	39.6443	80.7792	44.6128	**32.2000**		197.2363
3	Cost Per Diem Inflated	41.2695	82.9041	46.4417			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.2695**	**82.9041**	**46.4417**	**32.2000**		202.8153
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5160		52.9833			
7	Provider Target Rate	**47.6853**		**54.3151**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.2695**	**82.9041**	**46.4417**	**13.6500**		184.2653
12/13	Medicaid Adjustment Rate		0.3250	0.1821			
14	Prospective Per Diem 11	**41.2695**	**83.2291**	**46.6238**	**13.6500**		**184.7724**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263613-00 - 2011/01

203.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Boulevard Manor Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/29/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1975/01**
Indexed Asset Value	**5,240,251**
FRVS Base Asset:	**1,533,066**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,011,868.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**367,704**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,192,201**	**6.7026**
20% ROE(2):	**1,048,050**	**0.5573**
Insurance Cost(3):	**41,875**	**0.7733**
Taxes Cost(3):	**114,838**	**2.1208**
Home Office(3):	**17,696**	**0.3268**
Replacement(3&4):	**129,846**	**0.0000**
Total FRVS PD:		**10.4808**

(1) 80% Capital ($4,192,201) amortized at 6.2500% for 20 years Principal & Interest of $367,704 divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = $6.7026
(2) 20% ROE ($1,048,050) times the ROE factor (0.029170) divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = $0.5573
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**110**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,135,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.2695**	**41.2695**	**0.3600**	**40.9095**	
Patient Care					
Direct Care	**83.2291**	**83.2291**	**0.7260**	**82.5031**	
Indirect Care	**46.6238**	**46.6238**	**0.4067**	**46.2171**	
Property	**13.6500**	**10.4808**	**0.0914**	**10.3894**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8564**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**184.7724**	**181.6032**	**1.5841**	**203.4726**	

***Medicaid Trend Adjustment :**

0 263621-00 - 2011/01

207.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Palm City Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2505 SW Martin Highway		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Palm City FL 34990		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Martin[43]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**42,132**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,645**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**20,569**		
Class at 1/94:	**South Large [4]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.19387802**
Open Date:	**10/19/1993**					Semester Index:	**1.24282006**
Acquired Date:	**10/19/1993**					Cost:	**1.04099417**
Entered Medicaid	**10/19/1993**					Target:	**1.01759574**
Med # Active Date:	**10/1/2003**					**DC FY Index:**	**1.15950000**
Previous Med #	**211265**					**DC Sem Index:**	**1.19000000**
						DC Inflation:	**1.02630444**
						PS Target:	**1.02513678**

Medicaid Utilization		**48.82037%**
Occupancy:		**96.19178%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**120.91017%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	862,812	1,705,787	910,939	993,483	0	4,473,021
1a	Audit Adjustments						
2	Cost Per Diem	41.9472	82.9300	44.2870	**48.3000**		217.4642
3	Cost Per Diem Inflated	43.6668	85.1114	46.1025			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.6668**	**85.1114**	**46.1025**	**48.3000**		223.1807
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.3464		49.3595			
7	Provider Target Rate	**44.4360**		**50.6002**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.6668**	**85.1114**	**46.1025**	**13.6500**		188.5307
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**43.6668**	**85.1114**	**46.1025**	**13.6500**		**188.5307**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263621-00 - 2011/01

207.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Palm City Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/19/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/07**
Indexed Asset Value	**4,931,754**
FRVS Base Asset:	**3,930,360**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,785,633.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**346,057**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,945,403**	**8.7787**
20% ROE(2):	**986,351**	**0.7299**
Insurance Cost(3):	**37,600**	**0.8924**
Taxes Cost(3):	**92,678**	**2.1997**
Home Office(3):	**13,769**	**0.3268**
Replacement(3&4):	**54,082**	**0.0000**
Total FRVS PD:		**12.9275**

(1) 80% Capital ($3,945,403) amortized at 6.2500% for 20 years Principal & Interest of $346,057 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.7787

(2) 20% ROE ($986,351) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7299

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1993**	Used Per Bed Standard:	**32,753**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,930,360**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.6668**	**43.6668**	**0.3809**	**43.2859**	
Patient Care					
Direct Care	**85.1114**	**85.1114**	**0.7425**	**84.3689**	
Indirect Care	**46.1025**	**46.1025**	**0.4022**	**45.7003**	
Property	**13.6500**	**12.9275**	**0.1128**	**12.8147**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.6255**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**188.5307**	**187.8082**	**1.6384**	**207.3924**	

***Medicaid Trend Adjustment :**

0 263834-00 - 2011/01

198.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bay Pointe Nursing Pavillion

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4201 31st Street South		**02/01/2009-01/31/2010**		Number of Beds:	**120**	Superior:	**0**
St. Petersburg FL 33712		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**39,999**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,631**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**29,346**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**11/1/1984**						
Acquired Date:	**11/1/1984**						
Entered Medicaid	**11/1/1984**						
Med # Active Date:	**7/1/2003**						
Previous Med #	**251216**						

Medicaid Utilization	**73.36683%**
Occupancy:	**91.32192%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.78890%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19544464**
Semester Index:	**1.24282006**
Cost:	**1.03962996**
Target:	**1.01759574**
DC FY Index:	**1.16066549**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02527387**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,233,823	2,080,019	1,318,372	414,952	0	5,047,166
1a	Audit Adjustments						
2	Cost Per Diem	42.0440	70.8791	44.9251	**14.1400**		171.9882
3	Cost Per Diem Inflated	43.7102	72.6705	46.7055			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.7102**	**72.6705**	**46.7055**	**14.1400**		177.2262
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1474**	**72.6705**	**46.1145**	**13.6500**		170.5824
12/13	Medicaid Adjustment Rate		1.9103	1.2122			
14	Prospective Per Diem 11	**38.1474**	**74.5808**	**47.3267**	**13.6500**		**173.7049**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263834-00 - 2011/01

198.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Bay Pointe Nursing Pavillion

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,032,193**
FRVS Base Asset:	**3,072,207**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030310**

Mortgage Information		
Amount:	**3,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**426,912**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,025,754**	**10.8298**
20% ROE(2):	**1,006,439**	**0.7739**
Insurance Cost(3):	**97,382**	**2.4346**
Taxes Cost(3):	**61,301**	**1.5326**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**71,673**	**0.0000**
Total FRVS PD:		**15.5709**

(1) 80% Capital ($4,025,754) amortized at 8.7500% for 20 years Principal & Interest of $426,912 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.8298
(2) 20% ROE ($1,006,439) times the ROE factor (0.030310) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7739
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1474**	**38.1474**	**0.3328**	**37.8146**	
Patient Care					
Direct Care	**74.5808**	**74.5808**	**0.6506**	**73.9302**	
Indirect Care	**47.3267**	**47.3267**	**0.4128**	**46.9139**	
Property	**13.6500**	**15.5709**	**0.1358**	**15.4351**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6499**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**173.7049**	**175.6258**	**1.5320**	**198.3408**	

***Medicaid Trend Adjustment :**

0 263842-00 - 2011/01

191.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Boca Raton Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
755 Meadows Road		**02/01/2009-01/31/2010**		Number of Beds:	**120**	Superior:	**0**
Boca Raton FL 33486		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**36,284**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,179**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**22,999**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1978**						
Acquired Date:	**9/1/1978**						
Entered Medicaid	**9/1/1978**						
Med # Active Date:	**7/1/2003**						
Previous Med #	**202177**						

Medicaid Utilization	**63.38607%**
Occupancy:	**82.84018%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**104.12761%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19544464**
Semester Index:	**1.24282006**
Cost:	**1.03962996**
Target:	**1.01759574**
DC FY Index:	**1.16066549**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02527387**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	844,732	1,674,642	991,743	785,876	0	4,296,993
1a	Audit Adjustments						
2	Cost Per Diem	36.7291	72.8137	43.1211	**34.1700**		186.8339
3	Cost Per Diem Inflated	38.1847	74.6540	44.8300			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.1847**	**74.6540**	**44.8300**	**34.1700**		191.8387
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		46.7809			
7	Provider Target Rate	**40.1320**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1847**	**74.6540**	**44.8300**	**13.6500**		171.3187
12/13	Medicaid Adjustment Rate		1.1242	0.6751			
14	Prospective Per Diem 11	**38.1847**	**75.7782**	**45.5051**	**13.6500**		**173.1180**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263842-00 - 2011/01

191.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Boca Raton Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1978/07**
Indexed Asset Value	**2,439,933**
FRVS Base Asset:	**1,240,709**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030310**

Mortgage Information		
Amount:	**3,700,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**206,995**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,951,946**	**5.2510**
20% ROE(2):	**487,987**	**0.3752**
Insurance Cost(3):	**90,821**	**2.5031**
Taxes Cost(3):	**79,654**	**2.1953**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**207,439**	**0.0000**
Total FRVS PD:		**10.3246**

(1) 80% Capital ($1,951,946) amortized at 8.7500% for 20 years Principal & Interest of $206,995 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.2510

(2) 20% ROE ($487,987) times the ROE factor (0.030310) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3752

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1847**	**38.1847**	**0.3331**	**37.8516**	
Patient Care					
Direct Care	**75.7782**	**75.7782**	**0.6610**	**75.1172**	
Indirect Care	**45.5051**	**45.5051**	**0.3970**	**45.1081**	
Property	**13.6500**	**10.3246**	**0.0901**	**10.2345**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.6233**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**173.1180**	**169.7926**	**1.4812**	**191.5318**	

***Medicaid Trend Adjustment :**

0 263851-00 - 2011/01

219.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Rehabilitation and Nursing Center of Broward

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
401 East Sample Road		**01/01/2009-12/31/2009**		Number of Beds:	**194**	Superior:	**0**
Pompano Beach FL 33064		Days In CR	**365**	Maximum:	**70,810**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2010/07**	Max Annualized:	**70,810**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2011/01**	Total Patient:	**43,031**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,020**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**30,402**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1978**						
Acquired Date:	**10/26/1988**						
Entered Medicaid	**10/26/1988**						
Med # Active Date:	**7/1/2003**						
Previous Med #	**211770**						

Medicaid Utilization	**70.65139%**
Occupancy:	**60.76967%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**76.38564%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,626,585	2,190,909	1,827,546	763,090	0	6,408,130
1a	Audit Adjustments						
2	Cost Per Diem	53.5026	72.0646	60.1127	**25.1000**		210.7799
3	Cost Per Diem Inflated	55.6959	73.9602	62.5770			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.6959**	**73.9602**	**62.5770**	**25.1000**		217.3331
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.5120		53.7569			
7	Provider Target Rate	**46.6560**		**55.1082**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.6560**	**73.9602**	**55.1082**	**13.6500**		189.3744
12/13	Medicaid Adjustment Rate		1.7183	1.2803			
14	Prospective Per Diem 11	**46.6560**	**75.6785**	**56.3885**	**13.6500**		**192.3730**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263851-00 - 2011/01

219.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Rehabilitation and Nursing Center of Broward

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/26/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/07**
Indexed Asset Value	**7,430,696**
FRVS Base Asset:	**2,135,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.7100**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**630,392**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,944,557**	**9.8918**
20% ROE(2):	**1,486,139**	**0.6802**
Insurance Cost(3):	**127,357**	**2.9597**
Taxes Cost(3):	**198,493**	**4.6128**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**44,163**	**0.0000**
Total FRVS PD:		**18.1445**

(1) 80% Capital ($5,944,557) amortized at 8.7500% for 20 years Principal & Interest of $630,392 divided by annual available days (70,810) divided by Occup. Adj. (0.9000) = $9.8918

(2) 20% ROE ($1,486,139) times the ROE factor (0.029170) divided by annual available days (70,810) divided by Occup. Adj. (0.9000) = $0.6802

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1978**	Used Per Bed Standard:	**17,795**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,135,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.6560**	**46.6560**	**0.4070**	**46.2490**	
Patient Care					
Direct Care	**75.6785**	**75.6785**	**0.6602**	**75.0183**	
Indirect Care	**56.3885**	**56.3885**	**0.4919**	**55.8966**	
Property	**13.6500**	**18.1445**	**0.1583**	**17.9862**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6333**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**192.3730**	**196.8675**	**1.7174**	**219.3805**	

***Medicaid Trend Adjustment :**

0 263869-00 - 2011/01

196.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Rehabilitation and Healthcare Center of Cape Cor

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2629 Del Prado Blvd	**02/01/2009-01/31/2010**	Number of Beds: **120**	Superior: **0**
Cape Coral FL 33904	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Lee[36]**	First Used: **2010/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **South[2]** Area: **8**	Last Used: **2011/01**	Total Patient: **39,268**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **9,418**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **22,756**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **1/1/1979**			
Acquired Date: **1/1/1979**			
Entered Medicaid **3/1/1979**			
Med # Active Date: **7/1/2003**			
Previous Med # **219231**			

Medicaid Utilization	**57.95049%**
Occupancy:	**89.65297%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**112.69108%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19544464**
Semester Index:	**1.24282006**
Cost:	**1.03962996**
Target:	**1.01759574**
DC FY Index:	**1.16066549**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02527387**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	780,306	1,821,324	995,723	649,684	0	4,247,037
1a	Audit Adjustments						
2	Cost Per Diem	34.2901	80.0371	43.7565	**28.5500**		186.6337
3	Cost Per Diem Inflated	35.6490	82.0599	45.4906			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.6490**	**82.0599**	**45.4906**	**28.5500**		191.7495
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		46.7809			
7	Provider Target Rate	**40.1320**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.6490**	**82.0599**	**45.4906**	**13.6500**		176.8495
12/13	Medicaid Adjustment Rate		0.7340	0.4069			
14	Prospective Per Diem 11	**35.6490**	**82.7939**	**45.8975**	**13.6500**		**177.9904**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263869-00 - 2011/01

196.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Rehabilitation and Healthcare Center of Cape Cor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/01**
Indexed Asset Value	**2,665,291**
FRVS Base Asset:	**1,715,226**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030310**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**226,113**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,132,233**	**5.7360**
20% ROE(2):	**533,058**	**0.4099**
Insurance Cost(3):	**109,824**	**2.7968**
Taxes Cost(3):	**98,270**	**2.5025**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**66,227**	**0.0000**
Total FRVS PD:		**11.4452**

(1) 80% Capital ($2,132,233) amortized at 8.7500% for 20 years Principal & Interest of $226,113 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.7360
(2) 20% ROE ($533,058) times the ROE factor (0.030310) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4099
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.6490**	**35.6490**	**0.3110**	**35.3380**	
Patient Care					
Direct Care	**82.7939**	**82.7939**	**0.7222**	**82.0717**	
Indirect Care	**45.8975**	**45.8975**	**0.4004**	**45.4971**	
Property	**13.6500**	**11.4452**	**0.0098**	**11.3454**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.3138**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**177.9904**	**175.7856**	**1.5334**	**196.1631**	

***Medicaid Trend Adjustment :**

0 263877-00 - 2011/01

190.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Carrollwood Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
15002 Hutchinson Road		**02/01/2009-01/31/2010**		Number of Beds:	**120**	Superior:	**0**
Tampa FL 33625		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**41,837**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,943**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**27,960**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1987**						
Acquired Date:	**1/1/1987**						
Entered Medicaid	**1/1/1987**						
Med # Active Date:	**7/1/2003**						
Previous Med #	**209236**						

Medicaid Utilization	**66.83080%**
Occupancy:	**95.51827%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.06359%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19544464**
Semester Index:	**1.24282006**
Cost:	**1.03962996**
Target:	**1.01759574**
DC FY Index:	**1.16066549**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02527387**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	870,017	2,012,982	1,251,367	651,468	10,304	4,796,138
1a	Audit Adjustments						
2	Cost Per Diem	31.1165	71.9951	44.7556	**23.3000**	**0.3685**	171.5357
3	Cost Per Diem Inflated	32.3496	73.8147	46.5293			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**32.3496**	**73.8147**	**46.5293**	**23.3000**	**0.3685**	176.3621
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**32.3496**	**73.8147**	**46.1145**	**13.6500**	**0.3685**	166.2973
12/13	Medicaid Adjustment Rate		1.3977	0.8732			
14	Prospective Per Diem 11	**32.3496**	**75.2124**	**46.9877**	**13.6500**	**0.3685**	**168.5682**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263877-00 - 2011/01

190.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Carrollwood Care Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/01**
Indexed Asset Value	**5,235,011**
FRVS Base Asset:	**3,057,712**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030310**

Mortgage Information		
Amount:	**5,100,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**444,119**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,188,009**	**11.2663**
20% ROE(2):	**1,047,002**	**0.8050**
Insurance Cost(3):	**104,037**	**2.4867**
Taxes Cost(3):	**133,960**	**3.2020**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**45,807**	**0.0000**
Total FRVS PD:		**17.7600**

(1) 80% Capital ($4,188,009) amortized at 8.7500% for 20 years Principal & Interest of $444,119 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.2663
(2) 20% ROE ($1,047,002) times the ROE factor (0.030310) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8050
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,441,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**32.3496**	**32.3496**	**0.2822**	**32.0674**	
Patient Care					
Direct Care	**75.2124**	**75.2124**	**0.6561**	**74.5563**	
Indirect Care	**46.9877**	**46.9877**	**0.4099**	**46.5778**	
Property	**13.6500**	**17.7600**	**0.1191**	**13.5309**	
ROE	**0.3685**	**0.0588**	**0.0032**	**0.3653**	
ROE Adjustment	**-0.0588**	**-0.0588**	**-0.0005**	**-0.0583**	
Quality Assess-Medicaid Share				**$15.7051**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**168.5094**	**172.3097**	**1.4700**	**190.3416**	

***Medicaid Trend Adjustment :**

0 263885-00 - 2011/01

197.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Casa Mora Rehabilitation and Extended Care

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1902 59th St West		**01/01/2009-12/31/2009**		Number of Beds:	**240**	Superior:	**0**
Bradenton FL 34209		Days In CR	**365**	Maximum:	**87,600**	Standard:	**181**
County:	**Manatee[41]**	First Used:	**2010/07**	Max Annualized:	**87,600**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**59,068**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,744**	Inflation	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**47,418**	FY Index:	**1.19387802**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**80.27697%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**67.42923%**	Cost:	**1.04099417**
Open Date:	**1/1/1978**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/1/1978**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**6/1/1979**	Low Occupancy Adjustment Factor:			**84.75651%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**7/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**211745**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,704,952	3,625,929	1,980,509	1,077,811	0	8,389,201
1a	Audit Adjustments						
2	Cost Per Diem	35.9558	76.4674	41.7670	**22.7300**		176.9202
3	Cost Per Diem Inflated	37.4298	78.4788	43.4792			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.4298**	**78.4788**	**43.4792**	**22.7300**		182.1178
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.4298**	**78.4788**	**43.4792**	**13.6500**		173.0378
12/13	Medicaid Adjustment Rate		2.6731	1.4810			
14	Prospective Per Diem 11	**37.4298**	**81.1519**	**44.9602**	**13.6500**		**177.1919**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263885-00 - 2011/01

197.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Casa Mora Rehabilitation and Extended Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1978/01**
Indexed Asset Value	**5,902,112**
FRVS Base Asset:	**3,474,070**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,800,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**500,713**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,721,690**	**6.3510**
20% ROE(2):	**1,180,422**	**0.4367**
Insurance Cost(3):	**136,610**	**2.3128**
Taxes Cost(3):	**102,234**	**1.7308**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**259,717**	**0.0000**
Total FRVS PD:		**10.8313**

(1) 80% Capital ($4,721,690) amortized at 8.7500% for 20 years Principal & Interest of $500,713 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $6.3510
(2) 20% ROE ($1,180,422) times the ROE factor (0.029170) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $0.4367
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**240**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**6,840,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.4298**	**37.4298**	**0.3265**	**37.1033**	
Patient Care					
Direct Care	**81.1519**	**81.1519**	**0.7079**	**80.4440**	
Indirect Care	**44.9602**	**44.9602**	**0.3922**	**44.5680**	
Property	**13.6500**	**10.8313**	**0.0945**	**10.7368**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9989**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**177.1919**	**174.3732**	**1.5211**	**197.4481**	

***Medicaid Trend Adjustment :**

0 263893-00 - 2011/01

189.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Evergreen Woods

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
7045 Evregreen Woods Trail		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Springhill FL 34608		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Hernando[27]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**38,954**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**10,077**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**21,537**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/1/1984**						
Acquired Date:	**4/1/1984**						
Entered Medicaid	**4/1/1984**						
Med # Active Date:	**7/1/2003**						
Previous Med #	**207837**						

Medicaid Utilization	**55.28829%**
Occupancy:	**88.93607%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**111.78997%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	734,171	1,489,553	1,144,016	899,170	0	4,266,910
1a	Audit Adjustments						
2	Cost Per Diem	34.0888	69.1625	53.1186	**41.7500**		198.1199
3	Cost Per Diem Inflated	35.4862	70.9818	55.2962			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.4862**	**70.9818**	**55.2962**	**41.7500**		203.5142
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.9449		43.1867			
7	Provider Target Rate	**38.8987**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.4862**	**70.9818**	**44.2723**	**13.6500**		164.3903
12/13	Medicaid Adjustment Rate		0.4223	0.2634			
14	Prospective Per Diem 11	**35.4862**	**71.4041**	**44.5357**	**13.6500**		**165.0760**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263893-00 - 2011/01

189.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Evergreen Woods

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**5,249,424**
FRVS Base Asset:	**1,541,932**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**5,300,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**445,341**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,199,539**	**11.2973**
20% ROE(2):	**1,049,885**	**0.7769**
Insurance Cost(3):	**108,268**	**2.7794**
Taxes Cost(3):	**102,754**	**2.6378**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**49,634**	**0.0000**
Total FRVS PD:		**17.4914**

(1) 80% Capital ($4,199,539) amortized at 8.7500% for 20 years Principal & Interest of $445,341 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.2973

(2) 20% ROE ($1,049,885) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7769

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.4862**	**35.4862**	**0.3096**	**35.1766**	
Patient Care					
Direct Care	**71.4041**	**71.4041**	**0.6229**	**70.7812**	
Indirect Care	**44.5357**	**44.5357**	**0.3885**	**44.1472**	
Property	**13.6500**	**17.4914**	**0.1526**	**17.3388**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.9589**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**165.0760**	**168.9174**	**1.4736**	**188.9998**	

***Medicaid Trend Adjustment :**

0 263907-00 - 2011/01

192.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Highland Pines Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1111 South Highland Ave		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Clearwater FL 33756		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**39,099**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,206**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**29,534**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1971**						
Acquired Date:	**1/1/1971**						
Entered Medicaid	**1/1/1971**						
Med # Active Date:	**7/1/2003**						
Previous Med #	**211737**						

Medicaid Utilization	**75.53646%**
Occupancy:	**89.26712%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**112.20609%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,042,715	2,295,072	1,227,280	323,988	0	4,889,055
1a	Audit Adjustments						
2	Cost Per Diem	35.3056	77.7095	41.5548	**10.9700**		165.5399
3	Cost Per Diem Inflated	36.7529	79.7536	43.2583			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.7529**	**79.7536**	**43.2583**	**10.9700**		170.7348
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.7529**	**79.7536**	**43.2583**	**10.9700**		170.7348
12/13	Medicaid Adjustment Rate		2.2912	1.2427			
14	Prospective Per Diem 11	**36.7529**	**82.0448**	**44.5010**	**10.9700**		**174.2687**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263907-00 - 2011/01

192.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Highland Pines Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**1,891,417**
FRVS Base Asset:	**1,236,839**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,400,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**160,461**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,513,134**	**4.0705**
20% ROE(2):	**378,283**	**0.2799**
Insurance Cost(3):	**97,499**	**2.4936**
Taxes Cost(3):	**32,436**	**0.8296**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**158,713**	**0.0000**
Total FRVS PD:		**7.6736**

(1) 80% Capital ($1,513,134) amortized at 8.7500% for 20 years Principal & Interest of $160,461 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $4.0705
(2) 20% ROE ($378,283) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2799
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.7529**	**36.7529**	**0.3206**	**36.4323**	
Patient Care					
Direct Care	**82.0448**	**82.0448**	**0.7157**	**81.3291**	
Indirect Care	**44.5010**	**44.5010**	**0.3882**	**44.1128**	
Property	**10.9700**	**7.6736**	**0.0669**	**7.6067**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8412**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**174.2687**	**170.9723**	**1.4914**	**192.9192**	

***Medicaid Trend Adjustment :**

0 263915-00 - 2011/01

202.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Rehabilitation Center of Palm Beaches

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
301 Northpoint Parkway	**02/01/2009-01/31/2010**	Number of Beds: **99**	Superior: **0**
West Palm Beach FL 33407	Days In CR **365**	Maximum: **36,135**	Standard: **181**
County: **Palm Beach[50]**	First Used: **2011/01**	Max Annualized: **36,135**	Conditional: **0**
Region: **South[2]** Area: **9**	Last Used: **2011/01**	Total Patient: **32,599**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **4,048**	
Current Class **South Small [3]**	Initial CR? **False**	Medicaid: **21,676**	
Class at 1/94: **South Small [3]**			
Operating Ex **> 18 months [1]**			
Open Date: **1/1/1970**			
Acquired Date: **1/1/1970**			
Entered Medicaid **1/1/1970**			
Med # Active Date: **7/1/2003**			
Previous Med # **228419**			

Medicaid Utilization	**66.49284%**
Occupancy:	**90.21447%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.39687%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19544464**
Semester Index:	**1.24282006**
Cost:	**1.03962996**
Target:	**1.01759574**
DC FY Index:	**1.16066549**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02527387**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	882,122	1,494,412	972,981	821,304	0	4,170,819
1a	Audit Adjustments						
2	Cost Per Diem	40.6958	68.9432	44.8875	**37.8900**		192.4165
3	Cost Per Diem Inflated	42.3086	70.6857	46.6664			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.3086**	**70.6857**	**46.6664**	**37.8900**		197.5507
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7966		56.1408			
7	Provider Target Rate	**50.0232**		**58.5755**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.3086**	**70.6857**	**46.6664**	**13.6500**		173.3107
12/13	Medicaid Adjustment Rate		1.3115	0.8659			
14	Prospective Per Diem 11	**42.3086**	**71.9972**	**47.5323**	**13.6500**		**175.4881**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263915-00 - 2011/01

202.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Rehabilitation Center of Palm Beaches

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**4,264,937**
FRVS Base Asset:	**1,055,594**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030310**

Mortgage Information		
Amount:	**3,300,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**361,821**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,411,950**	**11.1256**
20% ROE(2):	**852,987**	**0.7950**
Insurance Cost(3):	**87,513**	**2.6845**
Taxes Cost(3):	**126,790**	**3.8894**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**105,297**	**0.0000**
Total FRVS PD:		**18.4945**

(1) 80% Capital ($3,411,950) amortized at 8.7500% for 20 years Principal & Interest of $361,821 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $11.1256
(2) 20% ROE ($852,987) times the ROE factor (0.030310) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $0.7950
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**99**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,821,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.3086**	**42.3086**	**0.3691**	**41.9395**	
Patient Care					
Direct Care	**71.9972**	**71.9972**	**0.6281**	**71.3691**	
Indirect Care	**47.5323**	**47.5323**	**0.4146**	**47.1177**	
Property	**13.6500**	**18.4945**	**0.1613**	**18.3332**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.4918**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**175.4881**	**180.3326**	**1.5731**	**202.8484**	

***Medicaid Trend Adjustment :**

0 263923-00 - 2011/01

205.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Pompano Rehabilitation and Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
51 West Sample Road	**02/01/2009-01/31/2010**	Number of Beds: **127**	Superior: **0**
Pompano Beach FL 33064	Days In CR **365**	Maximum: **46,355**	Standard: **181**
County: **Broward[6]**	First Used: **2010/07**	Max Annualized: **46,355**	Conditional: **0**
Region: **South[2]** Area: **10**	Last Used: **2011/01**	Total Patient: **37,600**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **5,596**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **28,907**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **4/1/1987**			
Acquired Date: **11/1/1990**			
Entered Medicaid **11/1/1990**			
Med # Active Date: **7/1/2003**			
Previous Med # **211800**			

Medicaid Utilization	**76.88032%**
Occupancy:	**81.11315%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**101.95678%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19544464**
Semester Index:	**1.24282006**
Cost:	**1.03962996**
Target:	**1.01759574**
DC FY Index:	**1.16066549**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02527387**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,046,511	2,186,714	1,500,590	537,670	0	5,271,485
1a	Audit Adjustments						
2	Cost Per Diem	36.2027	75.6465	51.9110	**18.6000**		182.3602
3	Cost Per Diem Inflated	37.6374	77.5584	53.9682			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.6374**	**77.5584**	**53.9682**	**18.6000**		187.7640
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		46.7809			
7	Provider Target Rate	**40.1320**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.6374**	**77.5584**	**47.9568**	**13.6500**		176.8026
12/13	Medicaid Adjustment Rate		2.3454	1.4502			
14	Prospective Per Diem 11	**37.6374**	**79.9038**	**49.4070**	**13.6500**		**180.5982**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263923-00 - 2011/01

205.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Pompano Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/1/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/07**
Indexed Asset Value	**5,087,257**
FRVS Base Asset:	**3,642,614**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030310**

Mortgage Information		
Amount:	**3,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**431,584**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,069,806**	**10.3449**
20% ROE(2):	**1,017,451**	**0.7392**
Insurance Cost(3):	**91,567**	**2.4353**
Taxes Cost(3):	**109,404**	**2.9097**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**211,293**	**0.0000**
Total FRVS PD:		**16.4291**

(1) 80% Capital ($4,069,806) amortized at 8.7500% for 20 years Principal & Interest of $431,584 divided by annual available days (46,355) divided by Occup. Adj. (0.9000) = $10.3449

(2) 20% ROE ($1,017,451) times the ROE factor (0.030310) divided by annual available days (46,355) divided by Occup. Adj. (0.9000) = $0.7392

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**127**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,642,614**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.6374**	**37.6374**	**0.3283**	**37.3091**	
Patient Care					
Direct Care	**79.9038**	**79.9038**	**0.6970**	**79.2068**	
Indirect Care	**49.4070**	**49.4070**	**0.4310**	**48.9760**	
Property	**13.6500**	**16.4291**	**0.1433**	**16.2858**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.0275**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**180.5982**	**183.3773**	**1.5996**	**205.4023**	

***Medicaid Trend Adjustment :**

0 263931-00 - 2011/01

182.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Healthcare and Rehabilitation Center of Sanford

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
950 Mellonville Avenue		**02/01/2009-01/31/2010**		Number of Beds:	**114**	Superior:	**0**
Sanford FL 32771		Days In CR	**365**	Maximum:	**41,610**	Standard:	**181**
County:	**Seminole[59]**	First Used:	**2010/07**	Max Annualized:	**41,610**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**39,367**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,416**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**28,381**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/1/1972**						
Acquired Date:	**3/1/1972**						
Entered Medicaid	**1/1/1970**						
Med # Active Date:	**7/1/2003**						
Previous Med #	**226866**						

Medicaid Utilization	**72.09338%**
Occupancy:	**94.60947%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.92126%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19544464**
Semester Index:	**1.24282006**
Cost:	**1.03962996**
Target:	**1.01759574**
DC FY Index:	**1.16066549**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02527387**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	950,082	2,004,756	1,161,649	502,911	0	4,619,398
1a	Audit Adjustments						
2	Cost Per Diem	33.4760	70.6373	40.9305	**17.7200**		162.7638
3	Cost Per Diem Inflated	34.8027	72.4226	42.5526			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.8027**	**72.4226**	**42.5526**	**17.7200**		167.4979
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.8027**	**72.4226**	**42.5526**	**13.6500**		163.4279
12/13	Medicaid Adjustment Rate		1.8001	1.0576			
14	Prospective Per Diem 11	**34.8027**	**74.2227**	**43.6102**	**13.6500**		**166.2856**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263931-00 - 2011/01

182.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Healthcare and Rehabilitation Center of Sanford

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1972/01**
Indexed Asset Value	**1,774,756**
FRVS Base Asset:	**952,106**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030310**

Mortgage Information		
Amount:	**2,200,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**150,564**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,419,805**	**4.0205**
20% ROE(2):	**354,951**	**0.2873**
Insurance Cost(3):	**84,233**	**2.1397**
Taxes Cost(3):	**38,747**	**0.9843**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**442,524**	**0.0000**
Total FRVS PD:		**7.4318**

(1) 80% Capital ($1,419,805) amortized at 8.7500% for 20 years Principal & Interest of $150,564 divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = $4.0205
(2) 20% ROE ($354,951) times the ROE factor (0.030310) divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = $0.2873
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**114**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,249,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.8027**	**34.8027**	**0.3036**	**34.4991**	
Patient Care					
Direct Care	**74.2227**	**74.2227**	**0.6475**	**73.5752**	
Indirect Care	**43.6102**	**43.6102**	**0.3804**	**43.2298**	
Property	**13.6500**	**7.4318**	**0.0648**	**7.3670**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.7611**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**166.2856**	**160.0674**	**1.3963**	**182.0293**	

***Medicaid Trend Adjustment :**

0 263940-00 - 2011/01

188.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Rehabilitation and Healthcare of Tampa

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4411 North Habana Ave.		**02/01/2009-01/31/2010**		Number of Beds:	**174**	Superior:	**0**
Tampa FL 33614		Days In CR	**365**	Maximum:	**63,510**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2010/07**	Max Annualized:	**63,510**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**58,630**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**12,574**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**39,072**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1970**						
Acquired Date:	**1/1/1971**						
Entered Medicaid	**1/1/1974**						
Med # Active Date:	**7/1/2003**						
Previous Med #	**227102**						

Medicaid Utilization	**66.64165%**
Occupancy:	**92.31617%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.03864%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19544464**
Semester Index:	**1.24282006**
Cost:	**1.03962996**
Target:	**1.01759574**
DC FY Index:	**1.16066549**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02527387**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,273,890	2,920,323	1,907,009	979,144	0	7,080,366
1a	Audit Adjustments						
2	Cost Per Diem	32.6037	74.7421	48.8076	**25.0600**		181.2134
3	Cost Per Diem Inflated	33.8958	76.6311	50.7418			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.8958**	**76.6311**	**50.7418**	**25.0600**		186.3287
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.8958**	**76.6311**	**46.1145**	**13.6500**		170.2914
12/13	Medicaid Adjustment Rate		1.4347	0.8633			
14	Prospective Per Diem 11	**33.8958**	**78.0658**	**46.9778**	**13.6500**		**172.5894**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263940-00 - 2011/01

188.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Rehabilitation and Healthcare of Tampa

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**2,613,870**
FRVS Base Asset:	**1,545,483**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030310**

Mortgage Information		
Amount:	**4,600,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**221,751**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,091,096**	**3.8795**
20% ROE(2):	**522,774**	**0.2772**
Insurance Cost(3):	**148,309**	**2.5296**
Taxes Cost(3):	**130,522**	**2.2262**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**365,277**	**0.0000**
Total FRVS PD:		**8.9125**

(1) 80% Capital ($2,091,096) amortized at 8.7500% for 20 years Principal & Interest of $221,751 divided by annual available days (63,510) divided by Occup. Adj. (0.9000) = $3.8795

(2) 20% ROE ($522,774) times the ROE factor (0.030310) divided by annual available days (63,510) divided by Occup. Adj. (0.9000) = $0.2772

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**174**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,959,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.8958**	**33.8958**	**0.2957**	**33.6001**	
Patient Care					
Direct Care	**78.0658**	**78.0658**	**0.6810**	**77.3848**	
Indirect Care	**46.9778**	**46.9778**	**0.4098**	**46.5680**	
Property	**13.6500**	**8.9125**	**0.0777**	**8.8348**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.7917**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**172.5894**	**167.8519**	**1.4642**	**188.7765**	

***Medicaid Trend Adjustment :**

0 263958-00 - 2011/01

202.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Abbey Rehabilitation and Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
7101 9th St. North		**01/01/2009-12/31/2009**		Number of Beds:	**152**	Superior:	**0**
St. Petersburg FL 33702		Days In CR	**365**	Maximum:	**55,480**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**55,480**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**35,812**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,841**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**29,496**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1977**						
Acquired Date:	**8/1/1977**						
Entered Medicaid	**8/1/1977**						
Med # Active Date:	**7/1/2003**						
Previous Med #	**211711**						

Medicaid Utilization	**82.36345%**
Occupancy:	**64.54939%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**81.13664%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,122,180	2,352,037	1,322,334	339,204	0	5,135,755
1a	Audit Adjustments						
2	Cost Per Diem	38.0452	79.7409	44.8310	**11.5000**		174.1171
3	Cost Per Diem Inflated	39.6048	81.8384	46.6688			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.6048**	**81.8384**	**46.6688**	**11.5000**		179.6120
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1474**	**81.8384**	**46.1145**	**11.5000**		177.6003
12/13	Medicaid Adjustment Rate		2.9796	1.6790			
14	Prospective Per Diem 11	**38.1474**	**84.8180**	**47.7935**	**11.5000**		**182.2589**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263958-00 - 2011/01

202.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Abbey Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1977/07**
Indexed Asset Value	**2,564,444**
FRVS Base Asset:	**1,258,236**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,600,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**217,558**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,051,555**	**4.3571**
20% ROE(2):	**512,889**	**0.2996**
Insurance Cost(3):	**91,092**	**2.5436**
Taxes Cost(3):	**52,933**	**1.4781**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**103,503**	**0.0000**
Total FRVS PD:		**8.6784**

(1) 80% Capital ($2,051,555) amortized at 8.7500% for 20 years Principal & Interest of $217,558 divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = $4.3571
(2) 20% ROE ($512,889) times the ROE factor (0.029170) divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = $0.2996
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**146**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,161,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1474**	**38.1474**	**0.3328**	**37.8146**	
Patient Care					
Direct Care	**84.8180**	**84.8180**	**0.7399**	**84.0781**	
Indirect Care	**47.7935**	**47.7935**	**0.4169**	**47.3766**	
Property	**11.5000**	**8.6784**	**0.0757**	**8.6027**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.8104**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**182.2589**	**179.4373**	**1.5653**	**202.2795**	

***Medicaid Trend Adjustment :**

0 263966-00 - 2011/01

198.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Oaks at Avon

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1010 US 27 N		**01/01/2009-12/31/2009**		Number of Beds:	**104**	Superior:	**0**
Avon Park FL 33825		Days In CR	**365**	Maximum:	**37,960**	Standard:	**181**
County:	**Highlands[28]**	First Used:	**2010/07**	Max Annualized:	**37,960**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**34,113**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**8,962**	Inflation	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**21,649**	FY Index:	**1.19387802**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**63.46261%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**89.86565%**	Cost:	**1.04099417**
Open Date:	**11/25/1992**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/5/1993**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**1/5/1993**	Low Occupancy Adjustment Factor:			**112.95842%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**7/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**228486**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	775,999	1,621,037	931,569	601,842	0	3,930,447
1a	Audit Adjustments						
2	Cost Per Diem	35.8446	74.8781	43.0306	**27.8000**		181.5533
3	Cost Per Diem Inflated	37.3140	76.8477	44.7946			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.3140**	**76.8477**	**44.7946**	**27.8000**		186.7563
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2535		44.9838			
7	Provider Target Rate	**38.1899**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.3140**	**76.8477**	**44.7946**	**13.6500**		172.6063
12/13	Medicaid Adjustment Rate		1.1639	0.6784			
14	Prospective Per Diem 11	**37.3140**	**78.0116**	**45.4730**	**13.6500**		**174.4486**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263966-00 - 2011/01

198.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Oaks at Avon

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/5/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/01**
Indexed Asset Value	**4,622,671**
FRVS Base Asset:	**2,781,592**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**1,764,618.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**8.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**371,192**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,698,137**	**10.8650**
20% ROE(2):	**924,534**	**0.7894**
Insurance Cost(3):	**87,982**	**2.5791**
Taxes Cost(3):	**122,919**	**3.6033**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**92,343**	**0.0000**
Total FRVS PD:		**17.8368**

(1) 80% Capital ($3,698,137) amortized at 8.0000% for 20 years Principal & Interest of $371,192 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $10.8650

(2) 20% ROE ($924,534) times the ROE factor (0.029170) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $0.7894

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1992**	Used Per Bed Standard:	**31,609**
Comparison Bed	**88**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,781,592**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.3140**	**37.3140**	**0.3255**	**36.9885**	
Patient Care					
Direct Care	**78.0116**	**78.0116**	**0.6805**	**77.3311**	
Indirect Care	**45.4730**	**45.4730**	**0.3967**	**45.0763**	
Property	**13.6500**	**17.8368**	**0.1556**	**17.6812**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.8831**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**174.4486**	**178.6354**	**1.5583**	**198.5573**	

***Medicaid Trend Adjustment :**

0 263974-00 - 2011/01

199.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Titusville Rehabilitation and Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1705 Jess Parrish Court	**02/01/2009-01/31/2010**	Number of Beds: **157**	Superior: **0**
Titusville FL 32796	Days In CR **365**	Maximum: **57,305**	Standard: **181**
County: **Brevard[5]**	First Used: **2010/07**	Max Annualized: **57,305**	Conditional: **0**
Region: **Central[3]** Area: **7**	Last Used: **2011/01**	Total Patient: **43,711**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **5,236**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **32,075**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **11/1/1971**			
Acquired Date: **11/1/1971**			
Entered Medicaid **11/1/1971**			
Med # Active Date: **7/1/2003**			
Previous Med # **227692**			

Medicaid Utilization	**73.37970%**
Occupancy:	**76.27781%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**95.87891%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19544464**
Semester Index:	**1.24282006**
Cost:	**1.03962996**
Target:	**1.01759574**
DC FY Index:	**1.16066549**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02527387**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,028,448	2,636,472	1,490,997	776,857	0	5,932,774
1a	Audit Adjustments						
2	Cost Per Diem	32.0639	82.1971	46.4847	**24.2200**		184.9657
3	Cost Per Diem Inflated	33.3346	84.2745	48.3269			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.3346**	**84.2745**	**48.3269**	**24.2200**		190.1560
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.3346**	**84.2745**	**46.1145**	**13.6500**		177.3736
12/13	Medicaid Adjustment Rate		2.2166	1.2129			
14	Prospective Per Diem 11	**33.3346**	**86.4911**	**47.3274**	**13.6500**		**180.8031**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263974-00 - 2011/01

199.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Titusville Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**3,201,518**
FRVS Base Asset:	**1,729,005**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030310**

Mortgage Information		
Amount:	**4,300,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**271,605**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,561,214**	**5.2663**
20% ROE(2):	**640,304**	**0.3763**
Insurance Cost(3):	**105,981**	**2.4246**
Taxes Cost(3):	**55,816**	**1.2769**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**45,825**	**0.0000**
Total FRVS PD:		**9.3441**

(1) 80% Capital ($2,561,214) amortized at 8.7500% for 20 years Principal & Interest of $271,605 divided by annual available days (57,305) divided by Occup. Adj. (0.9000) = $5.2663

(2) 20% ROE ($640,304) times the ROE factor (0.030310) divided by annual available days (57,305) divided by Occup. Adj. (0.9000) = $0.3763

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**157**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,474,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.3346**	**33.3346**	**0.2908**	**33.0438**	
Patient Care					
Direct Care	**86.4911**	**86.4911**	**0.7545**	**85.7366**	
Indirect Care	**47.3274**	**47.3274**	**0.4129**	**46.9145**	
Property	**13.6500**	**9.3441**	**0.0815**	**9.2626**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5744**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**180.8031**	**176.4972**	**1.5397**	**199.1290**	

***Medicaid Trend Adjustment :**

0 263982-00 - 2011/01

201.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Sarasota Health and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1524 East Avenue S		**01/01/2009-12/31/2009**		Number of Beds:	**169**	Superior:	**0**
Sarasota FL 34239		Days In CR	**365**	Maximum:	**61,685**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2010/07**	Max Annualized:	**61,685**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**38,228**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**1,583**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**32,144**	FY Index:	**1.19387802**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**84.08496%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**61.97293%**	Cost:	**1.04099417**
Open Date:	**10/1/1971**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**10/1/1971**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**10/1/1971**	Low Occupancy Adjustment Factor:			**77.89810%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**7/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**214922**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,129,712	2,430,374	1,384,632	369,013	0	5,313,731
1a	Audit Adjustments						
2	Cost Per Diem	35.1453	75.6089	43.0759	**11.4800**		165.3101
3	Cost Per Diem Inflated	36.5861	77.5977	44.8418			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.5861**	**77.5977**	**44.8418**	**11.4800**		170.5056
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		46.7809			
7	Provider Target Rate	**40.1320**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.5861**	**77.5977**	**44.8418**	**11.4800**		170.5056
12/13	Medicaid Adjustment Rate		2.9755	1.7195			
14	Prospective Per Diem 11	**36.5861**	**80.5732**	**46.5613**	**11.4800**		**175.2006**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263982-00 - 2011/01

201.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Sarasota Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**5,787,185**
FRVS Base Asset:	**3,074,906**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**490,963**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,629,748**	**8.8436**
20% ROE(2):	**1,157,437**	**0.6082**
Insurance Cost(3):	**78,698**	**2.0586**
Taxes Cost(3):	**71,683**	**1.8751**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**98,231**	**0.0000**
Total FRVS PD:		**13.3855**

(1) 80% Capital ($4,629,748) amortized at 8.7500% for 20 years Principal & Interest of $490,963 divided by annual available days (61,685) divided by Occup. Adj. (0.9000) = $8.8436
(2) 20% ROE ($1,157,437) times the ROE factor (0.029170) divided by annual available days (61,685) divided by Occup. Adj. (0.9000) = $0.6082
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**169**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,816,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.5861**	**36.5861**	**0.3192**	**36.2669**	
Patient Care					
Direct Care	**80.5732**	**80.5732**	**0.7029**	**79.8703**	
Indirect Care	**46.5613**	**46.5613**	**0.4062**	**46.1551**	
Property	**11.4800**	**13.3855**	**0.1168**	**13.2687**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.0503**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**175.2006**	**177.1061**	**1.5451**	**201.2084**	

***Medicaid Trend Adjustment :**

0 263991-00 - 2011/01

184.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Windsor Woods Rehabilitation and Healthcare Ce

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
13719 Dallas Drive		**02/01/2009-01/31/2010**		Number of Beds:	**103**	Superior:	**0**
Hudson FL 34667		Days In CR	**365**	Maximum:	**37,595**	Standard:	**181**
County: **Pasco[51]**		First Used:	**2010/07**	Max Annualized:	**37,595**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2011/01**	Total Patient:	**32,911**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**4,963**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**19,210**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**4/1/1987**						
Acquired Date:	**4/1/1987**						
Entered Medicaid	**5/11/1987**						
Med # Active Date:	**7/1/2003**						
Previous Med #	**227030**						

Medicaid Utilization	**58.36954%**
Occupancy:	**87.54089%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**110.03627%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19544464**
Semester Index:	**1.24282006**
Cost:	**1.03962996**
Target:	**1.01759574**
DC FY Index:	**1.16066549**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02527387**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	636,505	1,302,926	770,255	450,475	0	3,160,161
1a	Audit Adjustments						
2	Cost Per Diem	33.1340	67.8254	40.0966	**23.4500**		164.5060
3	Cost Per Diem Inflated	34.4471	69.5396	41.6856			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.4471**	**69.5396**	**41.6856**	**23.4500**		169.1223
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.4471**	**69.5396**	**41.6856**	**13.6500**		159.3223
12/13	Medicaid Adjustment Rate		0.6548	0.3925			
14	Prospective Per Diem 11	**34.4471**	**70.1944**	**42.0781**	**13.6500**		**160.3696**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263991-00 - 2011/01

184.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Windsor Woods Rehabilitation and Healthcare Ce

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/01**
Indexed Asset Value	**4,413,804**
FRVS Base Asset:	**1,720,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030310**

Mortgage Information		
Amount:	**3,400,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**374,451**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,531,043**	**11.0668**
20% ROE(2):	**882,761**	**0.7908**
Insurance Cost(3):	**84,994**	**2.5825**
Taxes Cost(3):	**43,476**	**1.3210**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**59,857**	**0.0000**
Total FRVS PD:		**15.7611**

(1) 80% Capital ($3,531,043) amortized at 8.7500% for 20 years Principal & Interest of $374,451 divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = $11.0668

(2) 20% ROE ($882,761) times the ROE factor (0.030310) divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = $0.7908

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,720,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.4471**	**34.4471**	**0.3005**	**34.1466**	
Patient Care					
Direct Care	**70.1944**	**70.1944**	**0.6123**	**69.5821**	
Indirect Care	**42.0781**	**42.0781**	**0.3671**	**41.7110**	
Property	**13.6500**	**15.7611**	**0.1375**	**15.6236**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.9904**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**160.3696**	**162.4807**	**1.4174**	**184.6508**	

***Medicaid Trend Adjustment :**

0 264008-00 - 2011/01

201.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Winkler Court

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3250 Winkler Ave		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Fort Myers FL 33916		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Lee[36]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**40,812**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,403**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**30,016**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/12/1995**						
Acquired Date:	**4/12/1995**						
Entered Medicaid	**4/12/1995**						
Med # Active Date:	**7/1/2003**						
Previous Med #	**211818**						

Medicaid Utilization	**73.54700%**
Occupancy:	**93.17808%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.12204%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,138,673	2,258,998	1,225,888	758,504	0	5,382,063
1a	Audit Adjustments						
2	Cost Per Diem	37.9355	75.2598	40.8412	**25.2700**		179.3065
3	Cost Per Diem Inflated	39.4906	77.2395	42.5155			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.4906**	**77.2395**	**42.5155**	**25.2700**		184.5156
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		46.7809			
7	Provider Target Rate	**40.1320**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.4906**	**77.2395**	**42.5155**	**13.6500**		172.8956
12/13	Medicaid Adjustment Rate		2.0461	1.1263			
14	Prospective Per Diem 11	**39.4906**	**79.2856**	**43.6418**	**13.6500**		**176.0680**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264008-00 - 2011/01

201.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Winkler Court

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/12/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/01**
Indexed Asset Value	**5,122,387**
FRVS Base Asset:	**4,098,639**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,300,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**434,564**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,097,910**	**11.0239**
20% ROE(2):	**1,024,477**	**0.7581**
Insurance Cost(3):	**95,212**	**2.3329**
Taxes Cost(3):	**93,326**	**2.2867**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**347,735**	**0.0000**
Total FRVS PD:		**16.4016**

(1) 80% Capital ($4,097,910) amortized at 8.7500% for 20 years Principal & Interest of $434,564 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.0239
(2) 20% ROE ($1,024,477) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7581
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,123,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.4906**	**39.4906**	**0.3445**	**39.1461**	
Patient Care					
Direct Care	**79.2856**	**79.2856**	**0.6916**	**78.5940**	
Indirect Care	**43.6418**	**43.6418**	**0.3807**	**43.2611**	
Property	**13.6500**	**16.4016**	**0.1431**	**16.2585**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3371**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**176.0680**	**178.8196**	**1.5599**	**201.1939**	

***Medicaid Trend Adjustment :**

0 264067-00 - 2011/01

200.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Blountstown Health and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
16690 S.W. Chipola Road		**11/01/2007-10/31/2008**		Number of Beds:	**96**	Superior:	**0**
Blountstown FL 32424		Days In CR	**366**	Maximum:	**35,136**	Standard:	**181**
County:	**Calhoun[7]**	First Used:	**2011/01**	Max Annualized:	**35,040**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2011/01**	Total Patient:	**32,069**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,311**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**23,302**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1996**						
Acquired Date:	**8/1/1996**						
Entered Medicaid	**8/1/1996**						
Med # Active Date:	**5/1/2003**						
Previous Med #	**218294**						

Medicaid Utilization	**72.66207%**
Occupancy:	**91.27106%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.72497%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.15999534**
Semester Index:	**1.24282006**
Cost:	**1.07140091**
Target:	**1.01759574**
DC FY Index:	**1.12982624**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.05325930**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	752,556	1,730,213	1,012,114	518,003	0	4,012,886
1a	Audit Adjustments						
2	Cost Per Diem	32.2958	74.2517	43.4346	**22.2300**		172.2121
3	Cost Per Diem Inflated	34.6017	78.2063	46.5359			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.6017**	**78.2063**	**46.5359**	**22.2300**		181.5739
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.0102		47.1885			
7	Provider Target Rate	**41.0159**		**48.7271**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.6017**	**78.2063**	**46.5359**	**13.6500**		172.9939
12/13	Medicaid Adjustment Rate		1.9939	1.1864			
14	Prospective Per Diem 11	**34.6017**	**80.2002**	**47.7223**	**13.6500**		**176.1742**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264067-00 - 2011/01

200.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Blountstown Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/07**
Indexed Asset Value	**3,555,365**
FRVS Base Asset:	**2,919,807**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.038020**

Mortgage Information		
Amount:	**4,052,150.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.1400**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**9.1400**	**%**
Interest Only:	**False**	
Yearly Payment:	**310,170**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,844,292**	**9.8354**
20% ROE(2):	**711,073**	**0.8573**
Insurance Cost(3):	**54,798**	**1.7088**
Taxes Cost(3):	**70,826**	**2.2086**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**27,650**	**0.0000**
Total FRVS PD:		**14.6101**

(1) 80% Capital ($2,844,292) amortized at 9.1400% for 20 years Principal & Interest of $310,170 divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = $9.8354
(2) 20% ROE ($711,073) times the ROE factor (0.038020) divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = $0.8573
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1996**	Used Per Bed Standard:	**36,047**
Comparison Bed	**81**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,919,807**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.6017**	**34.6017**	**0.3018**	**34.2999**	
Patient Care					
Direct Care	**80.2002**	**80.2002**	**0.6996**	**79.5006**	
Indirect Care	**47.7223**	**47.7223**	**0.4163**	**47.3060**	
Property	**13.6500**	**14.6101**	**0.1274**	**14.4827**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.8859**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**176.1742**	**177.1343**	**1.5451**	**200.0722**	

***Medicaid Trend Adjustment :**

0 264351-00 - 2011/01

214.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Crystal Oaks of Pinellas

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6767 86th Avenue North	**11/01/2006-10/31/2007**	Number of Beds: **60**	Superior: **0**
Pinellas Park FL 33782	Days In CR **365**	Maximum: **21,900**	Standard: **181**
County: **Pinellas[52]**	First Used: **2008/07**	Max Annualized: **21,900**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2011/01**	Total Patient: **20,528**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **2,706**	
Current Class **Central Small [5]**	Initial CR? **False**	Medicaid: **14,109**	
Class at 1/94: **North Small [1]**			
Operating Ex **> 18 months [1]**			
Open Date: **2/6/1998**			
Acquired Date: **2/6/1998**			
Entered Medicaid **2/6/1998**			
Med # Active Date: **5/1/2003**			
Previous Med # **213667**			

Medicaid Utilization	**68.73051%**
Occupancy:	**93.73516%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.82228%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.11626684**
Semester Index:	**1.24282006**
Cost:	**1.11337183**
Target:	**1.01759574**
DC FY Index:	**1.09782838**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.08395813**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	543,768	999,943	632,786	610,496	0	2,786,993
1a	Audit Adjustments						
2	Cost Per Diem	38.5405	70.8727	44.8498	**43.2700**		197.5330
3	Cost Per Diem Inflated	42.9099	76.8230	49.9345			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.9099**	**76.8230**	**49.9345**	**43.2700**		212.9374
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4035		51.4890			
7	Provider Target Rate	**45.5197**		**53.6513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.9099**	**76.8230**	**49.9345**	**13.6500**		183.3174
12/13	Medicaid Adjustment Rate		1.6188	1.0522			
14	Prospective Per Diem 11	**42.9099**	**78.4418**	**50.9867**	**13.6500**		**185.9884**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264351-00 - 2011/01

214.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Crystal Oaks of Pinellas

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/6/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/01**
Indexed Asset Value	**2,732,523**
FRVS Base Asset:	**2,246,700**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.047080**

Mortgage Information		
Amount:	**2,900,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.2900**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**9.2900**	**%**
Interest Only:	**False**	
Yearly Payment:	**240,933**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,186,018**	**12.2239**
20% ROE(2):	**546,505**	**1.3054**
Insurance Cost(3):	**51,982**	**2.5322**
Taxes Cost(3):	**72,049**	**3.5098**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**19.5713**

(1) 80% Capital ($2,186,018) amortized at 9.2900% for 20 years Principal & Interest of $240,933 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $12.2239
(2) 20% ROE ($546,505) times the ROE factor (0.047080) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $1.3054
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1997**	Used Per Bed Standard:	**37,445**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,246,700**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.9099**	**42.9099**	**0.3743**	**42.5356**	
Patient Care					
Direct Care	**78.4418**	**78.4418**	**0.6843**	**77.7575**	
Indirect Care	**50.9867**	**50.9867**	**0.4448**	**50.5419**	
Property	**13.6500**	**19.5713**	**0.1707**	**19.4006**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3478**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**185.9884**	**191.9097**	**1.6741**	**214.1805**	

***Medicaid Trend Adjustment :**

0 264482-00 - 2011/01

204.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lafayette Healthcare Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
512 West Main Sreet		**11/01/2006-10/31/2007**		Number of Beds:	**60**	Superior:	**0**
Mayo FL 32066		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Lafayette[34]**	First Used:	**2010/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**19,274**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,491**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**15,846**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/16/1997**						
Acquired Date:	**6/16/1997**						
Entered Medicaid	**7/15/1997**						
Med # Active Date:	**5/1/2003**						
Previous Med #	**213179**						

Medicaid Utilization	**82.21438%**
Occupancy:	**88.00913%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**110.62483%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.11626684**
Semester Index:	**1.24282006**
Cost:	**1.11337183**
Target:	**1.01759574**
DC FY Index:	**1.09782838**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.08395813**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	626,840	1,034,693	692,377	432,913	0	2,786,823
1a	Audit Adjustments						
2	Cost Per Diem	39.5582	65.2968	43.6941	**27.3200**		175.8691
3	Cost Per Diem Inflated	44.0430	70.7790	48.6478			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.0430**	**70.7790**	**48.6478**	**27.3200**		190.7898
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.0102		47.1885			
7	Provider Target Rate	**41.0159**		**48.7271**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.0159**	**70.7790**	**48.6478**	**13.6500**		174.0927
12/13	Medicaid Adjustment Rate		2.5651	1.7631			
14	Prospective Per Diem 11	**41.0159**	**73.3441**	**50.4109**	**13.6500**		**178.4209**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264482-00 - 2011/01

204.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Lafayette Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/15/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**2,634,250**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.047080**

Mortgage Information		
Amount:	**2,510,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.6630**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**9.6630**	**%**
Interest Only:	**False**	
Yearly Payment:	**238,423**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,107,400**	**12.0966**
20% ROE(2):	**526,850**	**1.2585**
Insurance Cost(3):	**54,709**	**2.8385**
Taxes Cost(3):	**27,240**	**1.4133**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**17.6069**

(1) 80% Capital ($2,107,400) amortized at 9.6630% for 20 years Principal & Interest of $238,423 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $12.0966
(2) 20% ROE ($526,850) times the ROE factor (0.047080) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $1.2585
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,191,560**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.0159**	**41.0159**	**0.3578**	**40.6581**	
Patient Care					
Direct Care	**73.3441**	**73.3441**	**0.6398**	**72.7043**	
Indirect Care	**50.4109**	**50.4109**	**0.4398**	**49.9711**	
Property	**13.6500**	**17.6069**	**0.1536**	**17.4533**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3964**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**178.4209**	**182.3778**	**1.5910**	**204.7803**	

***Medicaid Trend Adjustment :**

0 264491-00 - 2011/01

215.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Clifford Chester Sims State Veteran's Nursing Hom

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4419 Tram Road	**07/01/2008-06/30/2009**	Number of Beds: **120**	Superior: **0**
Springfield FL 32404	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Bay[3]**	First Used: **2010/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **2**	Last Used: **2011/01**	Total Patient: **42,192**	Total: **181**
Control **Government Non-Prof**	**Unaudited [3]**	Medicare: **1,901**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **13,287**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **10/20/2003**			
Acquired Date: **10/20/2003**			
Entered Medicaid **11/5/2003**			
Med # Active Date: **11/5/2003**			
Previous Med #			

Medicaid Utilization	**31.49175%**
Occupancy:	**96.32877%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**121.08235%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	589,251	1,225,395	593,057	149,877	0	2,557,580
1a	Audit Adjustments						
2	Cost Per Diem	44.3479	92.2251	44.6344	**11.2800**		192.4874
3	Cost Per Diem Inflated	46.5604	95.3915	46.8612			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.5604**	**95.3915**	**46.8612**	**11.2800**		200.0931
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.6362		47.6234			
7	Provider Target Rate	**54.9844**		**48.8205**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**94.8213**	**46.8612**	**11.2800**		198.2088
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.2463**	**94.8213**	**46.8612**	**11.2800**		**198.2088**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264491-00 - 2011/01

215.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Clifford Chester Sims State Veteran's Nursing Hom

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/5/2003**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2003/07**
Indexed Asset Value	**5,285,095**
FRVS Base Asset:	**5,104,200**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**4.0000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**4.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**166,559**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,228,076**	**4.2252**
20% ROE(2):	**1,057,019**	**0.8492**
Insurance Cost(3):	**656**	**0.0155**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**65,837**	**0.0000**
Total FRVS PD:		**5.0899**

(1) 80% Capital ($4,228,076) amortized at 4.0000% for 20 years Interest of $166,559 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $4.2252

(2) 20% ROE ($1,057,019) times the ROE factor (0.031670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8492

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2003**	Used Per Bed Standard:	**42,535**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,104,200**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**94.8213**	**94.8213**	**0.8272**	**93.9941**	
Indirect Care	**46.8612**	**46.8612**	**0.4088**	**46.4524**	
Property	**11.2800**	**5.0899**	**0.0444**	**5.0455**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.9816**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**198.2088**	**192.0187**	**1.6751**	**215.9223**	

***Medicaid Trend Adjustment :**

0 264512-00 - 2011/01

217.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Conway Lakes Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5201 Curry Ford Road	**01/01/2009-12/31/2009**	Number of Beds: **120**	Superior: **0**
Orlando FL 32812	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Orange[48]**	First Used: **2010/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **7**	Last Used: **2011/01**	Total Patient: **39,770**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **10,995**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **19,712**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **11/13/1991**			
Acquired Date: **11/13/1991**			
Entered Medicaid **12/23/1991**			
Med # Active Date: **12/1/2003**			
Previous Med # **259969**			

Medicaid Utilization	**49.56500%**
Occupancy:	**90.79909%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.13172%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,034,401	1,636,553	1,000,509	269,857	0	3,941,320
1a	Audit Adjustments						
2	Cost Per Diem	52.4757	83.0232	50.7563	**13.6900**		199.9452
3	Cost Per Diem Inflated	54.6269	85.2071	52.8370			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.6269**	**85.2071**	**52.8370**	**13.6900**		206.3610
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.3260		55.3055			
7	Provider Target Rate	**46.4653**		**56.6957**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.4653**	**85.2071**	**52.8370**	**13.6500**		198.1594
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.4653**	**85.2071**	**52.8370**	**13.6500**		**198.1594**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264512-00 - 2011/01

217.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Conway Lakes Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/23/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/07**
Indexed Asset Value	**5,165,401**
FRVS Base Asset:	**3,663,600**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**5,146,031.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.5900**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.5900**	**%**
Interest Only:	**False**	
Yearly Payment:	**402,210**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,132,321**	**10.2032**
20% ROE(2):	**1,033,080**	**0.7645**
Insurance Cost(3):	**21,908**	**0.5509**
Taxes Cost(3):	**45,737**	**1.1500**
Home Office(3):	**22,648**	**0.5695**
Replacement(3&4):	**109,917**	**0.0000**
Total FRVS PD:		**13.2381**

(1) 80% Capital ($4,132,321) amortized at 7.5900% for 20 years Principal & Interest of $402,210 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.2032
(2) 20% ROE ($1,033,080) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7645
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1991**	Used Per Bed Standard:	**30,530**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,663,600**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.4653**	**46.4653**	**0.4053**	**46.0600**	
Patient Care					
Direct Care	**85.2071**	**85.2071**	**0.7433**	**84.4638**	
Indirect Care	**52.8370**	**52.8370**	**0.4609**	**52.3761**	
Property	**13.6500**	**13.2381**	**0.1155**	**13.1226**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.6242**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**198.1594**	**197.7475**	**1.7250**	**217.2438**	

***Medicaid Trend Adjustment :**

0 264521-00 - 2011/01

211.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Belleair East Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1150 PONCE DE LEON BLV	**01/01/2009-12/31/2009**	Number of Beds: **120**	Superior: **0**
Clearwater FL 33756	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Pinellas[52]**	First Used: **2010/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2011/01**	Total Patient: **39,747**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **8,486**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **25,537**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **9/1/1981**			
Acquired Date: **9/1/1981**			
Entered Medicaid **9/1/1981**			
Med # Active Date: **12/1/2003**			
Previous Med # **259977**			

Medicaid Utilization	**64.24887%**
Occupancy:	**90.74658%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.06572%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,190,693	2,177,159	1,166,738	512,528	0	5,047,118
1a	Audit Adjustments						
2	Cost Per Diem	46.6262	85.2551	45.6881	**20.0700**		197.6394
3	Cost Per Diem Inflated	48.5376	87.4977	47.5610			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.5376**	**87.4977**	**47.5610**	**20.0700**		203.6663
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.7752		45.3331			
7	Provider Target Rate	**41.8002**		**46.4726**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.8002**	**87.4977**	**46.4726**	**13.6500**		189.4205
12/13	Medicaid Adjustment Rate		1.4026	0.7450			
14	Prospective Per Diem 11	**41.8002**	**88.9003**	**47.2176**	**13.6500**		**191.5681**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264521-00 - 2011/01

211.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Belleair East Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**4,130,830**
FRVS Base Asset:	**2,648,565**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**1,852,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**382,689**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,304,664**	**9.7080**
20% ROE(2):	**826,166**	**0.6113**
Insurance Cost(3):	**14,375**	**0.3617**
Taxes Cost(3):	**47,201**	**1.1875**
Home Office(3):	**20,516**	**0.5162**
Replacement(3&4):	**328,513**	**0.0000**
Total FRVS PD:		**12.3847**

(1) 80% Capital ($3,304,664) amortized at 10.0000% for 20 years Principal & Interest of $382,689 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.7080

(2) 20% ROE ($826,166) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6113

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.8002**	**41.8002**	**0.3646**	**41.4356**	
Patient Care					
Direct Care	**88.9003**	**88.9003**	**0.7755**	**88.1248**	
Indirect Care	**47.2176**	**47.2176**	**0.4119**	**46.8057**	
Property	**13.6500**	**12.3847**	**0.1080**	**12.2767**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.8098**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**191.5681**	**190.3028**	**1.6600**	**211.0497**	

***Medicaid Trend Adjustment :**

0 264539-00 - 2011/01

213.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

East Bay Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4470 East Bay Drive		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Clearwater FL 33764		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**39,487**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,188**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**21,153**	FY Index:	**1.19387802**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**53.56953%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.15297%**	Cost:	**1.04099417**
Open Date:	**5/3/1990**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**5/3/1990**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**7/26/1990**	Low Occupancy Adjustment Factor:			**113.31956%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**12/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**259985**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,016,712	1,792,598	928,204	374,620	0	4,112,134
1a	Audit Adjustments						
2	Cost Per Diem	48.0647	84.7444	43.8805	**17.7100**		194.3996
3	Cost Per Diem Inflated	50.0351	86.9736	45.6793			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.0351**	**86.9736**	**45.6793**	**17.7100**		200.3980
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.3751		46.7323			
7	Provider Target Rate	**45.4905**		**47.9070**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.4905**	**86.9736**	**45.6793**	**13.6500**		191.7934
12/13	Medicaid Adjustment Rate		0.3493	0.1834			
14	Prospective Per Diem 11	**45.4905**	**87.3229**	**45.8627**	**13.6500**		**192.3261**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264539-00 - 2011/01

213.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

East Bay Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/26/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/01**
Indexed Asset Value	**5,296,201**
FRVS Base Asset:	**3,602,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,600,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.2000**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**8.2000**	**%**
Interest Only:	**False**	
Yearly Payment:	**431,626**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,236,961**	**10.9494**
20% ROE(2):	**1,059,240**	**0.7838**
Insurance Cost(3):	**26,070**	**0.6602**
Taxes Cost(3):	**58,212**	**1.4742**
Home Office(3):	**20,675**	**0.5236**
Replacement(3&4):	**28,944**	**0.0000**
Total FRVS PD:		**14.3912**

(1) 80% Capital ($4,236,961) amortized at 8.2000% for 20 years Principal & Interest of $431,626 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.9494
(2) 20% ROE ($1,059,240) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7838
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.4905**	**45.4905**	**0.3968**	**45.0937**	
Patient Care					
Direct Care	**87.3229**	**87.3229**	**0.7618**	**86.5611**	
Indirect Care	**45.8627**	**45.8627**	**0.4001**	**45.4626**	
Property	**13.6500**	**14.3912**	**0.1255**	**14.2657**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.4486**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**192.3261**	**193.0673**	**1.6842**	**213.4288**	

***Medicaid Trend Adjustment :**

0 264547-00 - 2011/01

218.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MELBOURNE TERRACE RESTORATIVE CAR

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
251 Florida Ave		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Melbourne FL 32901		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**39,557**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,243**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,695**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**2/9/1989**						
Acquired Date:	**2/9/1989**						
Entered Medicaid	**2/9/1989**						
Med # Active Date:	**12/1/2003**						
Previous Med #	**258458**						

Medicaid Utilization	**57.37290%**
Occupancy:	**90.31278%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.52046%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,188,715	1,931,717	1,087,895	385,588	0	4,593,915
1a	Audit Adjustments						
2	Cost Per Diem	52.3778	85.1164	47.9354	**16.9900**		202.4196
3	Cost Per Diem Inflated	54.5250	87.3553	49.9005			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.5250**	**87.3553**	**49.9005**	**16.9900**		208.7708
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.3322		45.9587			
7	Provider Target Rate	**45.4466**		**47.1140**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.4466**	**87.3553**	**47.1140**	**13.6500**		193.5659
12/13	Medicaid Adjustment Rate		0.7246	0.3908			
14	Prospective Per Diem 11	**45.4466**	**88.0799**	**47.5048**	**13.6500**		**194.6813**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264547-00 - 2011/01

218.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

MELBOURNE TERRACE RESTORATIVE CAR

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/9/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/01**
Indexed Asset Value	**5,694,374**
FRVS Base Asset:	**3,557,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,782,837.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6200**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**10.6200**	**%**
Interest Only:	**False**	
Yearly Payment:	**550,188**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,555,499**	**13.9571**
20% ROE(2):	**1,138,875**	**0.8427**
Insurance Cost(3):	**26,306**	**0.6650**
Taxes Cost(3):	**55,072**	**1.3922**
Home Office(3):	**23,749**	**0.6004**
Replacement(3&4):	**103,061**	**0.0000**
Total FRVS PD:		**17.4574**

(1) 80% Capital ($4,555,499) amortized at 10.6200% for 20 years Principal & Interest of $550,188 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.9571
(2) 20% ROE ($1,138,875) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8427
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1988**	Used Per Bed Standard:	**29,646**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,557,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.4466**	**45.4466**	**0.3964**	**45.0502**	
Patient Care					
Direct Care	**88.0799**	**88.0799**	**0.7684**	**87.3115**	
Indirect Care	**47.5048**	**47.5048**	**0.4144**	**47.0904**	
Property	**13.6500**	**17.4574**	**0.1523**	**17.3051**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.9541**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**194.6813**	**198.4887**	**1.7315**	**218.3084**	

***Medicaid Trend Adjustment :**

0 264563-00 - 2011/01

207.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Centre Point Health and Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2255 Centerville Road	**01/01/2009-12/31/2009**	Number of Beds: **120**	Superior: **0**
Tallahassee FL 32308	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Leon[37]**	First Used: **2010/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **2**	Last Used: **2011/01**	Total Patient: **40,589**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **18,273**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **16,503**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **6/25/1987**			
Acquired Date: **6/25/1987**			
Entered Medicaid **6/25/1987**			
Med # Active Date: **12/1/2003**			
Previous Med # **260070**			

Medicaid Utilization	**40.65880%**
Occupancy:	**92.66895%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.48208%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	774,080	1,365,061	836,842	318,838	0	3,294,821
1a	Audit Adjustments						
2	Cost Per Diem	46.9054	82.7159	50.7085	**19.3200**		199.6498
3	Cost Per Diem Inflated	48.8282	84.8917	52.7873			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.8282**	**84.8917**	**52.7873**	**19.3200**		205.8272
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.6026		48.0830			
7	Provider Target Rate	**49.8243**		**49.2917**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**84.8917**	**49.2917**	**13.6500**		193.0797
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.2463**	**84.8917**	**49.2917**	**13.6500**		**193.0797**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264563-00 - 2011/01

207.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Centre Point Health and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/25/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/01**
Indexed Asset Value	**5,606,846**
FRVS Base Asset:	**2,524,016**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,900,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.3375**	**%**
Chase Rate:	**4.5000**	**%**
Amortization Rate:	**4.3375**	**%**
Interest Only:	**False**	
Yearly Payment:	**335,825**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,485,477**	**8.5192**
20% ROE(2):	**1,121,369**	**0.8298**
Insurance Cost(3):	**19,440**	**0.4789**
Taxes Cost(3):	**68,383**	**1.6848**
Home Office(3):	**23,253**	**0.5729**
Replacement(3&4):	**8,583**	**0.0000**
Total FRVS PD:		**12.0856**

(1) 80% Capital ($4,485,477) amortized at 4.3375% for 20 years Principal & Interest of $335,825 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.5192
(2) 20% ROE ($1,121,369) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8298
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**88**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,524,016**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**84.8917**	**84.8917**	**0.7405**	**84.1512**	
Indirect Care	**49.2917**	**49.2917**	**0.4300**	**48.8617**	
Property	**13.6500**	**12.0856**	**0.1054**	**11.9802**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.3528**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**193.0797**	**191.5153**	**1.6706**	**207.7946**	

***Medicaid Trend Adjustment :**

0 264571-00 - 2011/01

219.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

SPRING LAKE NURSING CENTER

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1540 Sixth Street, NW		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Winter Haven FL 33881		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Polk[53]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**40,868**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**18,956**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**17,583**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/4/1991**						
Acquired Date:	**5/17/1991**						
Entered Medicaid	**5/17/1991**						
Med # Active Date:	**12/1/2003**						
Previous Med #	**260088**						

Medicaid Utilization	**43.02388%**
Occupancy:	**93.30593%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.28275%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	862,180	1,585,468	858,433	306,296	0	3,612,377
1a	Audit Adjustments						
2	Cost Per Diem	49.0349	90.1705	48.8218	**17.4200**		205.4472
3	Cost Per Diem Inflated	51.0450	92.5424	50.8232			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.0450**	**92.5424**	**50.8232**	**17.4200**		211.8306
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.7213		46.2060			
7	Provider Target Rate	**48.9209**		**47.3675**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**92.5424**	**47.3675**	**13.6500**		201.3520
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.7921**	**92.5424**	**47.3675**	**13.6500**		**201.3520**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264571-00 - 2011/01

219.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

SPRING LAKE NURSING CENTER

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/17/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**5,283,347**
FRVS Base Asset:	**3,642,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**5,599,947.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.5900**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.5900**	**%**
Interest Only:	**False**	
Yearly Payment:	**411,394**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,226,678**	**10.4362**
20% ROE(2):	**1,056,669**	**0.7819**
Insurance Cost(3):	**69,647**	**1.7042**
Taxes Cost(3):	**90,056**	**2.2036**
Home Office(3):	**25,887**	**0.6334**
Replacement(3&4):	**172,477**	**0.0000**
Total FRVS PD:		**15.7593**

(1) 80% Capital ($4,226,678) amortized at 7.5900% for 20 years Principal & Interest of $411,394 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.4362

(2) 20% ROE ($1,056,669) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7819

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**92.5424**	**92.5424**	**0.8073**	**91.7351**	
Indirect Care	**47.3675**	**47.3675**	**0.4132**	**46.9543**	
Property	**13.6500**	**15.7593**	**0.1375**	**15.6218**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.0960**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**201.3520**	**203.4613**	**1.7749**	**219.3795**	

***Medicaid Trend Adjustment :**

0 265381-00 - 2011/01

214.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Estero

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3850 Williams Road		**07/01/2009-06/30/2010**		Number of Beds:	**155**	Superior:	**0**
Estero FL 33929		Days In CR	**365**	Maximum:	**56,575**	Standard:	**181**
County:	**Lee[36]**	First Used:	**2011/01**	Max Annualized:	**56,575**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**53,052**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,128**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**29,014**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/23/2003**						
Acquired Date:	**9/23/2003**						
Entered Medicaid	**10/23/2003**						
Med # Active Date:	**10/23/2003**						
Previous Med #							

Medicaid Utilization	**54.68974%**
Occupancy:	**93.77287%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.86968%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	988,260	2,686,052	1,467,619	698,657	0	5,840,588
1a	Audit Adjustments						
2	Cost Per Diem	34.0615	92.5778	50.5831	**24.0800**		201.3024
3	Cost Per Diem Inflated	35.0929	94.4428	52.1147			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.0929**	**94.4428**	**52.1147**	**24.0800**		205.7304
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.2699		51.6856			
7	Provider Target Rate	**47.4330**		**52.9848**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.0929**	**94.4428**	**52.1147**	**13.6500**		195.3004
12/13	Medicaid Adjustment Rate		0.4983	0.2750			
14	Prospective Per Diem 11	**35.0929**	**94.9411**	**52.3897**	**13.6500**		**196.0737**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 265381-00 - 2011/01

214.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Estero

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/23/2003**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2003/07**
Indexed Asset Value	**7,334,667**
FRVS Base Asset:	**6,592,925**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**11,100,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.0000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**464,693**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,867,734**	**9.1264**
20% ROE(2):	**1,466,933**	**0.9092**
Insurance Cost(3):	**22,570**	**0.4254**
Taxes Cost(3):	**101,482**	**1.9129**
Home Office(3):	**48,082**	**0.9063**
Replacement(3&4):	**36,598**	**0.0000**
Total FRVS PD:		**13.2802**

(1) 80% Capital ($5,867,734) amortized at 5.0000% for 20 years Principal & Interest of $464,693 divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = $9.1264
(2) 20% ROE ($1,466,933) times the ROE factor (0.031560) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = $0.9092
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2003**	Used Per Bed Standard:	**42,535**
Comparison Bed	**155**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**6,592,925**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.0929**	**35.0929**	**0.3061**	**34.7868**	
Patient Care					
Direct Care	**94.9411**	**94.9411**	**0.8282**	**94.1129**	
Indirect Care	**52.3897**	**52.3897**	**0.4570**	**51.9327**	
Property	**13.6500**	**13.2802**	**0.1158**	**13.1644**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.1056**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**196.0737**	**195.7039**	**1.7071**	**214.6995**	

***Medicaid Trend Adjustment :**

0 265560-00 - 2011/01

193.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Valencia Hills Health and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1350 Sleepy Hill Road		**01/01/2009-12/31/2009**		Number of Beds:	**300**	Superior:	**0**
Lakeland FL 33810		Days In CR	**365**	Maximum:	**109,500**	Standard:	**181**
County:	**Polk[53]**	First Used:	**2010/07**	Max Annualized:	**109,500**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**82,244**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,992**	Inflation	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**58,105**	FY Index:	**1.19387802**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**70.64953%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**75.10868%**	Cost:	**1.04099417**
Open Date:	**1/1/1982**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/1/1982**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**1/1/1985**	Low Occupancy Adjustment Factor:			**94.40935%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**9/4/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**269026**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,922,511	4,953,671	2,599,039	924,451	0	10,399,672
1a	Audit Adjustments						
2	Cost Per Diem	33.0868	85.2538	44.7300	**15.9100**		178.9806
3	Cost Per Diem Inflated	34.4432	87.4964	46.5637			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.4432**	**87.4964**	**46.5637**	**15.9100**		184.4133
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		47.6338			
7	Provider Target Rate	**38.1474**		**48.8312**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.4432**	**87.4964**	**46.5637**	**13.6500**		182.1533
12/13	Medicaid Adjustment Rate		2.0326	1.0817			
14	Prospective Per Diem 11	**34.4432**	**89.5290**	**47.6454**	**13.6500**		**185.2676**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 265560-00 - 2011/01

193.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Valencia Hills Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/1/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**10,022,083**
FRVS Base Asset:	**5,789,828**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**5,625,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.8800**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**9.8800**	**%**
Interest Only:	**False**	
Yearly Payment:	**920,830**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**8,017,666**	**9.3438**
20% ROE(2):	**2,004,417**	**0.5933**
Insurance Cost(3):	**89,809**	**1.0920**
Taxes Cost(3):	**84,896**	**1.0322**
Home Office(3):	**12,905**	**0.1569**
Replacement(3&4):	**47,993**	**0.0000**
Total FRVS PD:		**12.2182**

(1) 80% Capital ($8,017,666) amortized at 9.8800% for 20 years Principal & Interest of $920,830 divided by annual available days (109,500) divided by Occup. Adj. (0.9000) = $9.3438
(2) 20% ROE ($2,004,417) times the ROE factor (0.029170) divided by annual available days (109,500) divided by Occup. Adj. (0.9000) = $0.5933
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**300**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**8,550,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.4432**	**34.4432**	**0.3005**	**34.1427**	
Patient Care					
Direct Care	**89.5290**	**89.5290**	**0.7810**	**88.7480**	
Indirect Care	**47.6454**	**47.6454**	**0.4156**	**47.2298**	
Property	**13.6500**	**12.2182**	**0.1066**	**12.1116**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.5684**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**185.2676**	**183.8358**	**1.6037**	**193.3976**	

***Medicaid Trend Adjustment :**

0 265721-00 - 2011/01

168.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Summer Brook Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5377 Moncrief Road		**07/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32209		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**39,863**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,898**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**36,260**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1970**						
Acquired Date:	**1/1/1970**						
Entered Medicaid	**1/1/1970**						
Med # Active Date:	**11/19/2003**						
Previous Med #	**200786**						

Medicaid Utilization	**90.96154%**
Occupancy:	**91.01142%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.39861%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,428,492	2,159,797	923,950	453,975	0	4,966,214
1a	Audit Adjustments						
2	Cost Per Diem	39.3958	59.5642	25.4812	**12.5200**		136.9612
3	Cost Per Diem Inflated	41.3613	61.6092	26.7525			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.3613**	**61.6092**	**26.7525**	**12.5200**		142.2430
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9273		43.1867			
7	Provider Target Rate	**44.0064**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.3613**	**61.6092**	**26.7525**	**12.5200**		142.2430
12/13	Medicaid Adjustment Rate		2.7724	1.2039			
14	Prospective Per Diem 11	**41.3613**	**64.3816**	**27.9564**	**12.5200**		**146.2193**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 265721-00 - 2011/01

168.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Summer Brook Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**3,322,184**
FRVS Base Asset:	**1,522,570**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**1,232,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**6.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**228,491**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,657,747**	**5.7963**
20% ROE(2):	**664,437**	**0.5338**
Insurance Cost(3):	**56,464**	**1.4165**
Taxes Cost(3):	**40,931**	**1.0268**
Home Office(3):	**82,324**	**2.0652**
Replacement(3&4):	**15,876**	**0.0000**
Total FRVS PD:		**10.8386**

(1) 80% Capital ($2,657,747) amortized at 6.0000% for 20 years Principal & Interest of $228,491 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.7963

(2) 20% ROE ($664,437) times the ROE factor (0.031670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5338

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.3613**	**41.3613**	**0.3608**	**41.0005**	
Patient Care					
Direct Care	**64.3816**	**64.3816**	**0.5616**	**63.8200**	
Indirect Care	**27.9564**	**27.9564**	**0.2439**	**27.7125**	
Property	**12.5200**	**10.8386**	**0.0945**	**10.7441**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.9334**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**146.2193**	**144.5379**	**1.2608**	**168.8076**	

***Medicaid Trend Adjustment :**

0 265730-00 - 2011/01

181.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Hialeah Convalescent Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
190 W. 28th Street		**04/01/2009-03/31/2010**		Number of Beds:	**276**	Superior:	**0**
Hialeah FL 33010		Days In CR	**365**	Maximum:	**100,740**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2011/01**	Max Annualized:	**100,740**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**91,502**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,920**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**68,301**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**2/1/1984**						
Acquired Date:	**2/1/1984**						
Entered Medicaid	**2/1/1984**						
Med # Active Date:	**9/1/2003**						
Previous Med #	**207713**						

Medicaid Utilization	**74.64427%**
Occupancy:	**90.82986%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.17040%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19858405**
Semester Index:	**1.24282006**
Cost:	**1.03690689**
Target:	**1.01759574**
DC FY Index:	**1.16300000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02321582**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,131,750	5,173,637	2,709,434	947,335	0	10,962,156
1a	Audit Adjustments						
2	Cost Per Diem	31.2111	75.7476	39.6690	**13.8700**		160.4977
3	Cost Per Diem Inflated	32.3630	77.5061	41.1331			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**32.3630**	**77.5061**	**41.1331**	**13.8700**		164.8722
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		48.0707			
7	Provider Target Rate	**40.1320**		**49.2790**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**32.3630**	**77.5061**	**41.1331**	**13.6500**		164.6522
12/13	Medicaid Adjustment Rate		2.1488	1.1404			
14	Prospective Per Diem 11	**32.3630**	**79.6549**	**42.2735**	**13.6500**		**167.9414**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 265730-00 - 2011/01

181.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Hialeah Convalescent Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**11,582,792**
FRVS Base Asset:	**6,410,022**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030830**

Mortgage Information		
Amount:	**6,132,355.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.6960**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**13.6960**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,358,248**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**9,266,234**	**14.9808**
20% ROE(2):	**2,316,558**	**0.7877**
Insurance Cost(3):	**129,975**	**1.4205**
Taxes Cost(3):	**72,294**	**0.7901**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**52,889**	**0.0000**
Total FRVS PD:		**17.9791**

(1) 80% Capital ($9,266,234) amortized at 13.6960% for 20 years Principal & Interest of $1,358,248 divided by annual available days (100,740) divided by Occup. Adj. (0.9000) = $14.9808
(2) 20% ROE ($2,316,558) times the ROE factor (0.030830) divided by annual available days (100,740) divided by Occup. Adj. (0.9000) = $0.7877
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**276**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**7,866,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**32.3630**	**32.3630**	**0.2823**	**32.0807**	
Patient Care					
Direct Care	**79.6549**	**79.6549**	**0.6949**	**78.9600**	
Indirect Care	**42.2735**	**42.2735**	**0.3688**	**41.9047**	
Property	**13.6500**	**17.9791**	**0.1568**	**17.8223**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.2641**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**167.9414**	**172.2705**	**1.5028**	**181.6289**	

***Medicaid Trend Adjustment :**

0 266108-00 - 2011/01

211.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Ocala

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2800 SW 41st Street		**02/01/2009-01/31/2010**		Number of Beds:	**120**	Superior:	**0**
Ocala FL 34474		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Marion[42]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**40,294**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**23,602**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**11,705**		
Class at 1/94:	**North Large [2]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.19544464**
Open Date:	**10/1/1998**					Semester Index:	**1.24282006**
Acquired Date:	**10/1/1998**					Cost:	**1.03962996**
Entered Medicaid	**10/1/1998**					Target:	**1.01759574**
Med # Active Date:	**2/1/2004**					**DC FY Index:**	**1.16066549**
Previous Med #	**253154**					**DC Sem Index:**	**1.19000000**
						DC Inflation:	**1.02527387**
						PS Target:	**1.02513678**

Medicaid Utilization		**29.04899%**
Occupancy:		**91.99544%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**115.63549%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	490,112	990,754	612,748	299,648	0	2,393,262
1a	Audit Adjustments						
2	Cost Per Diem	41.8720	84.6437	52.3493	**25.6000**		204.4650
3	Cost Per Diem Inflated	43.5314	86.7830	54.4239			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.5314**	**86.7830**	**54.4239**	**25.6000**		210.3383
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.8619		49.9896			
7	Provider Target Rate	**44.9644**		**51.2462**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.5314**	**86.7830**	**51.2462**	**13.6500**		195.2106
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**43.5314**	**86.7830**	**51.2462**	**13.6500**		**195.2106**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 266108-00 - 2011/01

211.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Ocala

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/07**
Indexed Asset Value	**5,650,749**
FRVS Base Asset:	**4,545,840**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030310**

Mortgage Information		
Amount:	**7,929,850.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**470,770**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,520,599**	**11.9424**
20% ROE(2):	**1,130,150**	**0.8690**
Insurance Cost(3):	**42,195**	**1.0472**
Taxes Cost(3):	**61,660**	**1.5303**
Home Office(3):	**42,648**	**1.0584**
Replacement(3&4):	**271,422**	**0.0000**
Total FRVS PD:		**16.4473**

(1) 80% Capital ($4,520,599) amortized at 8.5000% for 20 years Principal & Interest of $470,770 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.9424

(2) 20% ROE ($1,130,150) times the ROE factor (0.030310) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8690

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1998**	Used Per Bed Standard:	**37,882**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,545,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.5314**	**43.5314**	**0.3797**	**43.1517**	
Patient Care					
Direct Care	**86.7830**	**86.7830**	**0.7570**	**86.0260**	
Indirect Care	**51.2462**	**51.2462**	**0.4470**	**50.7992**	
Property	**13.6500**	**16.4473**	**0.1435**	**16.3038**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$7.8004**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**195.2106**	**198.0079**	**1.7272**	**211.6782**	

***Medicaid Trend Adjustment :**

0 266124-00 - 2011/01

226.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Oasis Health and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1201 12th Avenue South		**04/01/2009-03/31/2010**		Number of Beds:	**120**	Superior:	**0**
Lake Worth FL 33460		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**31,855**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,830**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**23,516**	FY Index:	**1.19858405**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**73.82201%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**72.72831%**	Cost:	**1.03690689**
Open Date:	**6/1/1986**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**6/1/1986**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16300000**
Entered Medicaid	**6/1/1986**	Low Occupancy Adjustment Factor:			**91.41730%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**9/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02321582**
Previous Med #	**209279**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,138,470	1,950,887	1,340,363	557,564	0	4,987,284
1a	Audit Adjustments						
2	Cost Per Diem	48.4126	82.9600	56.9979	**23.7100**		212.0805
3	Cost Per Diem Inflated	50.1994	84.8860	59.1015			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.1994**	**84.8860**	**59.1015**	**23.7100**		217.8969
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.2543		46.7809			
7	Provider Target Rate	**53.5678**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.1994**	**84.8860**	**47.9568**	**13.6500**		196.6922
12/13	Medicaid Adjustment Rate		2.2749	1.2852			
14	Prospective Per Diem 11	**50.1994**	**87.1609**	**49.2420**	**13.6500**		**200.2523**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 266124-00 - 2011/01

226.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Oasis Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/2002**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/01**
Indexed Asset Value	**5,275,757**
FRVS Base Asset:	**3,092,950**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030830**

Mortgage Information		
Amount:	**2,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**423,634**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,220,606**	**10.7467**
20% ROE(2):	**1,055,151**	**0.8252**
Insurance Cost(3):	**78,781**	**2.4731**
Taxes Cost(3):	**114,153**	**3.5835**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**43,657**	**0.0000**
Total FRVS PD:		**17.6285**

(1) 80% Capital ($4,220,606) amortized at 8.0000% for 20 years Principal & Interest of $423,634 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.7467
(2) 20% ROE ($1,055,151) times the ROE factor (0.030830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8252
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1986**	Used Per Bed Standard:	**28,737**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,448,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.1994**	**50.1994**	**0.4379**	**49.7615**	
Patient Care					
Direct Care	**87.1609**	**87.1609**	**0.7603**	**86.4006**	
Indirect Care	**49.2420**	**49.2420**	**0.4296**	**48.8124**	
Property	**13.6500**	**17.6285**	**0.1538**	**17.4747**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5660**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**200.2523**	**204.2308**	**1.7816**	**226.6123**	

***Medicaid Trend Adjustment :**

0 266281-00 - 2011/01

178.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Southpoint Terrace

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4325 Southpoint Boulevard		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32216		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**42,705**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,944**	Inflation	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**23,939**	FY Index:	**1.19387802**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**56.05667%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**97.50000%**	Cost:	**1.04099417**
Open Date:	**1/8/2004**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/8/2004**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**2/20/2004**	Low Occupancy Adjustment Factor:			**122.55456%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**2/20/2004**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	741,115	1,680,866	862,509	742,827	0	4,027,317
1a	Audit Adjustments						
2	Cost Per Diem	30.9585	70.2145	36.0294	**31.0300**		168.2324
3	Cost Per Diem Inflated	32.2276	72.0615	37.5064			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**32.2276**	**72.0615**	**37.5064**	**31.0300**		172.8255
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**32.2276**	**72.0615**	**37.5064**	**13.6500**		155.4455
12/13	Medicaid Adjustment Rate		0.4910	0.2556			
14	Prospective Per Diem 11	**32.2276**	**72.5525**	**37.7620**	**13.6500**		**156.1921**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 266281-00 - 2011/01

178.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Southpoint Terrace

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/20/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2004/01**
Indexed Asset Value	**5,413,658**
FRVS Base Asset:	**5,163,720**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**7,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.1900**	**%**
Chase Rate:	**5.2500**	**%**
Amortization Rate:	**7.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**410,767**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,330,926**	**10.4203**
20% ROE(2):	**1,082,732**	**0.8012**
Insurance Cost(3):	**47,329**	**1.1083**
Taxes Cost(3):	**128,145**	**3.0007**
Home Office(3):	**16,274**	**0.3811**
Replacement(3&4):	**27,407**	**0.0000**
Total FRVS PD:		**15.7116**

(1) 80% Capital ($4,330,926) amortized at 7.2500% for 20 years Principal & Interest of $410,767 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.4203
(2) 20% ROE ($1,082,732) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8012
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2003**	Used Per Bed Standard:	**43,031**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,163,720**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**32.2276**	**32.2276**	**0.2811**	**31.9465**	
Patient Care					
Direct Care	**72.5525**	**72.5525**	**0.6329**	**71.9196**	
Indirect Care	**37.7620**	**37.7620**	**0.3294**	**37.4326**	
Property	**13.6500**	**15.7116**	**0.1371**	**15.5745**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.4454**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**156.1921**	**158.2537**	**1.3805**	**178.9157**	

***Medicaid Trend Adjustment :**

0 266612-00 - 2011/01

159.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Whispering Oaks

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1514 Chelsea St		**01/01/2009-12/31/2009**		Number of Beds:	**240**	Superior:	**0**
Tampa FL 33610		Days In CR	**365**	Maximum:	**87,600**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2011/01**	Max Annualized:	**87,600**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**78,930**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,868**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**69,578**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1982**						
Acquired Date:	**6/1/1982**						
Entered Medicaid	**6/1/1982**						
Med # Active Date:	**5/7/2003**						
Previous Med #	**211125**						

Medicaid Utilization	**88.15153%**
Occupancy:	**90.10274%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.25643%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,804,667	4,864,100	2,452,964	676,298	0	9,798,029
1a	Audit Adjustments						
2	Cost Per Diem	25.9373	69.9086	35.2549	**9.7200**		140.8208
3	Cost Per Diem Inflated	27.0006	71.7475	36.7001			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**27.0006**	**71.7475**	**36.7001**	**9.7200**		145.1682
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**27.0006**	**71.7475**	**36.7001**	**9.7200**		145.1682
12/13	Medicaid Adjustment Rate		3.0794	1.5752			
14	Prospective Per Diem 11	**27.0006**	**74.8269**	**38.2753**	**9.7200**		**149.8228**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 266612-00 - 2011/01

159.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Whispering Oaks

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**6,787,924**
FRVS Base Asset:	**3,774,478**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**9,880,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.9632**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**7.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**515,041**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,430,339**	**6.5327**
20% ROE(2):	**1,357,585**	**0.5023**
Insurance Cost(3):	**159,239**	**2.0175**
Taxes Cost(3):	**1,065**	**0.0135**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**15,589**	**0.0000**
Total FRVS PD:		**9.0660**

(1) 80% Capital ($5,430,339) amortized at 7.2500% for 20 years Principal & Interest of $515,041 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $6.5327
(2) 20% ROE ($1,357,585) times the ROE factor (0.029170) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $0.5023
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**240**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**6,840,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**27.0006**	**27.0006**	**0.2355**	**26.7651**	
Patient Care					
Direct Care	**74.8269**	**74.8269**	**0.6527**	**74.1742**	
Indirect Care	**38.2753**	**38.2753**	**0.3339**	**37.9414**	
Property	**9.7200**	**9.0660**	**0.0791**	**8.9869**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.6595**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**149.8228**	**149.1688**	**1.3012**	**159.1242**	

***Medicaid Trend Adjustment :**

0 267724-00 - 2011/01

216.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Springs At Boca Ciega Bay

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1255 Pasadena Avenue S. **St. Petersburg FL 33707**	**01/01/2009-12/31/2009**	Number of Beds: **109**	Superior: **0**
County: **Pinellas[52]**	Days In CR **365**	Maximum: **39,785**	Standard: **181**
Region: **Central[3]** Area: **5**	First Used: **2010/07**	Max Annualized: **39,785**	Conditional: **0**
Control **Private For profit [1]**	Last Used: **2011/01**	Total Patient: **36,031**	Total: **181**
Current Class **Central Large [6]**	**Unaudited [3]**	Medicare: **14,547**	
Class at 1/94: **North Large [2]**	Initial CR? **False**	Medicaid: **12,288**	
Operating Ex **> 18 months [1]**			
Open Date: **8/1/1974**			
Acquired Date: **7/1/1987**			
Entered Medicaid **7/1/1987**			
Med # Active Date: **1/1/2004**			
Previous Med # **213217**			

Medicaid Utilization	**34.10397%**
Occupancy:	**90.56428%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.83657%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	520,158	1,118,484	776,174	246,497	0	2,661,313
1a	Audit Adjustments						
2	Cost Per Diem	42.3306	91.0225	63.1652	**20.0600**		216.5783
3	Cost Per Diem Inflated	44.0659	93.4168	65.7546			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.0659**	**93.4168**	**65.7546**	**20.0600**		223.2973
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.5928		54.9924			
7	Provider Target Rate	**42.6383**		**56.3747**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.6383**	**93.4168**	**55.1439**	**13.6500**		204.8490
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.6383**	**93.4168**	**55.1439**	**13.6500**		**204.8490**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 267724-00 - 2011/01

216.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Springs At Boca Ciega Bay

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**2,519,661**
FRVS Base Asset:	**1,963,200**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**169,798**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,015,729**	**4.7421**
20% ROE(2):	**503,932**	**0.4105**
Insurance Cost(3):	**65,994**	**1.8316**
Taxes Cost(3):	**45,520**	**1.2634**
Home Office(3):	**5,728**	**0.1590**
Replacement(3&4):	**55,449**	**0.0000**
Total FRVS PD:		**8.4066**

(1) 80% Capital ($2,015,729) amortized at 8.5000% for 20 years Interest of $169,798 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = $4.7421
(2) 20% ROE ($503,932) times the ROE factor (0.029170) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = $0.4105
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1974**	Used Per Bed Standard:	**13,088**
Comparison Bed	**150**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,963,200**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.6383**	**42.6383**	**0.3720**	**42.2663**	
Patient Care					
Direct Care	**93.4168**	**93.4168**	**0.8149**	**92.6019**	
Indirect Care	**55.1439**	**55.1439**	**0.4810**	**54.6629**	
Property	**13.6500**	**8.4066**	**0.0733**	**8.3333**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.2277**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**204.8490**	**199.6056**	**1.7412**	**216.6892**	

***Medicaid Trend Adjustment :**

0 267902-00 - 2011/01

190.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Nursing Center At Mercy

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3671 South Miami Avenue		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Miami FL 33133		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Dade[13]**		First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2011/01**	Total Patient:	**42,600**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**30,637**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**4,964**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date:	**12/6/1994**						
Acquired Date:	**12/4/1994**						
Entered Medicaid	**12/4/1994**						
Med # Active Date:	**3/1/2003**						
Previous Med #	**211494**						

Medicaid Utilization	**11.65258%**
Occupancy:	**97.26027%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**122.25324%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	185,195	330,239	306,193	208,687	0	1,030,314
1a	Audit Adjustments						
2	Cost Per Diem	37.3076	66.5268	61.6827	**42.0401**		207.5572
3	Cost Per Diem Inflated	38.8370	68.2768	64.2113			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.8370**	**68.2768**	**64.2113**	**42.0401**		213.3652
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.4192		61.2837			
7	Provider Target Rate	**43.4855**		**62.8242**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.8370**	**68.2768**	**56.8989**	**13.6500**		177.6627
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.8370**	**68.2768**	**56.8989**	**13.6500**		**177.6627**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 267902-00 - 2011/01

190.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Nursing Center At Mercy

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/4/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/07**
Indexed Asset Value	**4,892,367**
FRVS Base Asset:	**4,058,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**6,640,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.1900**	**%**
Chase Rate:	**5.2500**	**%**
Amortization Rate:	**7.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**371,214**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,913,894**	**9.4169**
20% ROE(2):	**978,473**	**0.7241**
Insurance Cost(3):	**74,185**	**1.7414**
Taxes Cost(3):	**145,995**	**3.4271**
Home Office(3):	**5,609**	**0.1317**
Replacement(3&4):	**234,148**	**0.0000**
Total FRVS PD:		**15.4412**

(1) 80% Capital ($3,913,894) amortized at 7.2500% for 20 years Principal & Interest of $371,214 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.4169

(2) 20% ROE ($978,473) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7241

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1994**	Used Per Bed Standard:	**33,820**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,058,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.8370**	**38.8370**	**0.3388**	**38.4982**	
Patient Care					
Direct Care	**68.2768**	**68.2768**	**0.5956**	**67.6812**	
Indirect Care	**56.8989**	**56.8989**	**0.4964**	**56.4025**	
Property	**13.6500**	**15.4412**	**0.1347**	**15.3065**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$5.2879**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**177.6627**	**179.4539**	**1.5655**	**190.7734**	

***Medicaid Trend Adjustment :**

0 268003-00 - 2011/01

193.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lanier Manor

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
12740 Lanier Road		**08/01/2009-07/31/2010**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32226		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**41,711**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,357**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**32,675**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1984**						
Acquired Date:	**7/1/1984**						
Entered Medicaid	**8/15/1984**						
Med # Active Date:	**9/1/2003**						
Previous Med #	**228893**						

Medicaid Utilization	**78.33665%**
Occupancy:	**95.23059%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.70198%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,146,888	2,389,510	1,336,915	464,965	0	5,338,278
1a	Audit Adjustments						
2	Cost Per Diem	35.0999	73.1296	40.9155	**14.2300**		163.3750
3	Cost Per Diem Inflated	36.0776	74.5178	42.0552			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.0776**	**74.5178**	**42.0552**	**14.2300**		166.8806
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.0776**	**74.5178**	**42.0552**	**13.6500**		166.3006
12/13	Medicaid Adjustment Rate		2.3755	1.3407			
14	Prospective Per Diem 11	**36.0776**	**76.8933**	**43.3959**	**13.6500**		**170.0168**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 268003-00 - 2011/01

193.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Lanier Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**4,617,233**
FRVS Base Asset:	**623,247**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**560,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**427,750**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,693,786**	**10.8511**
20% ROE(2):	**923,447**	**0.7271**
Insurance Cost(3):	**58,817**	**1.4101**
Taxes Cost(3):	**56,055**	**1.3439**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**60,758**	**0.0000**
Total FRVS PD:		**14.3322**

(1) 80% Capital ($3,693,786) amortized at 10.0000% for 20 years Principal & Interest of $427,750 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.8511
(2) 20% ROE ($923,447) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7271
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**55**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,567,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.0776**	**36.0776**	**0.3147**	**35.7629**	
Patient Care					
Direct Care	**76.8933**	**76.8933**	**0.6708**	**76.2225**	
Indirect Care	**43.3959**	**43.3959**	**0.3786**	**43.0173**	
Property	**13.6500**	**14.3322**	**0.1250**	**14.2072**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.4116**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**170.0168**	**170.6990**	**1.4891**	**193.2186**	

***Medicaid Trend Adjustment :**

0 268062-00 - 2011/01

220.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Susanna Weslev Health Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5300 West 16th Ave	**01/01/2009-12/31/2009**	Number of Beds: **120**	Superior: **0**
Hialeah FL 33012	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Dade[13]**	First Used: **2010/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **South[2]** Area: **11**	Last Used: **2011/01**	Total Patient: **40,047**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **12,029**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **23,803**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **4/1/1985**			
Acquired Date: **4/1/1985**			
Entered Medicaid **4/1/1985**			
Med # Active Date: **7/1/2003**			
Previous Med # **228478**			

Medicaid Utilization	**59.43766%**
Occupancy:	**91.43150%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.92665%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,348,718	1,878,895	1,391,416	248,979	0	4,868,008
1a	Audit Adjustments						
2	Cost Per Diem	56.6617	78.9352	58.4555	**10.4600**		204.5124
3	Cost Per Diem Inflated	58.9845	81.0115	60.8518			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.9845**	**81.0115**	**60.8518**	**10.4600**		211.3078
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.1450		51.3729			
7	Provider Target Rate	**59.6066**		**52.6642**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**81.0115**	**52.6642**	**10.4600**		194.4735
12/13	Medicaid Adjustment Rate		0.8601	0.5592			
14	Prospective Per Diem 11	**50.3378**	**81.8716**	**53.2234**	**10.4600**		**195.8928**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 268062-00 - 2011/01

220.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Susanna Wesley Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/30/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**5,599,366**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,995,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**536,668**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,479,493**	**13.6141**
20% ROE(2):	**1,119,873**	**0.8287**
Insurance Cost(3):	**81,999**	**2.0476**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**9,522**	**0.0000**
Total FRVS PD:		**16.4904**

(1) 80% Capital ($4,479,493) amortized at 10.5000% for 20 years Principal & Interest of $536,668 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.6141
(2) 20% ROE ($1,119,873) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8287
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**81.8716**	**81.8716**	**0.7142**	**81.1574**	
Indirect Care	**53.2234**	**53.2234**	**0.4643**	**52.7591**	
Property	**10.4600**	**16.4904**	**0.1439**	**16.3465**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.1740**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**195.8928**	**201.9232**	**1.7615**	**220.9328**	

***Medicaid Trend Adjustment :**

0 268186-00 - 2011/01

207.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Palm Bay

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
175 Villanueva Road		**01/01/2009-12/31/2009**		Number of Beds:	**141**	Superior:	**0**
Palm Bay FL 32907		Days In CR	**365**	Maximum:	**51,465**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2010/07**	Max Annualized:	**51,465**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**45,574**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,116**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**18,118**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**11/1/2003**						
Acquired Date:	**7/1/2003**						
Entered Medicaid	**5/28/2004**						
Med # Active Date:	**5/28/2004**						
Previous Med #							

Medicaid Utilization	**39.75512%**
Occupancy:	**88.55339%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**111.30894%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	748,462	1,450,371	874,640	535,568	0	3,609,041
1a	Audit Adjustments						
2	Cost Per Diem	41.3104	80.0514	48.2746	**29.5600**		199.1964
3	Cost Per Diem Inflated	43.0039	82.1571	50.2536			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.0039**	**82.1571**	**50.2536**	**29.5600**		204.9746
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.2457		49.1647			
7	Provider Target Rate	**51.5087**		**50.4005**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.0039**	**82.1571**	**50.2536**	**13.6500**		189.0646
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**43.0039**	**82.1571**	**50.2536**	**13.6500**		**189.0646**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 268186-00 - 2011/01

207.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Palm Bay

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/28/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2003/07**
Indexed Asset Value	**6,890,803**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**8,650,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.0000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**4.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**400,866**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,512,642**	**8.6546**
20% ROE(2):	**1,378,161**	**0.8679**
Insurance Cost(3):	**22,132**	**0.4856**
Taxes Cost(3):	**118,181**	**2.5932**
Home Office(3):	**41,988**	**0.9213**
Replacement(3&4):	**51,492**	**0.0000**
Total FRVS PD:		**13.5226**

(1) 80% Capital ($5,512,642) amortized at 4.0000% for 20 years Principal & Interest of $400,866 divided by annual available days (51,465) divided by Occup. Adj. (0.9000) = $8.6546
(2) 20% ROE ($1,378,161) times the ROE factor (0.029170) divided by annual available days (51,465) divided by Occup. Adj. (0.9000) = $0.8679
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2003**	Used Per Bed Standard:	**42,535**
Comparison Bed	**141**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,997,435**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.0039**	**43.0039**	**0.3751**	**42.6288**	
Patient Care					
Direct Care	**82.1571**	**82.1571**	**0.7167**	**81.4404**	
Indirect Care	**50.2536**	**50.2536**	**0.4384**	**49.8152**	
Property	**13.6500**	**13.5226**	**0.1180**	**13.4046**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.1713**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.0646**	**188.9372**	**1.6482**	**207.0574**	

***Medicaid Trend Adjustment :**

0 268585-00 - 2011/01

210.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

HarborChase of Naples

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
7801 AIRPORT PULLING RC		**01/01/2009-12/31/2009**		Number of Beds:	**40**	Superior:	**0**
Naples FL 34109		Days In CR	**365**	Maximum:	**14,600**	Standard:	**181**
County:	**Collier[11]**	First Used:	**2011/01**	Max Annualized:	**14,600**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**13,683**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,308**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**4,753**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**2/16/1998**						
Acquired Date:	**9/12/1997**						
Entered Medicaid	**6/16/1998**						
Med # Active Date:	**1/1/2004**						
Previous Med #	**214078**						

Medicaid Utilization	**34.73653%**
Occupancy:	**93.71918%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.80219%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	245,825	404,082	240,787	183,561	0	1,074,255
1a	Audit Adjustments						
2	Cost Per Diem	51.7200	85.0162	50.6600	**38.6200**		226.0162
3	Cost Per Diem Inflated	53.8402	87.2525	52.7368			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.8402**	**87.2525**	**52.7368**	**38.6200**		232.4495
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7966		56.1408			
7	Provider Target Rate	**50.0232**		**58.5755**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.0232**	**87.2525**	**52.7368**	**13.6500**		203.6625
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.0232**	**87.2525**	**52.7368**	**13.6500**		**203.6625**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 268585-00 - 2011/01

210.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

HarborChase of Naples

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/16/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/07**
Indexed Asset Value	**1,834,489**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**13,681,685.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.9000**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.9000**	**%**
Interest Only:	**False**	
Yearly Payment:	**146,212**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,467,591**	**11.1272**
20% ROE(2):	**366,898**	**0.8145**
Insurance Cost(3):	**16,936**	**1.2377**
Taxes Cost(3):	**19,745**	**1.4430**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**41,753**	**0.0000**
Total FRVS PD:		**14.6224**

(1) 80% Capital ($1,467,591) amortized at 7.9000% for 20 years Principal & Interest of $146,212 divided by annual available days (14,600) divided by Occup. Adj. (0.9000) = $11.1272
(2) 20% ROE ($366,898) times the ROE factor (0.029170) divided by annual available days (14,600) divided by Occup. Adj. (0.9000) = $0.8145
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1997**	Used Per Bed Standard:	**37,445**
Comparison Bed	**40**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,497,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.0232**	**50.0232**	**0.4364**	**49.5868**	
Patient Care					
Direct Care	**87.2525**	**87.2525**	**0.7611**	**86.4914**	
Indirect Care	**52.7368**	**52.7368**	**0.4600**	**52.2768**	
Property	**13.6500**	**14.6224**	**0.1276**	**14.4948**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**203.6625**	**204.6349**	**1.7851**	**210.4469**	

***Medicaid Trend Adjustment :**

0 268755-00 - 2011/01

221.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Abbieiean Russell Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
700 South 29th Street		**01/01/2009-12/31/2009**		Number of Beds:	**79**	Superior:	**0**
Ft. Pierce FL 34947		Days In CR	**365**	Maximum:	**28,835**	Standard:	**181**
County:	**St Lucie[56]**	First Used:	**2011/01**	Max Annualized:	**28,835**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**22,421**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,018**	**Inflation**	
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**15,631**	FY Index:	**1.19387802**
Class at 1/94:	**South Small [3]**	Medicaid Utilization			**69.71589%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**77.75620%**	Cost:	**1.04099417**
Open Date:	**10/1/1976**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**10/1/1976**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**10/1/1976**	Low Occupancy Adjustment Factor:			**97.73720%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**5/1/2004**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**204609**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	853,682	1,233,277	747,214	216,020	0	3,050,193
1a	Audit Adjustments						
2	Cost Per Diem	54.6147	78.8994	47.8033	**13.8200**		195.1374
3	Cost Per Diem Inflated	56.8536	80.9748	49.7630			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.8536**	**80.9748**	**49.7630**	**13.8200**		201.4114
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.0499		56.1408			
7	Provider Target Rate	**62.5845**		**58.5755**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**56.8536**	**80.9748**	**49.7630**	**13.6500**		201.2414
12/13	Medicaid Adjustment Rate		1.7961	1.1038			
14	Prospective Per Diem 11	**56.8536**	**82.7709**	**50.8668**	**13.6500**		**204.1413**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 268755-00 - 2011/01

221.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Abbieiean Russell Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1976/07**
Indexed Asset Value	**3,093,475**
FRVS Base Asset:	**1,587,352**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**425,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**4.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**103,627**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,474,780**	**3.9931**
20% ROE(2):	**618,695**	**0.6954**
Insurance Cost(3):	**36,638**	**1.6341**
Taxes Cost(3):	**69,441**	**3.0971**
Home Office(3):	**13,045**	**0.5818**
Replacement(3&4):	**19,100**	**0.0000**
Total FRVS PD:		**10.0015**

(1) 80% Capital ($2,474,780) amortized at 4.2500% for 20 years Interest of $103,627 divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = $3.9931
(2) 20% ROE ($618,695) times the ROE factor (0.029170) divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = $0.6954
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**78**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,223,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**56.8536**	**56.8536**	**0.4960**	**56.3576**	
Patient Care					
Direct Care	**82.7709**	**82.7709**	**0.7220**	**82.0489**	
Indirect Care	**50.8668**	**50.8668**	**0.4437**	**50.4231**	
Property	**13.6500**	**10.0015**	**0.0872**	**9.9143**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.4555**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**204.1413**	**200.4928**	**1.7489**	**221.7965**	

***Medicaid Trend Adjustment :**

0 268763-00 - 2011/01

194.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Good Samaritan Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
10676 Marvin Jones Boulevar		**07/01/2008-06/30/2009**		Number of Beds:	**161**	Superior:	**0**
Live Oak FL 32060		Days In CR	**365**	Maximum:	**58,765**	Standard:	**181**
County:	**Suwannee[61]**	First Used:	**2010/07**	Max Annualized:	**58,765**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**57,389**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,636**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**42,834**	FY Index:	**1.18376228**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**74.63800%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**97.65847%**	Cost:	**1.04988990**
Open Date:	**1/1/1970**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**10/1/1985**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15050000**
Entered Medicaid	**1/1/1970**	Low Occupancy Adjustment Factor:			**122.75375%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**11/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03433290**
Previous Med #	**202771**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,420,804	3,242,846	1,731,633	507,583	0	6,902,866
1a	Audit Adjustments						
2	Cost Per Diem	33.1700	75.7073	40.4266	**11.8500**		161.1539
3	Cost Per Diem Inflated	34.8248	78.3066	42.4435			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.8248**	**78.3066**	**42.4435**	**11.8500**		167.4249
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.6559		46.6363			
7	Provider Target Rate	**39.6276**		**47.8086**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.8248**	**78.3066**	**42.4435**	**11.8500**		167.4249
12/13	Medicaid Adjustment Rate		2.1705	1.1764			
14	Prospective Per Diem 11	**34.8248**	**80.4771**	**43.6199**	**11.8500**		**170.7718**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 268763-00 - 2011/01

194.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Good Samaritan Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**6,501,873**
FRVS Base Asset:	**2,464,423**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**7,715,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.0000**	**%**
Chase Rate:	**10.5000**	**%**
Amortization Rate:	**7.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**483,926**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,201,498**	**9.1499**
20% ROE(2):	**1,300,375**	**0.7787**
Insurance Cost(3):	**34,344**	**0.5984**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**97,081**	**1.6916**
Replacement(3&4):	**25,077**	**0.0000**
Total FRVS PD:		**12.2186**

(1) 80% Capital ($5,201,498) amortized at 7.0000% for 20 years Principal & Interest of $483,926 divided by annual available days (58,765) divided by Occup. Adj. (0.9000) = $9.1499

(2) 20% ROE ($1,300,375) times the ROE factor (0.031670) divided by annual available days (58,765) divided by Occup. Adj. (0.9000) = $0.7787

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**107**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,049,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.8248**	**34.8248**	**0.3038**	**34.5210**	
Patient Care					
Direct Care	**80.4771**	**80.4771**	**0.7020**	**79.7751**	
Indirect Care	**43.6199**	**43.6199**	**0.3805**	**43.2394**	
Property	**11.8500**	**12.2186**	**0.1066**	**12.1120**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.6370**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**170.7718**	**171.1404**	**1.4929**	**194.8816**	

***Medicaid Trend Adjustment :**

0 268780-00 - 2011/01

226.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Springs at Lake Pointe Woods

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3280 Lake Pointe Drive		**01/01/2009-12/31/2009**		Number of Beds:	**119**	Superior:	**0**
Sarasota FL 34238		Days In CR	**365**	Maximum:	**43,435**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2010/07**	Max Annualized:	**43,435**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**37,863**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,824**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**19,142**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**11/6/1986**						
Acquired Date:	**11/6/1986**						
Entered Medicaid	**11/1/1989**						
Med # Active Date:	**1/1/2004**						
Previous Med #	**213225**						

Medicaid Utilization	**50.55595%**
Occupancy:	**87.17164%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**109.57212%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	789,495	1,813,712	1,086,587	528,893	15,676	4,234,363
1a	Audit Adjustments						
2	Cost Per Diem	41.2441	94.7504	56.7645	**27.6300**	**0.8189**	221.2079
3	Cost Per Diem Inflated	42.9349	97.2428	59.0915			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.9349**	**97.2428**	**59.0915**	**27.6300**	**0.8189**	227.7181
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.2635		53.4245			
7	Provider Target Rate	**43.3259**		**54.7674**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.9349**	**96.5967**	**54.7674**	**13.6500**	**0.8189**	208.7679
12/13	Medicaid Adjustment Rate		0.0604	0.0343			
14	Prospective Per Diem 11	**42.9349**	**96.6571**	**54.8017**	**13.6500**	**0.8189**	**208.8626**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 268780-00 - 2011/01

226.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Springs at Lake Pointe Woods

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/07**
Indexed Asset Value	**4,182,524**
FRVS Base Asset:	**1,523,061**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**281,857**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,346,019**	**7.2102**
20% ROE(2):	**836,505**	**0.6242**
Insurance Cost(3):	**72,465**	**1.9139**
Taxes Cost(3):	**67,208**	**1.7750**
Home Office(3):	**5,884**	**0.1554**
Replacement(3&4):	**11,381**	**0.0000**
Total FRVS PD:		**11.6787**

(1) 80% Capital ($3,346,019) amortized at 8.5000% for 20 years Interest of $281,857 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $7.2102
(2) 20% ROE ($836,505) times the ROE factor (0.029170) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $0.6242
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1986**	Used Per Bed Standard:	**28,737**
Comparison Bed	**53**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,523,061**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.9349**	**42.9349**	**0.3745**	**42.5604**	
Patient Care					
Direct Care	**96.6571**	**96.6571**	**0.8432**	**95.8139**	
Indirect Care	**54.8017**	**54.8017**	**0.4781**	**54.3236**	
Property	**13.6500**	**11.6787**	**0.1019**	**11.5768**	
ROE	**0.8189**	**0.2940**	**0.0026**	**0.2914**	
ROE Adjustment	**-0.2940**	**-0.2940**	**-0.0026**	**-0.2914**	
Quality Assess-Medicaid Share				**$14.4417**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**208.5686**	**206.0724**	**1.7977**	**226.3135**	

***Medicaid Trend Adjustment :**

0 269000-00 - 2011/01

198.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Majestic Oaks Nursing Home

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
901 Veterans Memorial Parkw		**01/01/2009-12/31/2009**		Number of Beds:	**150**	Superior:	**0**
Orange City Fl 32763		Days In CR	**365**	Maximum:	**54,750**	Standard:	**181**
County: **Volusia[64]**		First Used:	**2011/01**	Max Annualized:	**54,750**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**49,246**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**8,217**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**16,114**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**1/21/2003**						
Acquired Date:	**1/21/2003**						
Entered Medicaid	**1/21/2003**						
Med # Active Date:	**1/21/2003**						
Previous Med #							

Medicaid Utilization	**32.72144%**
Occupancy:	**89.94703%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.06071%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	856,068	1,459,158	663,464	278,933	0	3,257,623
1a	Audit Adjustments						
2	Cost Per Diem	53.1257	90.5522	41.1731	**17.3100**		202.1610
3	Cost Per Diem Inflated	55.3035	92.9341	42.8610			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.3035**	**92.9341**	**42.8610**	**17.3100**		208.4086
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.3671		43.1867			
7	Provider Target Rate	**50.6080**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**92.9341**	**42.8610**	**13.6500**		194.6914
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.2463**	**92.9341**	**42.8610**	**13.6500**		**194.6914**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 269000-00 - 2011/01

198.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Majestic Oaks Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/21/2003**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2003/01**
Indexed Asset Value	**6,544,829**
FRVS Base Asset:	**6,296,700**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**7,059,913.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.9085**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**5.9085**	**%**
Interest Only:	**False**	
Yearly Payment:	**446,826**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,235,863**	**9.0680**
20% ROE(2):	**1,308,966**	**0.7749**
Insurance Cost(3):	**66,954**	**1.3596**
Taxes Cost(3):	**37,541**	**0.7623**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**132,950**	**0.0000**
Total FRVS PD:		**11.9648**

(1) 80% Capital ($5,235,863) amortized at 5.9085% for 20 years Principal & Interest of $446,826 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $9.0680
(2) 20% ROE ($1,308,966) times the ROE factor (0.029170) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $0.7749
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2002**	Used Per Bed Standard:	**41,978**
Comparison Bed	**150**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**6,296,700**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**92.9341**	**92.9341**	**0.8107**	**92.1234**	
Indirect Care	**42.8610**	**42.8610**	**0.3739**	**42.4871**	
Property	**13.6500**	**11.9648**	**0.1044**	**11.8604**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**194.6914**	**193.0062**	**1.6837**	**198.9196**	

***Medicaid Trend Adjustment :**

0 269107-00 - 2011/01

188.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Harmony Health Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
9820 N. Kendall Drive		**01/01/2009-12/31/2009**		Number of Beds:	**203**	Superior:	**0**
Miami Fl 33176		Days In CR	**365**	Maximum:	**74,095**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2010/07**	Max Annualized:	**74,095**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**73,505**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**21,092**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**36,783**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/1/1970**						
Acquired Date:	**12/11/1998**						
Entered Medicaid	**11/13/2000**						
Med # Active Date:	**9/1/2003**						
Previous Med #	**226386**						

Medicaid Utilization	**50.04149%**
Occupancy:	**99.20372%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**124.69610%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,210,047	2,615,944	1,758,835	830,560	0	6,415,386
1a	Audit Adjustments						
2	Cost Per Diem	32.8969	71.1183	47.8165	**22.5800**		174.4117
3	Cost Per Diem Inflated	34.2455	72.9890	49.7767			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.2455**	**72.9890**	**49.7767**	**22.5800**		179.5912
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		50.9458			
7	Provider Target Rate	**40.1320**		**52.2264**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.2455**	**72.9890**	**49.7767**	**13.6500**		170.6612
12/13	Medicaid Adjustment Rate		0.0034	0.0023			
14	Prospective Per Diem 11	**34.2455**	**72.9924**	**49.7790**	**13.6500**		**170.6669**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 269107-00 - 2011/01

188.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Harmony Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/13/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/07**
Indexed Asset Value	**8,526,083**
FRVS Base Asset:	**8,526,083**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**6,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**6.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**586,402**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,820,866**	**8.7935**
20% ROE(2):	**1,705,217**	**0.7459**
Insurance Cost(3):	**64,593**	**0.8788**
Taxes Cost(3):	**139,888**	**1.9031**
Home Office(3):	**5,609**	**0.0763**
Replacement(3&4):	**93,029**	**0.0000**
Total FRVS PD:		**12.3976**

(1) 80% Capital ($6,820,866) amortized at 6.0000% for 20 years Principal & Interest of $586,402 divided by annual available days (74,095) divided by Occup. Adj. (0.9000) = $8.7935

(2) 20% ROE ($1,705,217) times the ROE factor (0.029170) divided by annual available days (74,095) divided by Occup. Adj. (0.9000) = $0.7459

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1998**	Used Per Bed Standard:	**37,882**
Comparison Bed	**203**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**7,690,046**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.2455**	**34.2455**	**0.2987**	**33.9468**	
Patient Care					
Direct Care	**72.9924**	**72.9924**	**0.6367**	**72.3557**	
Indirect Care	**49.7790**	**49.7790**	**0.4342**	**49.3448**	
Property	**13.6500**	**12.3976**	**0.1081**	**12.2895**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.4268**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**170.6669**	**169.4145**	**1.4777**	**188.9607**	

***Medicaid Trend Adjustment :**

0 269395-00 - 2011/01

200.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Crossings

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4445 Pine Forest Drive		**03/01/2004-02/28/2005**		Number of Beds:	**60**	Superior:	**0**
Lake Worth FL 33463		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2004/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**21,716**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,520**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**15,852**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1988**						
Acquired Date:	**7/1/1988**						
Entered Medicaid	**11/1/1988**						
Med # Active Date:	**2/1/2004**						
Previous Med #	**210498**						

Medicaid Utilization	**72.99687%**
Occupancy:	**99.15982%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**124.64091%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.01423401**
Semester Index:	**1.24282006**
Cost:	**1.00000000**
Target:	**1.01759574**
DC FY Index:	**1.01032868**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.00000000**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	554,027	1,318,474	709,948	242,853	0	2,825,302
1a	Audit Adjustments						
2	Cost Per Diem	34.9500	83.1740	44.7860	**15.3200**		178.2300
3	Cost Per Diem Inflated	34.9500	83.1740	44.7860			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.9500**	**83.1740**	**44.7860**	**15.3200**		178.2300
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.9500**	**83.1740**	**44.7860**	**13.6500**		176.5600
12/13	Medicaid Adjustment Rate		1.7848	1.1906			
14	Prospective Per Diem 11	**34.9500**	**84.9588**	**45.9766**	**13.6500**		**179.5354**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget and will receive 65-35 patient care split.

0 269395-00 - 2011/01

200.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Crossings

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/07**
Indexed Asset Value	**2,084,475**
FRVS Base Asset:	**1,264,851**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042400**

Mortgage Information		
Amount:	**2,376,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**149,196**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,667,580**	**7.5696**
20% ROE(2):	**416,895**	**0.8968**
Insurance Cost(3):	**16,000**	**0.7368**
Taxes Cost(3):	**50,000**	**2.3024**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**11.5056**

(1) 80% Capital ($1,667,580) amortized at 6.5000% for 20 years Principal & Interest of $149,196 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $7.5696
(2) 20% ROE ($416,895) times the ROE factor (0.042400) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.8968
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1988**	Used Per Bed Standard:	**29,662**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,779,720**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.9500**	**34.9500**	**0.3049**	**34.6451**	
Patient Care					
Direct Care	**84.9588**	**84.9588**	**0.7411**	**84.2177**	
Indirect Care	**45.9766**	**45.9766**	**0.4011**	**45.5755**	
Property	**13.6500**	**11.5056**	**0.1004**	**11.4052**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.5120**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**179.5354**	**177.3910**	**1.5475**	**200.9526**	

***Medicaid Trend Adjustment :**

0 269409-00 - 2011/01

191.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Crossroads

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
206 West Orange Street		**03/01/2004-02/28/2005**		Number of Beds:	**60**	Superior:	**0**
Davenport FL 33837		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County: **Polk[53]**		First Used:	**2004/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **Central[3]**	Area: **6**	Last Used:	**2011/01**	Total Patient:	**20,799**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**3,241**		
Current Class **Central Small [5]**		Initial CR?	**False**	Medicaid:	**12,939**		
Class at 1/94: **South Small [3]**							
Operating Ex **> 18 months [1]**							
Open Date:	**1/1/1970**						
Acquired Date:	**1/1/1970**						
Entered Medicaid	**1/1/1970**						
Med # Active Date:	**2/1/2004**						
Previous Med #	**202568**						

Medicaid Utilization	**62.20972%**
Occupancy:	**94.97260%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.37771%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.01423401**
Semester Index:	**1.24282006**
Cost:	**1.00000000**
Target:	**1.01759574**
DC FY Index:	**1.01032868**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.00000000**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	450,407	1,028,838	553,990	152,163	0	2,185,398
1a	Audit Adjustments						
2	Cost Per Diem	34.8100	79.5145	42.8155	**11.7600**		168.9000
3	Cost Per Diem Inflated	34.8100	79.5145	42.8155			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.8100**	**79.5145**	**42.8155**	**11.7600**		168.9000
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.8100**	**79.5145**	**42.8155**	**11.7600**		168.9000
12/13	Medicaid Adjustment Rate		0.9414	0.5718			
14	Prospective Per Diem 11	**34.8100**	**80.4559**	**43.3873**	**11.7600**		**170.4132**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget and will receive 65-35 patient care split.

0 269409-00 - 2011/01

191.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Crossroads

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**1,797,776**
FRVS Base Asset:	**971,248**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042400**

Mortgage Information		
Amount:	**2,024,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**128,676**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,438,221**	**6.5285**
20% ROE(2):	**359,555**	**0.7735**
Insurance Cost(3):	**20,400**	**0.9808**
Taxes Cost(3):	**50,000**	**2.4040**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**10.6868**

(1) 80% Capital ($1,438,221) amortized at 6.5000% for 20 years Principal & Interest of $128,676 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $6.5285
(2) 20% ROE ($359,555) times the ROE factor (0.042400) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.7735
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.8100**	**34.8100**	**0.3037**	**34.5063**	
Patient Care					
Direct Care	**80.4559**	**80.4559**	**0.7018**	**79.7541**	
Indirect Care	**43.3873**	**43.3873**	**0.3785**	**43.0088**	
Property	**11.7600**	**10.6868**	**0.0932**	**10.5936**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8958**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**170.4132**	**169.3400**	**1.4772**	**191.3557**	

***Medicaid Trend Adjustment :**

0 269492-00 - 2011/01

232.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Douglas Jacobson State Veteran's Nursing Home

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
21281 Grayton Terrace	**07/01/2008-06/30/2009**	Number of Beds: **120**	Superior: **0**
Port Charlotte FL 33954	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Charlotte[8]**	First Used: **2010/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **South[2]** Area: **8**	Last Used: **2011/01**	Total Patient: **42,595**	Total: **181**
Control **Government Non-Prof**	**Unaudited [3]**	Medicare: **1,491**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **21,855**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **4/1/2004**			
Acquired Date: **4/1/2004**			
Entered Medicaid **6/7/2004**			
Med # Active Date: **6/7/2004**			
Previous Med #			

Medicaid Utilization	**51.30884%**
Occupancy:	**97.24886%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**122.23889%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,052,635	2,199,315	1,174,332	170,688	0	4,596,970
1a	Audit Adjustments						
2	Cost Per Diem	48.1645	100.6321	53.7329	**7.8100**		210.3395
3	Cost Per Diem Inflated	50.5674	104.0871	56.4136			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.5674**	**104.0871**	**56.4136**	**7.8100**		218.8781
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	69.0590		58.5786			
7	Provider Target Rate	**70.7949**		**60.0511**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**96.5967**	**56.4136**	**7.8100**		211.1581
12/13	Medicaid Adjustment Rate		0.1422	0.0831			
14	Prospective Per Diem 11	**50.3378**	**96.7389**	**56.4967**	**7.8100**		**211.3834**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 269492-00 - 2011/01

232.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Douglas Jacobson State Veteran's Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/7/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2004/01**
Indexed Asset Value	**5,464,515**
FRVS Base Asset:	**5,163,720**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**4.0000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**4.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**172,213**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,371,612**	**4.3687**
20% ROE(2):	**1,092,903**	**0.8780**
Insurance Cost(3):	**47**	**0.0011**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**44,540**	**0.0000**
Total FRVS PD:		**5.2478**

(1) 80% Capital ($4,371,612) amortized at 4.0000% for 20 years Interest of $172,213 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $4.3687
(2) 20% ROE ($1,092,903) times the ROE factor (0.031670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8780
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2003**	Used Per Bed Standard:	**43,031**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,163,720**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**96.7389**	**96.7389**	**0.8439**	**95.8950**	
Indirect Care	**56.4967**	**56.4967**	**0.4928**	**56.0039**	
Property	**7.8100**	**5.2478**	**0.0458**	**5.2020**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.1709**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**211.3834**	**208.8212**	**1.8216**	**232.7676**	

***Medicaid Trend Adjustment :**

0 269697-00 - 2011/01

209.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Regents Park of Sunrise

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
9711 West Oakland Park Blvd		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Sunrise FL 33351		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2011/01**	Total Patient:	**38,865**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**9,393**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**25,002**	FY Index:	**1.19387802**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**64.33037%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**88.73287%**	Cost:	**1.04099417**
Open Date:	**11/6/1989**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**11/6/1989**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**11/6/1989**	Low Occupancy Adjustment Factor:			**111.53455%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**6/1/2004**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**210960**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	957,310	1,822,518	1,271,216	1,000,330	0	5,051,374
1a	Audit Adjustments						
2	Cost Per Diem	38.2893	72.8949	50.8446	**40.0100**		202.0388
3	Cost Per Diem Inflated	39.8589	74.8124	52.9289			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.8589**	**74.8124**	**52.9289**	**40.0100**		207.6102
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.7034		54.8827			
7	Provider Target Rate	**47.8774**		**56.2623**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.8589**	**74.8124**	**52.9289**	**13.6500**		181.2502
12/13	Medicaid Adjustment Rate		1.2061	0.8533			
14	Prospective Per Diem 11	**39.8589**	**76.0185**	**53.7822**	**13.6500**		**183.3096**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 269697-00 - 2011/01

209.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Regents Park of Sunrise

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/6/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/07**
Indexed Asset Value	**5,051,355**
FRVS Base Asset:	**3,578,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,762,500.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**452,018**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,041,084**	**11.4667**
20% ROE(2):	**1,010,271**	**0.7476**
Insurance Cost(3):	**82,677**	**2.1273**
Taxes Cost(3):	**207,271**	**5.3331**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**34,017**	**0.0000**
Total FRVS PD:		**19.6747**

(1) 80% Capital ($4,041,084) amortized at 9.5000% for 20 years Principal & Interest of $452,018 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.4667
(2) 20% ROE ($1,010,271) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7476
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,578,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.8589**	**39.8589**	**0.3477**	**39.5112**	
Patient Care					
Direct Care	**76.0185**	**76.0185**	**0.6631**	**75.3554**	
Indirect Care	**53.7822**	**53.7822**	**0.4692**	**53.3130**	
Property	**13.6500**	**19.6747**	**0.1716**	**19.5031**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.2791**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**183.3096**	**189.3343**	**1.6516**	**209.5589**	

***Medicaid Trend Adjustment :**

0 269719-00 - 2011/01

202.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Regents Park of Winter Park

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
558 Semoran Blvd	**01/01/2009-12/31/2009**	Number of Beds: **120**	Superior: **0**
Winter Park FL 32792	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Orange[48]**	First Used: **2010/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **7**	Last Used: **2011/01**	Total Patient: **40,332**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **10,840**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **20,108**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **11/23/1988**			
Acquired Date: **11/23/1988**			
Entered Medicaid **11/23/1988**			
Med # Active Date: **6/1/2004**			
Previous Med # **211044**			

Medicaid Utilization	**49.85619%**
Occupancy:	**92.08219%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.74454%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	753,164	1,485,019	973,761	836,091	0	4,048,035
1a	Audit Adjustments						
2	Cost Per Diem	37.4559	73.8521	48.4265	**41.5800**		201.3145
3	Cost Per Diem Inflated	38.9914	75.7947	50.4117			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.9914**	**75.7947**	**50.4117**	**41.5800**		206.7778
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.4017		48.4340			
7	Provider Target Rate	**41.4173**		**49.6515**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.9914**	**75.7947**	**49.6515**	**13.6500**		178.0876
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.9914**	**75.7947**	**49.6515**	**13.6500**		**178.0876**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 269719-00 - 2011/01

202.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Regents Park of Winter Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/23/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/07**
Indexed Asset Value	**4,913,959**
FRVS Base Asset:	**3,559,440**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**7,688,955.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**8.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**394,582**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,931,167**	**10.0097**
20% ROE(2):	**982,792**	**0.7272**
Insurance Cost(3):	**91,886**	**2.2782**
Taxes Cost(3):	**221,143**	**5.4831**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**24,890**	**0.0000**
Total FRVS PD:		**18.4982**

(1) 80% Capital ($3,931,167) amortized at 8.0000% for 20 years Principal & Interest of $394,582 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.0097
(2) 20% ROE ($982,792) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7272
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1988**	Used Per Bed Standard:	**29,662**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,559,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.9914**	**38.9914**	**0.3401**	**38.6513**	
Patient Care					
Direct Care	**75.7947**	**75.7947**	**0.6612**	**75.1335**	
Indirect Care	**49.6515**	**49.6515**	**0.4331**	**49.2184**	
Property	**13.6500**	**18.4982**	**0.1614**	**18.3368**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.7691**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**178.0876**	**182.9358**	**1.5958**	**202.7062**	

***Medicaid Trend Adjustment :**

0 269727-00 - 2011/01

193.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Regents Park of Jacksonville

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
8700 AC Skinner Parkway		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32256		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**39,527**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,876**	Inflation	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**25,918**	FY Index:	**1.19387802**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**65.57037%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.24429%**	Cost:	**1.04099417**
Open Date:	**2/1/1986**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**2/1/1986**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**2/1/1986**	Low Occupancy Adjustment Factor:			**113.43436%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**6/1/2004**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**211028**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	881,777	1,890,356	1,050,611	901,946	0	4,724,690
1a	Audit Adjustments						
2	Cost Per Diem	34.0218	72.9360	40.5360	**34.8000**		182.2938
3	Cost Per Diem Inflated	35.4165	74.8545	42.1977			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.4165**	**74.8545**	**42.1977**	**34.8000**		187.2687
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.2477		47.7712			
7	Provider Target Rate	**42.2845**		**48.9720**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.4165**	**74.8545**	**42.1977**	**13.6500**		166.1187
12/13	Medicaid Adjustment Rate		1.3112	0.7392			
14	Prospective Per Diem 11	**35.4165**	**76.1657**	**42.9369**	**13.6500**		**168.1691**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 269727-00 - 2011/01

193.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Regents Park of Jacksonville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/31/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/01**
Indexed Asset Value	**4,729,952**
FRVS Base Asset:	**3,049,500**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,990,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**12.0000**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**386,902**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,783,962**	**9.8149**
20% ROE(2):	**945,990**	**0.7000**
Insurance Cost(3):	**64,610**	**1.6346**
Taxes Cost(3):	**214,259**	**5.4206**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**71,561**	**0.0000**
Total FRVS PD:		**17.5701**

(1) 80% Capital ($3,783,962) amortized at 8.2500% for 20 years Principal & Interest of $386,902 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.8149
(2) 20% ROE ($945,990) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7000
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**107**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,049,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.4165**	**35.4165**	**0.3090**	**35.1075**	
Patient Care					
Direct Care	**76.1657**	**76.1657**	**0.6644**	**75.5013**	
Indirect Care	**42.9369**	**42.9369**	**0.3746**	**42.5623**	
Property	**13.6500**	**17.5701**	**0.1533**	**17.4168**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.5544**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**168.1691**	**172.0892**	**1.5013**	**193.7394**	

***Medicaid Trend Adjustment :**

0 281743-00 - 2011/01

173.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Jacaranda Manor

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4250 66th Street North		**01/01/2009-12/31/2009**		Number of Beds:	**299**	Superior:	**0**
St. Petersburg FL 33709		Days In CR	**365**	Maximum:	**109,135**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**109,135**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**102,327**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,006**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**91,200**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/1/1970**						
Acquired Date:	**5/1/1970**						
Entered Medicaid	**5/1/1970**						
Med # Active Date:	**10/15/2004**						
Previous Med #	**211729**						

Medicaid Utilization	**89.12604%**
Occupancy:	**93.76186%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.85583%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,222,097	7,400,953	2,777,013	585,504	0	13,985,567
1a	Audit Adjustments						
2	Cost Per Diem	35.3300	81.1508	30.4497	**6.4200**		153.3505
3	Cost Per Diem Inflated	36.7783	83.2854	31.6980			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.7783**	**83.2854**	**31.6980**	**6.4200**		158.1817
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.7783**	**83.2854**	**31.6980**	**6.4200**		158.1817
12/13	Medicaid Adjustment Rate		3.6660	1.3952			
14	Prospective Per Diem 11	**36.7783**	**86.9514**	**33.0932**	**6.4200**		**163.2429**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 281743-00 - 2011/01

173.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Jacaranda Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**5,836,408**
FRVS Base Asset:	**2,853,393**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,179,545.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.2200**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**9.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**531,449**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,669,126**	**5.4107**
20% ROE(2):	**1,167,282**	**0.3467**
Insurance Cost(3):	**20,573**	**0.2011**
Taxes Cost(3):	**68,659**	**0.6710**
Home Office(3):	**20,798**	**0.2033**
Replacement(3&4):	**113,994**	**0.0000**
Total FRVS PD:		**6.8328**

(1) 80% Capital ($4,669,126) amortized at 9.7500% for 20 years Principal & Interest of $531,449 divided by annual available days (109,135) divided by Occup. Adj. (0.9000) = $5.4107

(2) 20% ROE ($1,167,282) times the ROE factor (0.029170) divided by annual available days (109,135) divided by Occup. Adj. (0.9000) = $0.3467

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**299**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**8,521,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.7783**	**36.7783**	**0.3208**	**36.4575**	
Patient Care					
Direct Care	**86.9514**	**86.9514**	**0.7585**	**86.1929**	
Indirect Care	**33.0932**	**33.0932**	**0.2887**	**32.8045**	
Property	**6.4200**	**6.8328**	**0.0596**	**6.7732**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.5568**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**163.2429**	**163.6557**	**1.4276**	**173.3820**	

***Medicaid Trend Adjustment :**

0 281891-00 - 2011/01

199.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Pasadena Manor

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1430 Pasadena Avenue South **South Pasadena FL 33707** County: **Pinellas[52]** Region: **Central[3]** Area: **5** Control **Private Non-Profit [3]** Current Class **Central Large [6]** Class at 1/94: **North Large [2]** Operating Ex **> 18 months [1]** Open Date: **1/1/1970** Acquired Date: **1/1/1970** Entered Medicaid **1/1/1970** Med # Active Date: **10/15/2004** Previous Med # **211702**	**08/01/2009-07/31/2010** Days In CR **365** First Used: **2011/01** Last Used: **2011/01** **Unaudited [3]** Initial CR? **False**	Number of Beds: **126** Maximum: **45,990** Max Annualized: **45,990** Total Patient: **37,327** Medicare: **1,930** Medicaid: **32,883**	Superior: **0** Standard: **181** Conditional: **0** Total: **181**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Medicaid Utilization	**88.09441%**
Occupancy:	**81.16330%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**102.01982%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,137,867	2,596,179	1,496,993	761,899	0	5,992,938
1a	Audit Adjustments						
2	Cost Per Diem	34.6035	78.9520	45.5248	**23.1700**		182.2503
3	Cost Per Diem Inflated	35.5674	80.4507	46.7929			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.5674**	**80.4507**	**46.7929**	**23.1700**		185.9810
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		45.7709			
7	Provider Target Rate	**38.1474**		**46.9214**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.5674**	**80.4507**	**46.7929**	**13.6500**		176.4610
12/13	Medicaid Adjustment Rate		3.4478	2.0054			
14	Prospective Per Diem 11	**35.5674**	**83.8985**	**48.7983**	**13.6500**		**181.9142**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 281891-00 - 2011/01

199.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Pasadena Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**1,651,940**
FRVS Base Asset:	**842,445**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**1,896,724.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.7683**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**140,144**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,321,552**	**3.3859**
20% ROE(2):	**330,388**	**0.2478**
Insurance Cost(3):	**125,049**	**3.3501**
Taxes Cost(3):	**29,950**	**0.8024**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**2,112**	**0.0000**
Total FRVS PD:		**7.7862**

(1) 80% Capital ($1,321,552) amortized at 8.7500% for 20 years Principal & Interest of $140,144 divided by annual available days (45,990) divided by Occup. Adj. (0.9000) = $3.3859
(2) 20% ROE ($330,388) times the ROE factor (0.031040) divided by annual available days (45,990) divided by Occup. Adj. (0.9000) = $0.2478
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**126**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,591,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.5674**	**35.5674**	**0.3103**	**35.2571**	
Patient Care					
Direct Care	**83.8985**	**83.8985**	**0.7319**	**83.1666**	
Indirect Care	**48.7983**	**48.7983**	**0.4257**	**48.3726**	
Property	**13.6500**	**7.7862**	**0.0679**	**7.7183**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.8564**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**181.9142**	**176.0504**	**1.5358**	**199.9681**	

***Medicaid Trend Adjustment :**

0 281913-00 - 2011/01

196.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Community Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2202 West Oak Avenue	**07/01/2009-06/30/2010**	Number of Beds: **120**	Superior: **0**
Plant City FL 33563	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Hillsborough[29]**	First Used: **2011/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2011/01**	Total Patient: **42,005**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **4,983**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **31,131**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **7/1/1976**			
Acquired Date: **7/1/1976**			
Entered Medicaid **8/1/1976**			
Med # Active Date: **10/15/2004**			
Previous Med # **211796**			

Medicaid Utilization	**74.11261%**
Occupancy:	**95.90183%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.54571%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	988,304	2,527,887	1,356,968	394,118	0	5,267,277
1a	Audit Adjustments						
2	Cost Per Diem	31.7466	81.2016	43.5890	**12.6600**		169.1972
3	Cost Per Diem Inflated	32.7079	82.8375	44.9089			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**32.7079**	**82.8375**	**44.9089**	**12.6600**		173.1143
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2120		44.9838			
7	Provider Target Rate	**38.1474**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**32.7079**	**82.8375**	**44.9089**	**12.6600**		173.1143
12/13	Medicaid Adjustment Rate		2.2471	1.2182			
14	Prospective Per Diem 11	**32.7079**	**85.0846**	**46.1271**	**12.6600**		**176.5796**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 281913-00 - 2011/01

196.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Community Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1976/07**
Indexed Asset Value	**3,125,075**
FRVS Base Asset:	**1,653,368**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**3,432,920.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.7683**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**265,120**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,500,060**	**6.7255**
20% ROE(2):	**625,015**	**0.5004**
Insurance Cost(3):	**99,780**	**2.3754**
Taxes Cost(3):	**20,555**	**0.4893**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**42,418**	**0.0000**
Total FRVS PD:		**10.0906**

(1) 80% Capital ($2,500,060) amortized at 8.7500% for 20 years Principal & Interest of $265,120 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.7255

(2) 20% ROE ($625,015) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5004

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**32.7079**	**32.7079**	**0.2853**	**32.4226**	
Patient Care					
Direct Care	**85.0846**	**85.0846**	**0.7422**	**84.3424**	
Indirect Care	**46.1271**	**46.1271**	**0.4024**	**45.7247**	
Property	**12.6600**	**10.0906**	**0.0880**	**10.0026**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5962**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**176.5796**	**174.0102**	**1.5179**	**196.6856**	

***Medicaid Trend Adjustment :**

0 282359-00 - 2011/01

230.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

West Gables Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2525 SW 75th Avenue		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Miami FL 33155		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**39,722**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**22,027**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**14,773**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/6/1988**						
Acquired Date:	**10/6/1988**						
Entered Medicaid	**10/6/1988**						
Med # Active Date:	**10/1/2001**						
Previous Med #	**211095**						

Medicaid Utilization	**37.19098%**
Occupancy:	**90.68950%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.99397%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	883,729	1,322,624	1,144,150	284,380	0	3,634,883
1a	Audit Adjustments						
2	Cost Per Diem	59.8206	89.5298	77.4487	**19.2500**		246.0491
3	Cost Per Diem Inflated	62.2729	91.8848	80.6236			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**62.2729**	**91.8848**	**80.6236**	**19.2500**		254.0313
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.5209		68.7367			
7	Provider Target Rate	**57.9417**		**70.4645**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**91.8848**	**56.8989**	**13.6500**		212.7715
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.3378**	**91.8848**	**56.8989**	**13.6500**		**212.7715**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 282359-00 - 2011/01

230.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

West Gables Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/6/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/07**
Indexed Asset Value	**5,777,569**
FRVS Base Asset:	**5,339,160**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**5,566,419.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.1700**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**9.1700**	**%**
Interest Only:	**False**	
Yearly Payment:	**505,110**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,622,055**	**12.8135**
20% ROE(2):	**1,155,514**	**0.8551**
Insurance Cost(3):	**49,547**	**1.2473**
Taxes Cost(3):	**95,677**	**2.4087**
Home Office(3):	**637**	**0.0160**
Replacement(3&4):	**22,800**	**0.0000**
Total FRVS PD:		**17.3406**

(1) 80% Capital ($4,622,055) amortized at 9.1700% for 20 years Principal & Interest of $505,110 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.8135

(2) 20% ROE ($1,155,514) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8551

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1988**	Used Per Bed Standard:	**29,662**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,339,160**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**91.8848**	**91.8848**	**0.8015**	**91.0833**	
Indirect Care	**56.8989**	**56.8989**	**0.4964**	**56.4025**	
Property	**13.6500**	**17.3406**	**0.1513**	**17.1893**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$8.3882**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**212.7715**	**216.4621**	**1.8883**	**230.5591**	

***Medicaid Trend Adjustment :**

0 282464-00 - 2011/01

207.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Ridgecrest Nursing & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1200 North Stone Street	**01/01/2009-12/31/2009**	Number of Beds: **160**	Superior: **0**
Deland FL 32720	Days In CR **365**	Maximum: **58,400**	Standard: **156**
County: **Volusia[64]**	First Used: **2010/07**	Max Annualized: **58,400**	Conditional: **25**
Region: **North [1]** Area: **4**	Last Used: **2011/01**	Total Patient: **55,111**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **10,068**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **35,165**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **5/1/1982**			
Acquired Date: **5/1/1982**			
Entered Medicaid **5/1/1982**			
Med # Active Date: **11/3/2004**			
Previous Med # **212075**			

Medicaid Utilization	**63.80759%**
Occupancy:	**94.36815%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.61792%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,607,578	2,648,329	1,590,673	769,410	99,596	6,715,586
1a	Audit Adjustments						
2	Cost Per Diem	45.7153	75.3115	45.2346	**21.8800**	**2.8322**	190.9736
3	Cost Per Diem Inflated	47.5894	77.2925	47.0890			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.5894**	**77.2925**	**47.0890**	**21.8800**	**2.8322**	196.6831
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.8950		67.3463			
7	Provider Target Rate	**58.3252**		**69.0392**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**77.2925**	**47.0890**	**13.6500**	**2.8322**	186.1100
12/13	Medicaid Adjustment Rate		1.0348	0.6304			
14	Prospective Per Diem 11	**45.2463**	**78.3273**	**47.7194**	**13.6500**	**2.8322**	**187.7752**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 282464-00 - 2011/01

207.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Ridgecrest Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/3/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**6,826,634**
FRVS Base Asset:	**2,815,680**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,900,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.6700**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.6700**	**%**
Interest Only:	**False**	
Yearly Payment:	**534,784**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,461,307**	**10.1747**
20% ROE(2):	**1,365,327**	**0.7577**
Insurance Cost(3):	**80,836**	**1.4668**
Taxes Cost(3):	**105,786**	**1.9195**
Home Office(3):	**48,247**	**0.8755**
Replacement(3&4):	**8,563**	**0.0000**
Total FRVS PD:		**15.1942**

(1) 80% Capital ($5,461,307) amortized at 7.6700% for 20 years Principal & Interest of $534,784 divided by annual available days (58,400) divided by Occup. Adj. (0.9000) = $10.1747
(2) 20% ROE ($1,365,327) times the ROE factor (0.029170) divided by annual available days (58,400) divided by Occup. Adj. (0.9000) = $0.7577
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**134**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,819,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**78.3273**	**78.3273**	**0.6833**	**77.6440**	
Indirect Care	**47.7194**	**47.7194**	**0.4163**	**47.3031**	
Property	**13.6500**	**15.1942**	**0.1325**	**15.0617**	
ROE	**2.8322**	**2.7873**	**0.0243**	**2.7630**	
ROE Adjustment	**-2.7873**	**-2.7873**	**-0.0243**	**-2.7630**	
Quality Assess-Medicaid Share				**$15.3900**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**184.9879**	**186.4872**	**1.6268**	**207.8475**	

***Medicaid Trend Adjustment :**

0 282529-00 - 2011/01

237.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Coral Reef Nursing and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
9869 S.W. 152nd Street		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Miami FL 33157		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**43,390**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,237**	Inflation	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**25,833**	FY Index:	**1.19387802**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**59.53676%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**99.06393%**	Cost:	**1.04099417**
Open Date:	**12/7/1995**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**3/1/1996**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**3/1/1996**	Low Occupancy Adjustment Factor:			**124.52037%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/12/2004**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**213021**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,300,950	2,492,536	1,301,430	561,351	0	5,656,267
1a	Audit Adjustments						
2	Cost Per Diem	50.3600	96.4865	50.3786	**21.7300**		218.9551
3	Cost Per Diem Inflated	52.4245	99.0245	52.4438			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.4245**	**99.0245**	**52.4438**	**21.7300**		225.6228
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.9818		55.9271			
7	Provider Target Rate	**50.2130**		**57.3329**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.2130**	**96.5967**	**52.4438**	**13.6500**		212.9035
12/13	Medicaid Adjustment Rate		1.0364	0.5627			
14	Prospective Per Diem 11	**50.2130**	**97.6331**	**53.0065**	**13.6500**		**214.5026**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 282529-00 - 2011/01

237.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Coral Reef Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/01**
Indexed Asset Value	**5,598,018**
FRVS Base Asset:	**4,188,480**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**5,100,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.5600**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**6.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**385,017**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,478,414**	**9.7670**
20% ROE(2):	**1,119,604**	**0.8285**
Insurance Cost(3):	**109,011**	**2.5124**
Taxes Cost(3):	**114,983**	**2.6500**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**286,914**	**0.0000**
Total FRVS PD:		**15.7579**

(1) 80% Capital ($4,478,414) amortized at 6.0000% for 20 years Principal & Interest of $385,017 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.7670
(2) 20% ROE ($1,119,604) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8285
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1995**	Used Per Bed Standard:	**34,904**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,188,480**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.2130**	**50.2130**	**0.4380**	**49.7750**	
Patient Care					
Direct Care	**97.6331**	**97.6331**	**0.8517**	**96.7814**	
Indirect Care	**53.0065**	**53.0065**	**0.4624**	**52.5441**	
Property	**13.6500**	**15.7579**	**0.1375**	**15.6204**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.8214**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**214.5026**	**216.6105**	**1.8896**	**237.1394**	

***Medicaid Trend Adjustment :**

0 282537-00 - 2011/01

233.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Palm Terrace of St. Petersburg

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
521 69th Avenue North		**07/01/2008-06/30/2009**		Number of Beds:	**96**	Superior:	**0**
St. Petersburg Fl 33702		Days In CR	**365**	Maximum:	**35,040**	Standard:	**179**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**35,040**	Conditional:	**2**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**31,319**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,280**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**23,659**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/27/1995**						
Acquired Date:	**4/27/1995**						
Entered Medicaid	**6/1/1997**						
Med # Active Date:	**10/29/2004**						
Previous Med #	**227862**						

Medicaid Utilization	**75.54200%**
Occupancy:	**89.38071%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**112.34885%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,065,221	2,158,919	1,160,580	637,373	0	5,022,093
1a	Audit Adjustments						
2	Cost Per Diem	45.0239	91.2515	49.0545	**26.9400**		212.2699
3	Cost Per Diem Inflated	47.2701	94.3844	51.5018			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.2701**	**94.3844**	**51.5018**	**26.9400**		220.0963
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.9461		55.1865			
7	Provider Target Rate	**46.0759**		**56.5737**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.0759**	**94.3844**	**51.5018**	**13.6500**		205.6121
12/13	Medicaid Adjustment Rate		2.6821	1.4635			
14	Prospective Per Diem 11	**46.0759**	**97.0665**	**52.9653**	**13.6500**		**209.7577**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 282537-00 - 2011/01

233.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Palm Terrace of St. Petersburg

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/01**
Indexed Asset Value	**4,006,432**
FRVS Base Asset:	**4,006,432**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**3,800,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1000**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**6.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**292,449**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,205,146**	**9.2735**
20% ROE(2):	**801,286**	**0.8047**
Insurance Cost(3):	**89,609**	**2.8612**
Taxes Cost(3):	**49,007**	**1.5648**
Home Office(3):	**9,251**	**0.2954**
Replacement(3&4):	**18,678**	**0.0000**
Total FRVS PD:		**14.7996**

(1) 80% Capital ($3,205,146) amortized at 6.7500% for 20 years Principal & Interest of $292,449 divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = $9.2735
(2) 20% ROE ($801,286) times the ROE factor (0.031670) divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = $0.8047
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**96**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,298,656**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.0759**	**46.0759**	**0.4019**	**45.6740**	
Patient Care					
Direct Care	**97.0665**	**97.0665**	**0.8467**	**96.2198**	
Indirect Care	**52.9653**	**52.9653**	**0.4620**	**52.5033**	
Property	**13.6500**	**14.7996**	**0.1291**	**14.6705**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.8580**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**209.7577**	**210.9073**	**1.8397**	**233.5227**	

***Medicaid Trend Adjustment :**

0 282553-00 - 2011/01

176.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Terrace at Daytona Beach

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1704 Huntington Village Circl		**08/01/2008-07/31/2009**		Number of Beds:	**108**	Superior:	**0**
Daytona Beach FL 32114		Days In CR	**365**	Maximum:	**35,052**	Standard:	**181**
County: **Volusia[64]**		First Used:	**2010/07**	Max Annualized:	**39,420**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**31,686**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,623**	Inflation	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**13,187**	FY Index:	**1.18536552**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**41.61775%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**90.39713%**	Cost:	**1.04846989**
Open Date:	**6/29/1998**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**6/29/1998**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15216426**
Entered Medicaid	**6/29/1998**	Low Occupancy Adjustment Factor:			**113.62647%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**3/1/2004**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03283884**
Previous Med #	**213764**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	431,532	908,234	460,823	380,181	0	2,180,770
1a	Audit Adjustments						
2	Cost Per Diem	32.7240	68.8734	34.9452	**28.8300**		165.3726
3	Cost Per Diem Inflated	34.3101	71.1351	36.6390			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.3101**	**71.1351**	**36.6390**	**28.8300**		170.9142
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9511		47.1885			
7	Provider Target Rate	**44.0308**		**48.3747**			
7a	Interim Adjustment				**2.2102**		
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**15.8602**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.3101**	**71.1351**	**36.6390**	**15.8602**		157.9444
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**34.3101**	**71.1351**	**36.6390**	**15.8602**		**157.9444**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 282553-00 - 2011/01

176.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Terrace at Daytona Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/29/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/01**
Indexed Asset Value	**4,879,713**
FRVS Base Asset:	**2,246,700**
Occup Adj Factor:	**0.8333**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**8,748,560.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.9998**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**3.9998**	**%**
Interest Only:	**False**	
Yearly Payment:	**283,867**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,903,770**	**8.6413**
20% ROE(2):	**975,943**	**0.9254**
Insurance Cost(3):	**43,851**	**1.3839**
Taxes Cost(3):	**93,308**	**2.9448**
Home Office(3):	**8,261**	**0.2607**
Replacement(3&4):	**9,275**	**0.0000**
Total FRVS PD:		**14.1561**

(1) 80% Capital ($3,903,770) amortized at 3.9998% for 20 years Principal & Interest of $283,867 divided by annual available days (39,420) divided by Occup. Adj. (0.8333) = $8.6413
(2) 20% ROE ($975,943) times the ROE factor (0.031150) divided by annual available days (39,420) divided by Occup. Adj. (0.8333) = $0.9254
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1997**	Used Per Bed Standard:	**37,445**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,246,700**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.3101**	**34.3101**	**0.2993**	**34.0108**	
Patient Care					
Direct Care	**71.1351**	**71.1351**	**0.6205**	**70.5146**	
Indirect Care	**36.6390**	**36.6390**	**0.3196**	**36.3194**	
Property	**15.8602**	**14.1561**	**0.1235**	**14.0326**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.7056**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**157.9444**	**156.2403**	**1.3629**	**176.1801**	

***Medicaid Trend Adjustment :**

0 282618-00 - 2011/01

222.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Palm Terrace of Clewiston

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
301 South Gloria Street		**07/01/2009-06/30/2010**		Number of Beds:	**155**	Superior:	**0**
Clewiston FL 33440		Days In CR	**365**	Maximum:	**56,575**	Standard:	**181**
County:	**Hendry[26]**	First Used:	**2011/01**	Max Annualized:	**56,575**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**43,999**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,671**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**32,028**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/1/1980**						
Acquired Date:	**12/1/1980**						
Entered Medicaid	**2/1/1981**						
Med # Active Date:	**10/29/2004**						
Previous Med #	**221601**						

Medicaid Utilization	**72.79256%**
Occupancy:	**77.77110%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**97.75593%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,203,995	2,738,445	1,858,622	1,319,874	0	7,120,936
1a	Audit Adjustments						
2	Cost Per Diem	37.5920	85.5016	58.0312	**41.2100**		222.3348
3	Cost Per Diem Inflated	38.7303	87.2241	59.7884			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.7303**	**87.2241**	**59.7884**	**41.2100**		226.9528
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.2580		63.0088			
7	Provider Target Rate	**53.5716**		**64.5926**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.7303**	**87.2241**	**56.8989**	**13.6500**		196.5033
12/13	Medicaid Adjustment Rate		2.2366	1.4590			
14	Prospective Per Diem 11	**38.7303**	**89.4607**	**58.3579**	**13.6500**		**200.1989**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 282618-00 - 2011/01

222.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Palm Terrace of Clewiston

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/07**
Indexed Asset Value	**5,030,223**
FRVS Base Asset:	**1,564,246**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**4,750,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.3200**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.3200**	**%**
Interest Only:	**False**	
Yearly Payment:	**509,004**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,024,178**	**9.9966**
20% ROE(2):	**1,006,045**	**0.6236**
Insurance Cost(3):	**66,086**	**1.5020**
Taxes Cost(3):	**34,913**	**0.7935**
Home Office(3):	**28,877**	**0.6563**
Replacement(3&4):	**11,726**	**0.0000**
Total FRVS PD:		**13.5720**

(1) 80% Capital ($4,024,178) amortized at 11.3200% for 20 years Principal & Interest of $509,004 divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = $9.9966

(2) 20% ROE ($1,006,045) times the ROE factor (0.031560) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = $0.6236

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.7303**	**38.7303**	**0.3379**	**38.3924**	
Patient Care					
Direct Care	**89.4607**	**89.4607**	**0.7804**	**88.6803**	
Indirect Care	**58.3579**	**58.3579**	**0.5091**	**57.8488**	
Property	**13.6500**	**13.5720**	**0.1184**	**13.4536**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.4030**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**200.1989**	**200.1209**	**1.7458**	**222.3752**	

***Medicaid Trend Adjustment :**

0 282626-00 - 2011/01

218.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Palm Terrace of Lakeland

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1919 Lakeland Hills Blvd	**07/01/2008-06/30/2009**	Number of Beds: **185**	Superior: **0**
Lakeland FL 33805	Days In CR **365**	Maximum: **67,525**	Standard: **181**
County: **Polk[53]**	First Used: **2010/01**	Max Annualized: **67,525**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2011/01**	Total Patient: **61,021**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **9,524**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **36,476**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **7/1/1975**			
Acquired Date: **7/1/1975**			
Entered Medicaid **9/1/1976**			
Med # Active Date: **10/29/2004**			
Previous Med # **227854**			

Medicaid Utilization	**59.77614%**
Occupancy:	**90.36801%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.58987%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,679,946	3,409,525	1,682,838	772,562	0	7,544,871
1a	Audit Adjustments						
2	Cost Per Diem	46.0562	93.4731	46.1355	**21.1800**		206.8448
3	Cost Per Diem Inflated	48.3539	96.6823	48.4372			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.3539**	**96.6823**	**48.4372**	**21.1800**		214.6534
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.1741		44.9838			
7	Provider Target Rate	**39.1337**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.1337**	**95.7090**	**46.1145**	**13.6500**		194.6072
12/13	Medicaid Adjustment Rate		1.0526	0.5072			
14	Prospective Per Diem 11	**39.1337**	**96.7616**	**46.6217**	**13.6500**		**196.1670**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 282626-00 - 2011/01

218.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Palm Terrace of Lakeland

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1975/07**
Indexed Asset Value	**6,786,356**
FRVS Base Asset:	**2,338,389**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**9,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1000**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**6.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**495,370**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,429,085**	**8.1512**
20% ROE(2):	**1,357,271**	**0.7073**
Insurance Cost(3):	**175,868**	**2.8821**
Taxes Cost(3):	**107,561**	**1.7627**
Home Office(3):	**17,905**	**0.2934**
Replacement(3&4):	**24,179**	**0.0000**
Total FRVS PD:		**13.7967**

(1) 80% Capital ($5,429,085) amortized at 6.7500% for 20 years Principal & Interest of $495,370 divided by annual available days (67,525) divided by Occup. Adj. (0.9000) = $8.1512
(2) 20% ROE ($1,357,271) times the ROE factor (0.031670) divided by annual available days (67,525) divided by Occup. Adj. (0.9000) = $0.7073
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.1337**	**39.1337**	**0.3414**	**38.7923**	
Patient Care					
Direct Care	**96.7616**	**96.7616**	**0.8441**	**95.9175**	
Indirect Care	**46.6217**	**46.6217**	**0.4067**	**46.2150**	
Property	**13.6500**	**13.7967**	**0.1204**	**13.6763**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8911**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**196.1670**	**196.3137**	**1.7126**	**218.0893**	

***Medicaid Trend Adjustment :**

0 283193-00 - 2011/01

218.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Jacksonville

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4813 Lenoir Avenue		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32216		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Duval[16]**		First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**40,041**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**24,250**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**7,519**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**11/18/2004**						
Acquired Date:	**11/18/2004**						
Entered Medicaid	**1/4/2005**						
Med # Active Date:	**1/4/2005**						
Previous Med #							

Medicaid Utilization	**18.77825%**
Occupancy:	**91.41781%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.90943%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	306,361	723,824	404,338	277,226	0	1,711,749
1a	Audit Adjustments						
2	Cost Per Diem	40.7449	96.2660	53.7755	**36.8701**		227.6565
3	Cost Per Diem Inflated	41.9786	98.2053	55.4038			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.9786**	**98.2053**	**55.4038**	**36.8701**		232.4578
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.1837		69.4526			
7	Provider Target Rate	**68.8725**		**71.1984**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.9786**	**94.8213**	**53.4956**	**13.6500**		203.9455
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**41.9786**	**94.8213**	**53.4956**	**13.6500**		**203.9455**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 283193-00 - 2011/01

218.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Jacksonville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/4/2005**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2004/07**
Indexed Asset Value	**5,540,115**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**10,330,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.5000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**358,385**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,432,092**	**9.0915**
20% ROE(2):	**1,108,023**	**0.8871**
Insurance Cost(3):	**23,314**	**0.5823**
Taxes Cost(3):	**111,461**	**2.7837**
Home Office(3):	**45,809**	**1.1441**
Replacement(3&4):	**65,401**	**0.0000**
Total FRVS PD:		**14.4887**

(1) 80% Capital ($4,432,092) amortized at 5.2500% for 20 years Principal & Interest of $358,385 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.0915
(2) 20% ROE ($1,108,023) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8871
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**1/1/2004**	Used Per Bed Standard:	**43,509**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,221,080**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.9786**	**41.9786**	**0.3662**	**41.6124**	
Patient Care					
Direct Care	**94.8213**	**94.8213**	**0.8272**	**93.9941**	
Indirect Care	**53.4956**	**53.4956**	**0.4667**	**53.0289**	
Property	**13.6500**	**14.4887**	**0.1264**	**14.3623**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$7.4260**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**203.9455**	**204.7842**	**1.7865**	**218.0208**	

***Medicaid Trend Adjustment :**

0 284289-00 - 2011/01

179.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Orange Park

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2145 Kingsley Avenue		**08/01/2009-07/31/2010**		Number of Beds:	**180**	Superior:	**0**
Orange Park FL 32073		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County: **Clay[10]**		First Used:	**2011/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**62,726**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**20,618**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**30,460**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**9/19/1996**						
Acquired Date:	**9/19/1996**						
Entered Medicaid	**9/19/1996**						
Med # Active Date:	**1/19/2005**						
Previous Med #	**212628**						

Medicaid Utilization	**48.56041%**
Occupancy:	**95.47336%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.00715%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,051,965	2,238,444	1,093,712	567,774	0	4,951,895
1a	Audit Adjustments						
2	Cost Per Diem	34.5359	73.4880	35.9065	**18.6400**		162.5704
3	Cost Per Diem Inflated	35.4979	74.8830	36.9067			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.4979**	**74.8830**	**36.9067**	**18.6400**		165.9276
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.1876		43.1867			
7	Provider Target Rate	**43.2481**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.4979**	**74.8830**	**36.9067**	**13.6500**		160.9376
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**35.4979**	**74.8830**	**36.9067**	**13.6500**		**160.9376**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 284289-00 - 2011/01

179.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Orange Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/19/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/07**
Indexed Asset Value	**8,208,236**
FRVS Base Asset:	**6,488,460**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**10,356,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.2500**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**530,983**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,566,589**	**8.9799**
20% ROE(2):	**1,641,647**	**0.8618**
Insurance Cost(3):	**25,976**	**0.4141**
Taxes Cost(3):	**118,592**	**1.8906**
Home Office(3):	**49,139**	**0.7834**
Replacement(3&4):	**79,185**	**0.0000**
Total FRVS PD:		**12.9298**

(1) 80% Capital ($6,566,589) amortized at 5.2500% for 20 years Principal & Interest of $530,983 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $8.9799
(2) 20% ROE ($1,641,647) times the ROE factor (0.031040) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.8618
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1996**	Used Per Bed Standard:	**36,047**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**6,488,460**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.4979**	**35.4979**	**0.3097**	**35.1882**	
Patient Care					
Direct Care	**74.8830**	**74.8830**	**0.6532**	**74.2298**	
Indirect Care	**36.9067**	**36.9067**	**0.3220**	**36.5847**	
Property	**13.6500**	**12.9298**	**0.1128**	**12.8170**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.6406**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**160.9376**	**160.2174**	**1.3977**	**179.0574**	

***Medicaid Trend Adjustment :**

0 284785-00 - 2011/01

181.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Terrace at Flemming Island

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1125 Fleming Plantation Road		**08/01/2008-07/31/2009**		Number of Beds:	**108**	Superior:	**0**
Orange Park FL 32003		Days In CR	**365**	Maximum:	**39,420**	Standard:	**181**
County: **Clay[10]**		First Used:	**2010/07**	Max Annualized:	**39,420**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**38,816**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**6,840**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**25,672**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**1/19/2005**						
Acquired Date:	**1/19/2005**						
Entered Medicaid	**3/11/2005**						
Med # Active Date:	**3/11/2005**						
Previous Med #							

Medicaid Utilization	**66.13768%**
Occupancy:	**98.46779%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**123.77104%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	842,865	1,723,248	919,049	884,914	0	4,370,076
1a	Audit Adjustments						
2	Cost Per Diem	32.8321	67.1256	35.7997	**34.4700**		170.2274
3	Cost Per Diem Inflated	34.4235	69.3299	37.5349			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.4235**	**69.3299**	**37.5349**	**34.4700**		175.7583
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.4235**	**69.3299**	**37.5349**	**13.6500**		154.9383
12/13	Medicaid Adjustment Rate		1.2587	0.6814			
14	Prospective Per Diem 11	**34.4235**	**70.5886**	**38.2163**	**13.6500**		**156.8784**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 284785-00 - 2011/01

181.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Terrace at Flemming Island

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/11/2005**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2005/01**
Indexed Asset Value	**4,911,788**
FRVS Base Asset:	**4,738,392**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**7,687,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.1900**	**%**
Chase Rate:	**5.2500**	**%**
Amortization Rate:	**7.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**372,687**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,929,430**	**10.5047**
20% ROE(2):	**982,358**	**0.8625**
Insurance Cost(3):	**63,698**	**1.6410**
Taxes Cost(3):	**130,943**	**3.3734**
Home Office(3):	**11,729**	**0.3022**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**16.6838**

(1) 80% Capital ($3,929,430) amortized at 7.2500% for 20 years Principal & Interest of $372,687 divided by annual available days (39,420) divided by Occup. Adj. (0.9000) = $10.5047
(2) 20% ROE ($982,358) times the ROE factor (0.031150) divided by annual available days (39,420) divided by Occup. Adj. (0.9000) = $0.8625
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2004**	Used Per Bed Standard:	**43,874**
Comparison Bed	**108**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,738,392**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.4235**	**34.4235**	**0.3003**	**34.1232**	
Patient Care					
Direct Care	**70.5886**	**70.5886**	**0.6158**	**69.9728**	
Indirect Care	**38.2163**	**38.2163**	**0.3334**	**37.8829**	
Property	**13.6500**	**16.6838**	**0.1455**	**16.5383**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.5119**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**156.8784**	**159.9122**	**1.3950**	**181.6262**	

***Medicaid Trend Adjustment :**

0 284793-00 - 2011/01

218.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Brighton Gardens of Tampa

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
14624 North Dale Mabry High		**01/01/2009-12/31/2009**		Number of Beds:	**45**	Superior:	**0**
Tampa FL 33618		Days In CR	**365**	Maximum:	**16,425**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2010/07**	Max Annualized:	**16,425**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**15,199**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,762**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**3,795**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1999**						
Acquired Date:	**9/1/1999**						
Entered Medicaid	**11/23/1999**						
Med # Active Date:	**10/1/2003**						
Previous Med #	**219819**						

Medicaid Utilization	**24.96875%**
Occupancy:	**92.53577%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.31467%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	220,347	353,621	201,704	49,828	0	825,500
1a	Audit Adjustments						
2	Cost Per Diem	58.0625	93.1808	53.1499	**13.1299**		217.5231
3	Cost Per Diem Inflated	60.4427	95.6319	55.3287			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**60.4427**	**95.6319**	**55.3287**	**13.1299**		224.5332
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.6093		51.4890			
7	Provider Target Rate	**60.0825**		**53.6513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.6049**	**95.6319**	**53.6513**	**13.1299**		217.0180
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.6049**	**95.6319**	**53.6513**	**13.1299**		**217.0180**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 284793-00 - 2011/01

218.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Brighton Gardens of Tampa

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/23/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/07**
Indexed Asset Value	**1,871,621**
FRVS Base Asset:	**1,748,070**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**700,473.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**5.1300**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**4.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**58,984**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,497,297**	**3.9901**
20% ROE(2):	**374,324**	**0.7386**
Insurance Cost(3):	**18,690**	**1.2297**
Taxes Cost(3):	**43,784**	**2.8807**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**8.8391**

(1) 80% Capital ($1,497,297) amortized at 4.0000% for 20 years Interest of $58,984 divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = $3.9901
(2) 20% ROE ($374,324) times the ROE factor (0.029170) divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = $0.7386
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1999**	Used Per Bed Standard:	**38,846**
Comparison Bed	**45**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,748,070**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.6049**	**54.6049**	**0.4763**	**54.1286**	
Patient Care					
Direct Care	**95.6319**	**95.6319**	**0.8342**	**94.7977**	
Indirect Care	**53.6513**	**53.6513**	**0.4680**	**53.1833**	
Property	**13.1299**	**8.8391**	**0.0771**	**8.7620**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**217.0180**	**212.7272**	**1.8556**	**218.4687**	

***Medicaid Trend Adjustment :**

0 284823-00 - 2011/01

256.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Aventura Plaza Rehabilitation and Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1800 NE 168TH Street		**09/01/2009-08/31/2010**		Number of Beds:	**86**	Superior:	**0**
N. Miami Beach FL 33162		Days In CR	**365**	Maximum:	**31,390**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2011/01**	Max Annualized:	**31,390**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**28,573**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,723**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**21,197**		
Class at 1/94:	**South Small [3]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.21199123**
Open Date:	**7/1/1978**					Semester Index:	**1.24282006**
Acquired Date:	**7/1/1978**					Cost:	**1.02543651**
Entered Medicaid	**7/1/1978**					Target:	**1.01759574**
Med # Active Date:	**1/1/2002**					**DC FY Index:**	**1.16916514**
Previous Med #	**205095**					**DC Sem Index:**	**1.19000000**
						DC Inflation:	**1.01782029**
						PS Target:	**1.02513678**

Medicaid Utilization	**74.18542%**
Occupancy:	**91.02581%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.41669%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,530,626	2,000,213	1,545,299	320,075	0	5,396,213
1a	Audit Adjustments						
2	Cost Per Diem	72.2096	94.3630	72.9018	**15.1000**		254.5744
3	Cost Per Diem Inflated	74.0464	96.0446	74.7562			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**74.0464**	**96.0446**	**74.7562**	**15.1000**		259.9472
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	68.7832		62.5714			
7	Provider Target Rate	**70.5122**		**64.1442**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**59.5230**	**96.0446**	**64.1442**	**13.6500**		233.3618
12/13	Medicaid Adjustment Rate		2.6132	1.7453			
14	Prospective Per Diem 11	**59.5230**	**98.6578**	**65.8895**	**13.6500**		**237.7203**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 284823-00 - 2011/01

256.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Aventura Plaza Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1978/07**
Indexed Asset Value	**2,766,847**
FRVS Base Asset:	**590,346**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030420**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**275,196**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,213,478**	**9.7411**
20% ROE(2):	**553,369**	**0.5959**
Insurance Cost(3):	**15,309**	**0.5358**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**16,513**	**0.5779**
Replacement(3&4):	**266,155**	**0.0000**
Total FRVS PD:		**11.4507**

(1) 80% Capital ($2,213,478) amortized at 12.5000% for 20 years Interest of $275,196 divided by annual available days (31,390) divided by Occup. Adj. (0.9000) = $9.7411
(2) 20% ROE ($553,369) times the ROE factor (0.030420) divided by annual available days (31,390) divided by Occup. Adj. (0.9000) = $0.5959
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**50**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,425,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**59.5230**	**59.5230**	**0.5192**	**59.0038**	
Patient Care					
Direct Care	**98.6578**	**98.6578**	**0.8606**	**97.7972**	
Indirect Care	**65.8895**	**65.8895**	**0.5748**	**65.3147**	
Property	**13.6500**	**11.4507**	**0.0999**	**11.3508**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.7175**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**237.7203**	**235.5210**	**2.0545**	**256.7811**	

***Medicaid Trend Adjustment :**

0 307998-00 - 2011/01

212.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Cypress Village

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4600 Middleton Park, Circle E		**01/01/2008-12/31/2008**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32224		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**36,261**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,966**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**20,036**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/30/1991**						
Acquired Date:	**8/30/1991**						
Entered Medicaid	**10/14/1991**						
Med # Active Date:	**4/6/2005**						
Previous Med #	**203939**						

Medicaid Utilization	**55.25496%**
Occupancy:	**82.56148%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**103.77729%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.16972487**
Semester Index:	**1.24282006**
Cost:	**1.06248922**
Target:	**1.01759574**
DC FY Index:	**1.13550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.04799648**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	910,035	1,733,120	1,170,379	344,218	0	4,157,752
1a	Audit Adjustments						
2	Cost Per Diem	45.4200	86.5003	58.4138	**17.1800**		207.5141
3	Cost Per Diem Inflated	48.2583	90.6520	62.0640			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.2583**	**90.6520**	**62.0640**	**17.1800**		218.1543
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.2991		69.7703			
7	Provider Target Rate	**46.4378**		**71.5241**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**90.6520**	**53.4956**	**13.6500**		203.0439
12/13	Medicaid Adjustment Rate		0.5359	0.3163			
14	Prospective Per Diem 11	**45.2463**	**91.1879**	**53.8119**	**13.6500**		**203.8961**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 307998-00 - 2011/01

212.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Cypress Village

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/14/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/07**
Indexed Asset Value	**5,706,585**
FRVS Base Asset:	**1,831,800**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.036350**

Mortgage Information		
Amount:	**8,103,119.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.6200**	**%**
Chase Rate:	**5.7500**	**%**
Amortization Rate:	**6.6200**	**%**
Interest Only:	**False**	
Yearly Payment:	**412,328**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,565,268**	**10.4599**
20% ROE(2):	**1,141,317**	**1.0524**
Insurance Cost(3):	**15,799**	**0.4357**
Taxes Cost(3):	**64,653**	**1.7830**
Home Office(3):	**84,217**	**2.3225**
Replacement(3&4):	**13,960**	**0.0000**
Total FRVS PD:		**16.0535**

(1) 80% Capital ($4,565,268) amortized at 6.6200% for 20 years Principal & Interest of $412,328 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.4599

(2) 20% ROE ($1,141,317) times the ROE factor (0.036350) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $1.0524

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1991**	Used Per Bed Standard:	**30,530**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,831,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**91.1879**	**91.1879**	**0.7955**	**90.3924**	
Indirect Care	**53.8119**	**53.8119**	**0.4694**	**53.3425**	
Property	**13.6500**	**16.0535**	**0.1400**	**15.9135**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**203.8961**	**206.2996**	**1.7996**	**212.0971**	

***Medicaid Trend Adjustment :**

0 308111-00 - 2011/01

199.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bava Pointe Nursing and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
587 S.E. ERMINE AVE	**10/01/2009-09/30/2010**	Number of Beds: **90**	Superior: **0**
Lake City FL 32025	Days In CR **365**	Maximum: **32,850**	Standard: **181**
County: **Columbia[12]**	First Used: **2011/01**	Max Annualized: **32,850**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2011/01**	Total Patient: **29,789**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **10,597**	
Current Class **North Small [1]**	Initial CR? **False**	Medicaid: **16,067**	
Class at 1/94: **North Small [1]**			
Operating Ex **> 18 months [1]**			
Open Date: **1/7/1994**			
Acquired Date: **1/7/1994**			
Entered Medicaid **1/25/1994**			
Med # Active Date: **4/30/2005**			
Previous Med # **210919**			

Medicaid Utilization	**53.93602%**
Occupancy:	**90.68189%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.98441%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21484990**
Semester Index:	**1.24282006**
Cost:	**1.02302355**
Target:	**1.01759574**
DC FY Index:	**1.17050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01665955**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	627,862	1,273,764	668,656	522,981	0	3,093,263
1a	Audit Adjustments						
2	Cost Per Diem	39.0777	79.2783	41.6167	**32.5500**		192.5227
3	Cost Per Diem Inflated	39.9774	80.5990	42.5749			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.9774**	**80.5990**	**42.5749**	**32.5500**		195.7013
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.3669		47.1885			
7	Provider Target Rate	**47.5324**		**48.7271**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.9774**	**80.5990**	**42.5749**	**13.6500**		176.8013
12/13	Medicaid Adjustment Rate		0.3569	0.1885			
14	Prospective Per Diem 11	**39.9774**	**80.9559**	**42.7634**	**13.6500**		**177.3467**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 308111-00 - 2011/01

199.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Bava Pointe Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/25/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/01**
Indexed Asset Value	**4,220,138**
FRVS Base Asset:	**1,995,300**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029580**

Mortgage Information		
Amount:	**6,603,187.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.8267**	**%**
Chase Rate:	**6.5841**	**%**
Amortization Rate:	**9.5841**	**%**
Interest Only:	**False**	
Yearly Payment:	**379,866**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,376,110**	**12.8485**
20% ROE(2):	**844,028**	**0.8445**
Insurance Cost(3):	**14,578**	**0.4894**
Taxes Cost(3):	**98,851**	**3.3184**
Home Office(3):	**13,365**	**0.4487**
Replacement(3&4):	**53,417**	**0.0000**
Total FRVS PD:		**17.9495**

(1) 80% Capital ($3,376,110) amortized at 9.5841% for 20 years Principal & Interest of $379,866 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $12.8485
(2) 20% ROE ($844,028) times the ROE factor (0.029580) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $0.8445
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1993**	Used Per Bed Standard:	**33,255**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,995,300**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.9774**	**39.9774**	**0.3487**	**39.6287**	
Patient Care					
Direct Care	**80.9559**	**80.9559**	**0.7062**	**80.2497**	
Indirect Care	**42.7634**	**42.7634**	**0.3730**	**42.3904**	
Property	**13.6500**	**17.9495**	**0.1566**	**17.7929**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.1315**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**177.3467**	**181.6462**	**1.5845**	**199.7903**	

***Medicaid Trend Adjustment :**

0 308242-00 - 2011/01

232.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Hebrew Home of South Beach

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
320 Collins Ave.	**09/01/2009-08/31/2010**	Number of Beds: **104**	Superior: **0**
Miami Beach FL 33139	Days In CR **365**	Maximum: **37,960**	Standard: **181**
County: **Dade[13]**	First Used: **2011/01**	Max Annualized: **37,960**	Conditional: **0**
Region: **South[2]** Area: **11**	Last Used: **2011/01**	Total Patient: **33,149**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **5,788**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **25,763**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **1/1/1970**			
Acquired Date: **1/1/1970**			
Entered Medicaid **1/1/1970**			
Med # Active Date: **1/1/2002**			
Previous Med # **200492**			

Medicaid Utilization	**77.71878%**
Occupancy:	**87.32613%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**109.76632%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21199123**
Semester Index:	**1.24282006**
Cost:	**1.02543651**
Target:	**1.01759574**
DC FY Index:	**1.16916514**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01782029**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,459,446	2,409,438	1,705,273	241,657	0	5,815,814
1a	Audit Adjustments						
2	Cost Per Diem	56.6489	93.5232	66.1908	**9.3800**		225.7429
3	Cost Per Diem Inflated	58.0899	95.1898	67.8745			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.0899**	**95.1898**	**67.8745**	**9.3800**		230.5342
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.6468		55.3354			
7	Provider Target Rate	**45.7691**		**56.7264**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.7691**	**95.1898**	**56.7264**	**9.3800**		207.0653
12/13	Medicaid Adjustment Rate		2.9684	1.7689			
14	Prospective Per Diem 11	**45.7691**	**98.1582**	**58.4953**	**9.3800**		**211.8026**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 308242-00 - 2011/01

232.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Hebrew Home of South Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**2,533,244**
FRVS Base Asset:	**1,372,286**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030420**

Mortgage Information		
Amount:	**525,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**5.2500**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**251,961**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,026,595**	**7.3750**
20% ROE(2):	**506,649**	**0.4511**
Insurance Cost(3):	**7,356**	**0.2219**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**17,538**	**0.5291**
Replacement(3&4):	**334,440**	**0.0000**
Total FRVS PD:		**8.5771**

(1) 80% Capital ($2,026,595) amortized at 12.5000% for 20 years Interest of $251,961 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $7.3750

(2) 20% ROE ($506,649) times the ROE factor (0.030420) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $0.4511

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**104**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,964,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.7691**	**45.7691**	**0.3993**	**45.3698**	
Patient Care					
Direct Care	**98.1582**	**98.1582**	**0.8563**	**97.3019**	
Indirect Care	**58.4953**	**58.4953**	**0.5103**	**57.9850**	
Property	**9.3800**	**8.5771**	**0.0748**	**8.5023**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.5422**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**211.8026**	**210.9997**	**1.8407**	**232.2983**	

***Medicaid Trend Adjustment :**

0 308251-00 - 2011/01

230.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Ponce Plaza Nursing & Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
355 SW 12th Avenue		**02/01/2009-01/31/2010**		Number of Beds:	**147**	Superior:	**0**
Miami FL 33135		Days In CR	**365**	Maximum:	**53,655**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2010/07**	Max Annualized:	**53,655**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**50,393**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**12,029**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**34,072**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**2/24/2000**						
Acquired Date:	**2/24/2000**						
Entered Medicaid	**4/21/2000**						
Med # Active Date:	**1/1/2002**						
Previous Med #	**221805**						

Medicaid Utilization	**67.61257%**
Occupancy:	**93.92042%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.05513%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19544464**
Semester Index:	**1.24282006**
Cost:	**1.03962996**
Target:	**1.01759574**
DC FY Index:	**1.16066549**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02527387**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,505,390	2,978,274	2,031,682	512,102	0	7,027,448
1a	Audit Adjustments						
2	Cost Per Diem	44.1826	87.4112	59.6291	**15.0300**		206.2529
3	Cost Per Diem Inflated	45.9336	89.6204	61.9922			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.9336**	**89.6204**	**61.9922**	**15.0300**		212.5762
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.4108		57.4986			
7	Provider Target Rate	**43.4769**		**58.9439**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.4769**	**89.6204**	**56.8989**	**13.6500**		203.6462
12/13	Medicaid Adjustment Rate		1.7758	1.1274			
14	Prospective Per Diem 11	**43.4769**	**91.3962**	**58.0263**	**13.6500**		**206.5494**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 308251-00 - 2011/01

230.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Ponce Plaza Nursing & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/21/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2000/01**
Indexed Asset Value	**6,834,717**
FRVS Base Asset:	**4,718,880**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030310**

Mortgage Information		
Amount:	**5,846,571.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**7.9336**	**%**
Amortization Rate:	**10.9336**	**%**
Interest Only:	**False**	
Yearly Payment:	**674,290**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,467,774**	**13.9635**
20% ROE(2):	**1,366,943**	**0.8580**
Insurance Cost(3):	**11,853**	**0.2352**
Taxes Cost(3):	**116,844**	**2.3187**
Home Office(3):	**25,624**	**0.5085**
Replacement(3&4):	**143,390**	**0.0000**
Total FRVS PD:		**17.8839**

(1) 80% Capital ($5,467,774) amortized at 10.9336% for 20 years Principal & Interest of $674,290 divided by annual available days (53,655) divided by Occup. Adj. (0.9000) = $13.9635
(2) 20% ROE ($1,366,943) times the ROE factor (0.030310) divided by annual available days (53,655) divided by Occup. Adj. (0.9000) = $0.8580
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1999**	Used Per Bed Standard:	**39,324**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,718,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.4769**	**43.4769**	**0.3793**	**43.0976**	
Patient Care					
Direct Care	**91.3962**	**91.3962**	**0.7973**	**90.5989**	
Indirect Care	**58.0263**	**58.0263**	**0.5062**	**57.5201**	
Property	**13.6500**	**17.8839**	**0.1560**	**17.7279**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.3352**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**206.5494**	**210.7833**	**1.8388**	**230.8768**	

***Medicaid Trend Adjustment :**

0 308501-00 - 2011/01

232.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Sunset Lake Health & Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
832 Sunset Lake Blvd		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Venice FL 34292		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Sarasota[58]**		First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2011/01**	Total Patient:	**40,035**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**12,998**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**17,853**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date:	**2/10/1992**						
Acquired Date:	**2/10/1992**						
Entered Medicaid	**3/17/1992**						
Med # Active Date:	**5/31/2005**						
Previous Med #	**212130**						

Medicaid Utilization	**44.59348%**
Occupancy:	**91.40411%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.89222%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	893,324	1,587,730	1,064,817	584,686	34,310	4,164,867
1a	Audit Adjustments						
2	Cost Per Diem	50.0378	88.9335	59.6436	**32.7500**	**1.9218**	233.2867
3	Cost Per Diem Inflated	52.0891	91.2728	62.0886			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.0891**	**91.2728**	**62.0886**	**32.7500**	**1.9218**	240.1223
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.8947		56.4597			
7	Provider Target Rate	**55.2494**		**57.8789**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**91.2728**	**56.8989**	**13.6500**	**1.9218**	214.0813
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.3378**	**91.2728**	**56.8989**	**13.6500**	**1.9218**	**214.0813**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 308501-00 - 2011/01

232.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Sunset Lake Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/17/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1992/01**
Indexed Asset Value	**5,140,567**
FRVS Base Asset:	**3,718,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**7,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.6700**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**8.6700**	**%**
Interest Only:	**False**	
Yearly Payment:	**433,591**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,112,454**	**10.9993**
20% ROE(2):	**1,028,113**	**0.7608**
Insurance Cost(3):	**71,302**	**1.7810**
Taxes Cost(3):	**53,962**	**1.3479**
Home Office(3):	**44,366**	**1.1082**
Replacement(3&4):	**31,560**	**0.0000**
Total FRVS PD:		**15.9972**

(1) 80% Capital ($4,112,454) amortized at 8.6700% for 20 years Principal & Interest of $433,591 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.9993

(2) 20% ROE ($1,028,113) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7608

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1991**	Used Per Bed Standard:	**30,986**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,718,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**91.2728**	**91.2728**	**0.7962**	**90.4766**	
Indirect Care	**56.8989**	**56.8989**	**0.4964**	**56.4025**	
Property	**13.6500**	**15.9972**	**0.1395**	**15.8577**	
ROE	**1.9218**	**1.5647**	**0.0136**	**1.5511**	
ROE Adjustment	**-1.5647**	**-1.5647**	**-0.0136**	**-1.5511**	
Quality Assess-Medicaid Share				**$12.7165**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**212.5166**	**214.5067**	**1.8712**	**232.9491**	

***Medicaid Trend Adjustment :**

0 309800-00 - 2011/01

230.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Allegro at College Harbor

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4600 54th Avenue South		**01/01/2009-12/31/2009**		Number of Beds:	**52**	Superior:	**0**
St. Petersburg Fl 33711		Days In CR	**365**	Maximum:	**18,980**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**18,980**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**15,573**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,246**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**5,468**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1986**						
Acquired Date:	**5/5/1995**						
Entered Medicaid	**8/20/1999**						
Med # Active Date:	**7/29/2005**						
Previous Med #	**216470**						

Medicaid Utilization	**35.11205%**
Occupancy:	**82.04952%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**103.13379%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	260,314	507,768	326,390	85,848	0	1,180,320
1a	Audit Adjustments						
2	Cost Per Diem	47.6068	92.8617	59.6909	**15.7001**		215.8595
3	Cost Per Diem Inflated	49.5584	95.3044	62.1379			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.5584**	**95.3044**	**62.1379**	**15.7001**		222.7008
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4035		59.1295			
7	Provider Target Rate	**45.5197**		**60.6158**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.5197**	**95.3044**	**60.6158**	**13.6500**		215.0899
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.5197**	**95.3044**	**60.6158**	**13.6500**		**215.0899**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 309800-00 - 2011/01

230.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Allegro at College Harbor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/20/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/01**
Indexed Asset Value	**1,557,279**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**8,816,924.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.7400**	**%**
Chase Rate:	**6.2500**	**%**
Amortization Rate:	**6.7400**	**%**
Interest Only:	**False**	
Yearly Payment:	**113,585**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,245,823**	**6.6494**
20% ROE(2):	**311,456**	**0.5319**
Insurance Cost(3):	**35,298**	**2.2666**
Taxes Cost(3):	**23,608**	**1.5160**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**48,520**	**0.0000**
Total FRVS PD:		**10.9639**

(1) 80% Capital ($1,245,823) amortized at 6.7400% for 20 years Principal & Interest of $113,585 divided by annual available days (18,980) divided by Occup. Adj. (0.9000) = $6.6494
(2) 20% ROE ($311,456) times the ROE factor (0.029170) divided by annual available days (18,980) divided by Occup. Adj. (0.9000) = $0.5319
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**42**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,443,162**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.5197**	**45.5197**	**0.3971**	**45.1226**	
Patient Care					
Direct Care	**95.3044**	**95.3044**	**0.8314**	**94.4730**	
Indirect Care	**60.6158**	**60.6158**	**0.5288**	**60.0870**	
Property	**13.6500**	**10.9639**	**0.0956**	**10.8683**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.4868**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**215.0899**	**212.4038**	**1.8529**	**230.6348**	

***Medicaid Trend Adjustment :**

0 310409-00 - 2011/01

212.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Watercrest Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
16650 West Dixie Hwy		**04/01/2009-03/31/2010**		Number of Beds:	**150**	Superior:	**0**
North Miami Beach FL 33160		Days In CR	**365**	Maximum:	**54,750**	Standard:	**181**
County: **Dade[13]**		First Used:	**2010/07**	Max Annualized:	**54,750**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2011/01**	Total Patient:	**45,819**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**5,372**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**38,882**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date: **9/1/1984**							
Acquired Date: **9/1/1984**							
Entered Medicaid **11/1/1984**							
Med # Active Date: **9/1/2005**							
Previous Med # **219576**							

Medicaid Utilization	**84.85999%**
Occupancy:	**83.68767%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**105.19288%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19858405**
Semester Index:	**1.24282006**
Cost:	**1.03690689**
Target:	**1.01759574**
DC FY Index:	**1.16300000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02321582**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,521,385	3,069,221	1,865,310	971,661	0	7,427,577
1a	Audit Adjustments						
2	Cost Per Diem	39.1283	78.9368	47.9736	**24.9900**		191.0287
3	Cost Per Diem Inflated	40.5724	80.7694	49.7442			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.5724**	**80.7694**	**49.7442**	**24.9900**		196.0760
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		46.7809			
7	Provider Target Rate	**40.1320**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.1320**	**80.7694**	**47.9568**	**13.6500**		182.5082
12/13	Medicaid Adjustment Rate		3.1676	1.8807			
14	Prospective Per Diem 11	**40.1320**	**83.9370**	**49.8375**	**13.6500**		**187.5565**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 310409-00 - 2011/01

212.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Watercrest Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**7,077,353**
FRVS Base Asset:	**4,275,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030830**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**9.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**611,297**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,661,882**	**12.4058**
20% ROE(2):	**1,415,471**	**0.8856**
Insurance Cost(3):	**60,206**	**1.3140**
Taxes Cost(3):	**45,334**	**0.9894**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**72,392**	**0.0000**
Total FRVS PD:		**15.5948**

(1) 80% Capital ($5,661,882) amortized at 9.0000% for 20 years Principal & Interest of $611,297 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $12.4058

(2) 20% ROE ($1,415,471) times the ROE factor (0.030830) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $0.8856

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**150**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,275,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.1320**	**40.1320**	**0.3501**	**39.7819**	
Patient Care					
Direct Care	**83.9370**	**83.9370**	**0.7322**	**83.2048**	
Indirect Care	**49.8375**	**49.8375**	**0.4348**	**49.4027**	
Property	**13.6500**	**15.5948**	**0.1360**	**15.4588**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6223**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**187.5565**	**189.5013**	**1.6531**	**212.0676**	

***Medicaid Trend Adjustment :**

0 310581-00 - 2011/01

207.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

ATLANTIC HEALTHCARE CENTER

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3663 15th Avenue		**09/01/2008-08/31/2009**		Number of Beds:	**110**	Superior:	**0**
Vero Beach FL 32960		Days In CR	**365**	Maximum:	**40,150**	Standard:	**181**
County:	**Indian River[31]**	First Used:	**2010/07**	Max Annualized:	**40,150**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**35,155**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,874**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**19,661**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/1/1981**						
Acquired Date:	**10/1/1981**						
Entered Medicaid	**10/1/1981**						
Med # Active Date:	**6/30/2005**						
Previous Med #	**211524**						

Medicaid Utilization	**55.92661%**
Occupancy:	**87.55915%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**110.05921%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18697094**
Semester Index:	**1.24282006**
Cost:	**1.04705180**
Target:	**1.01759574**
DC FY Index:	**1.15383092**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03134695**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	862,149	1,711,026	882,995	82,183	0	3,538,353
1a	Audit Adjustments						
2	Cost Per Diem	43.8507	87.0264	44.9110	**4.1800**		179.9681
3	Cost Per Diem Inflated	45.9140	89.7544	47.0241			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.9140**	**89.7544**	**47.0241**	**4.1800**		186.8725
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		55.0802			
7	Provider Target Rate	**40.1320**		**56.4647**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.1320**	**89.7544**	**47.0241**	**4.1800**		181.0905
12/13	Medicaid Adjustment Rate		0.5984	0.3135			
14	Prospective Per Diem 11	**40.1320**	**90.3528**	**47.3376**	**4.1800**		**182.0024**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 310581-00 - 2011/01

207.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

ATLANTIC HEALTHCARE CENTER

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**2,996,397**
FRVS Base Asset:	**1,625,362**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**3,199,734.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0940**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**8.0940**	**%**
Interest Only:	**False**	
Yearly Payment:	**242,291**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,397,118**	**6.7052**
20% ROE(2):	**599,279**	**0.5080**
Insurance Cost(3):	**39,961**	**1.1367**
Taxes Cost(3):	**51,387**	**1.4617**
Home Office(3):	**9,647**	**0.2744**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**10.0860**

(1) 80% Capital ($2,397,118) amortized at 8.0940% for 20 years Principal & Interest of $242,291 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $6.7052

(2) 20% ROE ($599,279) times the ROE factor (0.030630) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $0.5080

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**110**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,135,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.1320**	**40.1320**	**0.3501**	**39.7819**	
Patient Care					
Direct Care	**90.3528**	**90.3528**	**0.7882**	**89.5646**	
Indirect Care	**47.3376**	**47.3376**	**0.4129**	**46.9247**	
Property	**4.1800**	**10.0860**	**0.0880**	**9.9980**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.5412**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**182.0024**	**187.9084**	**1.6392**	**207.4075**	

***Medicaid Trend Adjustment :**

0 310841-00 - 2011/01

212.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

St. Mark Village, Inc.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2655 Nebraska Avenue		**01/01/2009-12/31/2009**		Number of Beds:	**60**	Superior:	**0**
Palm Harbor FL 34684		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**18,196**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,285**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**6,049**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1980**						
Acquired Date:	**7/1/1980**						
Entered Medicaid	**8/15/2005**						
Med # Active Date:	**8/15/2005**						
Previous Med #							

Medicaid Utilization	**33.24357%**
Occupancy:	**83.08676%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**104.43755%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	257,846	619,808	365,215	85,109	0	1,327,978
1a	Audit Adjustments						
2	Cost Per Diem	42.6262	102.4645	60.3761	**14.0699**		219.5367
3	Cost Per Diem Inflated	44.3736	105.1598	62.8512			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.3736**	**105.1598**	**62.8512**	**14.0699**		226.4545
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4035		56.0322			
7	Provider Target Rate	**45.5197**		**57.4407**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.3736**	**96.8004**	**57.4407**	**13.6500**		212.2647
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.3736**	**96.8004**	**57.4407**	**13.6500**		**212.2647**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 310841-00 - 2011/01

212.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

St. Mark Village, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/15/2005**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/07**
Indexed Asset Value	**1,314,831**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,469,752.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.5870**	**%**
Chase Rate:	**7.5000**	**%**
Amortization Rate:	**3.5870**	**%**
Interest Only:	**False**	
Yearly Payment:	**73,770**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,051,865**	**3.7428**
20% ROE(2):	**262,966**	**0.3892**
Insurance Cost(3):	**61,862**	**3.3998**
Taxes Cost(3):	**12,974**	**0.7130**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**20,996**	**0.0000**
Total FRVS PD:		**8.2448**

(1) 80% Capital ($1,051,865) amortized at 3.5870% for 20 years Principal & Interest of $73,770 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $3.7428

(2) 20% ROE ($262,966) times the ROE factor (0.029170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.3892

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1980**	Used Per Bed Standard:	**21,841**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,310,460**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.3736**	**44.3736**	**0.3871**	**43.9865**	
Patient Care					
Direct Care	**96.8004**	**96.8004**	**0.8444**	**95.9560**	
Indirect Care	**57.4407**	**57.4407**	**0.5011**	**56.9396**	
Property	**13.6500**	**8.2448**	**0.0719**	**8.1729**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**212.2647**	**206.8595**	**1.8045**	**212.6521**	

***Medicaid Trend Adjustment :**

0 311065-00 - 2011/01

218.33

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Eagle Lake Rehabilitation and Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1100 66th Street North		**01/01/2009-12/31/2009**		Number of Beds:	**59**	Superior:	**0**
St. Petersburg FL 33710		Days In CR	**365**	Maximum:	**21,535**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**21,535**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**16,882**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**1,851**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**13,427**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1986**						
Acquired Date:	**8/1/1986**						
Entered Medicaid	**7/1/1987**						
Med # Active Date:	**10/1/2005**						
Previous Med #	**211273**						

Medicaid Utilization	**79.53442%**
Occupancy:	**78.39331%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**98.53803%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	631,982	917,509	707,356	281,833	0	2,538,680
1a	Audit Adjustments						
2	Cost Per Diem	47.0680	68.3331	52.6816	**20.9900**		189.0727
3	Cost Per Diem Inflated	48.9975	70.1306	54.8412			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.9975**	**70.1306**	**54.8412**	**20.9900**		194.9593
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.2181		56.0668			
7	Provider Target Rate	**50.4553**		**57.4761**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.9975**	**70.1306**	**54.8412**	**13.6500**		187.6193
12/13	Medicaid Adjustment Rate		2.3302	1.8222			
14	Prospective Per Diem 11	**48.9975**	**72.4608**	**56.6634**	**13.6500**		**191.7717**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 311065-00 - 2011/01

218.33

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Eagle Lake Rehabilitation and Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/07**
Indexed Asset Value	**2,702,897**
FRVS Base Asset:	**1,695,483**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**2,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.1500**	**%**
Chase Rate:	**7.2500**	**%**
Amortization Rate:	**9.1500**	**%**
Interest Only:	**False**	
Yearly Payment:	**235,968**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,162,318**	**12.1749**
20% ROE(2):	**540,579**	**0.8136**
Insurance Cost(3):	**40,120**	**2.3765**
Taxes Cost(3):	**31,270**	**1.8523**
Home Office(3):	**5,654**	**0.3349**
Replacement(3&4):	**49,947**	**0.0000**
Total FRVS PD:		**17.5522**

(1) 80% Capital ($2,162,318) amortized at 9.1500% for 20 years Principal & Interest of $235,968 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $12.1749
(2) 20% ROE ($540,579) times the ROE factor (0.029170) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $0.8136
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1986**	Used Per Bed Standard:	**28,737**
Comparison Bed	**59**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,695,483**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.9975**	**48.9975**	**0.4274**	**48.5701**	
Patient Care					
Direct Care	**72.4608**	**72.4608**	**0.6321**	**71.8287**	
Indirect Care	**56.6634**	**56.6634**	**0.4943**	**56.1691**	
Property	**13.6500**	**17.5522**	**0.1531**	**17.3991**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.7654**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**191.7717**	**195.6739**	**1.7069**	**218.3295**	

***Medicaid Trend Adjustment :**

0 311308-00 - 2011/01

223.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

South Pointe Plaza

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
42 Collins Avenue	**08/01/2008-07/31/2009**	Number of Beds: **230**	Superior: **0**
Miami Beach FL 33139	Days In CR **365**	Maximum: **83,950**	Standard: **181**
County: **Dade[13]**	First Used: **2010/01**	Max Annualized: **83,950**	Conditional: **0**
Region: **South[2]** Area: **11**	Last Used: **2011/01**	Total Patient: **64,358**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **10,209**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **48,945**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **11/1/1983**			
Acquired Date: **11/1/1983**			
Entered Medicaid **11/1/1983**			
Med # Active Date: **11/3/2005**			
Previous Med # **261602**			

Medicaid Utilization	**76.05115%**
Occupancy:	**76.66230%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**96.36220%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,359,872	4,443,012	2,344,128	1,146,292	0	10,293,304
1a	Audit Adjustments						
2	Cost Per Diem	48.2148	90.7756	47.8931	**23.4200**		210.3035
3	Cost Per Diem Inflated	50.5518	93.7566	50.2145			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.5518**	**93.7566**	**50.2145**	**23.4200**		217.9429
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.0703		50.2814			
7	Provider Target Rate	**41.0775**		**51.5453**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.0775**	**93.7566**	**50.2145**	**13.6500**		198.6986
12/13	Medicaid Adjustment Rate		2.7478	1.4717			
14	Prospective Per Diem 11	**41.0775**	**96.5044**	**51.6862**	**13.6500**		**202.9181**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 311308-00 - 2011/01

223.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

South Pointe Plaza

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**8,036,343**
FRVS Base Asset:	**4,581,230**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**12,835,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.9400**	**%**
Chase Rate:	**7.0000**	**%**
Amortization Rate:	**5.9400**	**%**
Interest Only:	**False**	
Yearly Payment:	**550,052**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,429,074**	**7.2802**
20% ROE(2):	**1,607,269**	**0.6626**
Insurance Cost(3):	**51,592**	**0.8016**
Taxes Cost(3):	**241,889**	**3.7585**
Home Office(3):	**23,072**	**0.3585**
Replacement(3&4):	**103,316**	**0.0000**
Total FRVS PD:		**12.8614**

(1) 80% Capital ($6,429,074) amortized at 5.9400% for 20 years Principal & Interest of $550,052 divided by annual available days (83,950) divided by Occup. Adj. (0.9000) = $7.2802

(2) 20% ROE ($1,607,269) times the ROE factor (0.031150) divided by annual available days (83,950) divided by Occup. Adj. (0.9000) = $0.6626

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**230**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**6,555,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.0775**	**41.0775**	**0.3583**	**40.7192**	
Patient Care					
Direct Care	**96.5044**	**96.5044**	**0.8418**	**95.6626**	
Indirect Care	**51.6862**	**51.6862**	**0.4509**	**51.2353**	
Property	**13.6500**	**12.8614**	**0.1122**	**12.7492**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8430**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**202.9181**	**202.1295**	**1.7632**	**223.8064**	

***Medicaid Trend Adjustment :**

0 311685-00 - 2011/01

217.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Punta Gorda

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
450 Shreve Street		**03/01/2009-02/28/2010**		Number of Beds:	**180**	Superior:	**0**
Punta Gorda FL 33950		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Charlotte[8]**	First Used:	**2011/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**54,884**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,654**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**31,820**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/2/2005**						
Acquired Date:	**7/29/2005**						
Entered Medicaid	**7/29/2005**						
Med # Active Date:	**7/29/2005**						
Previous Med #							

Medicaid Utilization	**57.97682%**
Occupancy:	**83.53729%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**105.00386%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19701332**
Semester Index:	**1.24282006**
Cost:	**1.03826753**
Target:	**1.01759574**
DC FY Index:	**1.16183216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02424433**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,051,190	2,884,036	1,465,344	598,534	0	5,999,104
1a	Audit Adjustments						
2	Cost Per Diem	33.0355	90.6360	46.0510	**18.8100**		188.5325
3	Cost Per Diem Inflated	34.2997	92.8334	47.8133			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.2997**	**92.8334**	**47.8133**	**18.8100**		193.7564
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	86.2254		58.5460			
7	Provider Target Rate	**88.3928**		**60.0177**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.2997**	**92.8334**	**47.8133**	**13.6500**		188.5964
12/13	Medicaid Adjustment Rate		0.8331	0.4291			
14	Prospective Per Diem 11	**34.2997**	**93.6665**	**48.2424**	**13.6500**		**189.8586**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 311685-00 - 2011/01

217.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Punta Gorda

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/29/2005**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2005/07**
Indexed Asset Value	**8,390,758**
FRVS Base Asset:	**7,965,180**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**5,150,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.8720**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**13.8720**	**%**
Interest Only:	**False**	
Yearly Payment:	**994,192**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,712,606**	**16.8137**
20% ROE(2):	**1,678,152**	**0.8693**
Insurance Cost(3):	**27,109**	**0.4939**
Taxes Cost(3):	**139,059**	**2.5337**
Home Office(3):	**46,815**	**0.8530**
Replacement(3&4):	**86,433**	**0.0000**
Total FRVS PD:		**21.5636**

(1) 80% Capital ($6,712,606) amortized at 13.8720% for 20 years Principal & Interest of $994,192 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $16.8137
(2) 20% ROE ($1,678,152) times the ROE factor (0.030630) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.8693
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2005**	Used Per Bed Standard:	**44,251**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**7,965,180**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.2997**	**34.2997**	**0.2992**	**34.0005**	
Patient Care					
Direct Care	**93.6665**	**93.6665**	**0.8171**	**92.8494**	
Indirect Care	**48.2424**	**48.2424**	**0.4208**	**47.8216**	
Property	**13.6500**	**21.5636**	**0.1881**	**21.3755**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.1455**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.8586**	**197.7722**	**1.7252**	**217.7896**	

***Medicaid Trend Adjustment :**

0 312045-00 - 2011/01

195.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

SandalWood Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1001 South Beach Street		**01/01/2009-12/31/2009**		Number of Beds:	**99**	Superior:	**0**
Daytona Beach FL 32114		Days In CR	**365**	Maximum:	**36,135**	Standard:	**181**
County: **Volusia[64]**		First Used:	**2010/07**	Max Annualized:	**36,135**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**29,867**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**3,378**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**18,424**		
Class at 1/94: **North Small [1]**							
Operating Ex **> 18 months [1]**							
Open Date: **1/1/1968**							
Acquired Date: **8/1/1999**							
Entered Medicaid **10/1/1979**							
Med # Active Date: **7/31/2005**							
Previous Med # **219444**							

Medicaid Utilization	**61.68681%**
Occupancy:	**82.65393%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**103.89351%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	669,508	1,549,814	677,954	251,119	0	3,148,395
1a	Audit Adjustments						
2	Cost Per Diem	36.3389	84.1193	36.7973	**13.6300**		170.8855
3	Cost Per Diem Inflated	37.8286	86.3320	38.3058			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.8286**	**86.3320**	**38.3058**	**13.6300**		176.0964
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.0102		47.1885			
7	Provider Target Rate	**41.0159**		**48.7271**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.8286**	**86.3320**	**38.3058**	**13.6300**		176.0964
12/13	Medicaid Adjustment Rate		1.1351	0.5036			
14	Prospective Per Diem 11	**37.8286**	**87.4671**	**38.8094**	**13.6300**		**177.7351**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312045-00 - 2011/01

195.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

SandalWood Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/07**
Indexed Asset Value	**2,211,430**
FRVS Base Asset:	**1,876,939**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.7610**	**%**
Chase Rate:	**6.2500**	**%**
Amortization Rate:	**6.7610**	**%**
Interest Only:	**False**	
Yearly Payment:	**161,562**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,769,144**	**4.9679**
20% ROE(2):	**442,286**	**0.3967**
Insurance Cost(3):	**26,831**	**0.8983**
Taxes Cost(3):	**53,008**	**1.7748**
Home Office(3):	**5,678**	**0.1901**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**8.2278**

(1) 80% Capital ($1,769,144) amortized at 6.7610% for 20 years Principal & Interest of $161,562 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $4.9679
(2) 20% ROE ($442,286) times the ROE factor (0.029170) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $0.3967
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**99**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,821,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.8286**	**37.8286**	**0.3300**	**37.4986**	
Patient Care					
Direct Care	**87.4671**	**87.4671**	**0.7630**	**86.7041**	
Indirect Care	**38.8094**	**38.8094**	**0.3385**	**38.4709**	
Property	**13.6300**	**8.2278**	**0.0718**	**8.1560**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.7003**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**177.7351**	**172.3329**	**1.5033**	**195.1270**	

***Medicaid Trend Adjustment :**

0 312142-00 - 2011/01

173.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

LakeWood Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
100 North Lake Street		**01/01/2009-12/31/2009**		Number of Beds:	**92**	Superior:	**0**
Crescent City FL 32112		Days In CR	**365**	Maximum:	**33,580**	Standard:	**181**
County:	**Putnam[54]**	First Used:	**2011/01**	Max Annualized:	**33,580**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**31,976**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,444**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**24,140**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1969**						
Acquired Date:	**6/1/1969**						
Entered Medicaid	**4/1/1983**						
Med # Active Date:	**7/1/2005**						
Previous Med #	**251585**						

Medicaid Utilization	**75.49412%**
Occupancy:	**95.22335%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.69289%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	724,273	1,729,148	792,342	226,433	0	3,472,196
1a	Audit Adjustments						
2	Cost Per Diem	30.0030	71.6300	32.8228	**9.3800**		143.8358
3	Cost Per Diem Inflated	31.2329	73.5142	34.1683			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**31.2329**	**73.5142**	**34.1683**	**9.3800**		148.2954
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.0102		47.1885			
7	Provider Target Rate	**41.0159**		**48.7271**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**31.2329**	**73.5142**	**34.1683**	**9.3800**		148.2954
12/13	Medicaid Adjustment Rate		2.1085	0.9800			
14	Prospective Per Diem 11	**31.2329**	**75.6227**	**35.1483**	**9.3800**		**151.3839**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312142-00 - 2011/01

173.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

LakeWood Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/15/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**2,464,254**
FRVS Base Asset:	**1,412,152**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**245,099**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,971,403**	**8.1100**
20% ROE(2):	**492,851**	**0.4757**
Insurance Cost(3):	**20,525**	**0.6419**
Taxes Cost(3):	**780**	**0.0244**
Home Office(3):	**5,217**	**0.1632**
Replacement(3&4):	**32,660**	**0.0000**
Total FRVS PD:		**9.4152**

(1) 80% Capital ($1,971,403) amortized at 12.5000% for 20 years Interest of $245,099 divided by annual available days (33,580) divided by Occup. Adj. (0.9000) = $8.1100
(2) 20% ROE ($492,851) times the ROE factor (0.029170) divided by annual available days (33,580) divided by Occup. Adj. (0.9000) = $0.4757
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**92**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,622,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**31.2329**	**31.2329**	**0.2725**	**30.9604**	
Patient Care					
Direct Care	**75.6227**	**75.6227**	**0.6597**	**74.9630**	
Indirect Care	**35.1483**	**35.1483**	**0.3066**	**34.8417**	
Property	**9.3800**	**9.4152**	**0.0821**	**9.3331**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.2130**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**151.3839**	**151.4191**	**1.3209**	**173.9083**	

***Medicaid Trend Adjustment :**

0 312151-00 - 2011/01

202.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Cross City Rehabilitation and Health Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
583 N.E. Highway 351		**10/01/2006-09/30/2007**		Number of Beds:	**60**	Superior:	**0**
Cross City FL 32628		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Dixie[15]**	First Used:	**2009/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**19,727**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,270**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**12,739**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/8/1999**						
Acquired Date:	**4/8/1999**						
Entered Medicaid	**7/1/1999**						
Med # Active Date:	**8/22/2005**						
Previous Med #	**224901**						

Medicaid Utilization	**64.57647%**
Occupancy:	**90.07763%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.22486%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.11318485**
Semester Index:	**1.24282006**
Cost:	**1.11645434**
Target:	**1.01759574**
DC FY Index:	**1.09550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.08626198**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	526,509	841,952	527,251	408,030	0	2,303,742
1a	Audit Adjustments						
2	Cost Per Diem	41.3305	66.0925	41.3887	**32.0300**		180.8417
3	Cost Per Diem Inflated	46.1436	71.7938	46.2086			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.1436**	**71.7938**	**46.2086**	**32.0300**		196.1760
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.8086		47.1885			
7	Provider Target Rate	**42.8595**		**48.7271**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.8595**	**71.7938**	**46.2086**	**13.6500**		174.5119
12/13	Medicaid Adjustment Rate		1.1773	0.7578			
14	Prospective Per Diem 11	**42.8595**	**72.9711**	**46.9664**	**13.6500**		**176.4470**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312151-00 - 2011/01

202.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Cross City Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/01**
Indexed Asset Value	**2,690,916**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.047290**

Mortgage Information		
Amount:	**2,400,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.8300**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.8300**	**%**
Interest Only:	**False**	
Yearly Payment:	**213,351**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,152,733**	**10.8245**
20% ROE(2):	**538,183**	**1.2913**
Insurance Cost(3):	**55,923**	**2.8348**
Taxes Cost(3):	**57,620**	**2.9209**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**17,153**	**0.0000**
Total FRVS PD:		**17.8715**

(1) 80% Capital ($2,152,733) amortized at 7.8300% for 20 years Principal & Interest of $213,351 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $10.8245
(2) 20% ROE ($538,183) times the ROE factor (0.047290) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $1.2913
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1999**	Used Per Bed Standard:	**38,846**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,330,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.8595**	**42.8595**	**0.3739**	**42.4856**	
Patient Care					
Direct Care	**72.9711**	**72.9711**	**0.6366**	**72.3345**	
Indirect Care	**46.9664**	**46.9664**	**0.4097**	**46.5567**	
Property	**13.6500**	**17.8715**	**0.1559**	**17.7156**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.7087**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**176.4470**	**180.6685**	**1.5761**	**202.3982**	

***Medicaid Trend Adjustment :**

0 312274-00 - 2011/01

158.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

CrestWood Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
501 South Palm Avenue	**01/01/2009-12/31/2009**	Number of Beds: **65**	Superior: **0**
Palatka FL 32177	Days In CR **365**	Maximum: **23,725**	Standard: **181**
County: **Putnam[54]**	First Used: **2011/01**	Max Annualized: **23,725**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2011/01**	Total Patient: **22,263**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **3,527**	
Current Class **North Small [1]**	Initial CR? **False**	Medicaid: **15,315**	
Class at 1/94: **North Small [1]**			
Operating Ex **> 18 months [1]**			
Open Date: **6/1/1977**			
Acquired Date: **6/1/1977**			
Entered Medicaid **4/1/1983**			
Med # Active Date: **7/1/2005**			
Previous Med # **251593**			

Medicaid Utilization	**68.79127%**
Occupancy:	**93.83773%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.95120%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	461,607	945,959	469,823	137,682	0	2,015,071
1a	Audit Adjustments						
2	Cost Per Diem	30.1408	61.7668	30.6773	**8.9900**		131.5749
3	Cost Per Diem Inflated	31.3764	63.3915	31.9349			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**31.3764**	**63.3915**	**31.9349**	**8.9900**		135.6928
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.0102		47.1885			
7	Provider Target Rate	**41.0159**		**48.7271**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**31.3764**	**63.3915**	**31.9349**	**8.9900**		135.6928
12/13	Medicaid Adjustment Rate		1.3401	0.6751			
14	Prospective Per Diem 11	**31.3764**	**64.7316**	**32.6100**	**8.9900**		**137.7080**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312274-00 - 2011/01

158.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

CrestWood Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/15/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1977/01**
Indexed Asset Value	**1,293,116**
FRVS Base Asset:	**695,693**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**128,616**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,034,493**	**6.0235**
20% ROE(2):	**258,623**	**0.3533**
Insurance Cost(3):	**24,434**	**1.0975**
Taxes Cost(3):	**609**	**0.0274**
Home Office(3):	**3,411**	**0.1532**
Replacement(3&4):	**40,435**	**0.0000**
Total FRVS PD:		**7.6549**

(1) 80% Capital ($1,034,493) amortized at 12.5000% for 20 years Interest of $128,616 divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = $6.0235

(2) 20% ROE ($258,623) times the ROE factor (0.029170) divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = $0.3533

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**65**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,852,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**31.3764**	**31.3764**	**0.2737**	**31.1027**	
Patient Care					
Direct Care	**64.7316**	**64.7316**	**0.5647**	**64.1669**	
Indirect Care	**32.6100**	**32.6100**	**0.2845**	**32.3255**	
Property	**8.9900**	**7.6549**	**0.0668**	**7.5881**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8469**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**137.7080**	**136.3729**	**1.1897**	**158.6272**	

***Medicaid Trend Adjustment :**

0 312312-00 - 2011/01

224.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Savannah Cove of the Palm Beaches

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2090 North Congress Avenue		**01/01/2009-12/31/2009**		Number of Beds:	**30**	Superior:	**0**
West Palm Beach FL 33401		Days In CR	**365**	Maximum:	**10,950**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2010/07**	Max Annualized:	**10,950**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**8,941**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,771**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**2,509**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/16/1995**						
Acquired Date:	**1/16/1995**						
Entered Medicaid	**1/26/1995**						
Med # Active Date:	**1/1/2006**						
Previous Med #	**262854**						

Medicaid Utilization	**28.06174%**
Occupancy:	**81.65297%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**102.63532%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	169,311	193,414	162,403	56,929	0	582,057
1a	Audit Adjustments						
2	Cost Per Diem	67.4815	77.0881	64.7282	**22.6899**		231.9877
3	Cost Per Diem Inflated	70.2478	79.1159	67.3817			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**70.2478**	**79.1159**	**67.3817**	**22.6899**		239.4353
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	71.1505		79.0086			
7	Provider Target Rate	**72.9390**		**80.9946**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**59.5230**	**79.1159**	**67.3817**	**13.6500**		219.6706
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**59.5230**	**79.1159**	**67.3817**	**13.6500**		**219.6706**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312312-00 - 2011/01

224.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Savannah Cove of the Palm Beaches

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/26/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/01**
Indexed Asset Value	**1,188,436**
FRVS Base Asset:	**1,030,830**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**77,710**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**950,749**	**7.8853**
20% ROE(2):	**237,687**	**0.7035**
Insurance Cost(3):	**10,691**	**1.1957**
Taxes Cost(3):	**24,084**	**2.6937**
Home Office(3):	**6,952**	**0.7775**
Replacement(3&4):	**90,885**	**0.0000**
Total FRVS PD:		**13.2557**

(1) 80% Capital ($950,749) amortized at 8.2500% for 20 years Interest of $77,710 divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = $7.8853
(2) 20% ROE ($237,687) times the ROE factor (0.029170) divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = $0.7035
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**30**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,030,830**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**59.5230**	**59.5230**	**0.5192**	**59.0038**	
Patient Care					
Direct Care	**79.1159**	**79.1159**	**0.6902**	**78.4257**	
Indirect Care	**67.3817**	**67.3817**	**0.5878**	**66.7939**	
Property	**13.6500**	**13.2557**	**0.1156**	**13.1401**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**219.6706**	**219.2763**	**1.9128**	**224.9606**	

***Medicaid Trend Adjustment :**

0 312371-00 - 2011/01

225.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Southlake Nursing and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
10680 Old St. Augustine Road		**01/01/2009-12/31/2009**		Number of Beds:	**180**	Superior:	**0**
Jacksonville FL 32257		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2011/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**63,270**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,154**	Inflation	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**36,993**	FY Index:	**1.19387802**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**58.46847%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**96.30137%**	Cost:	**1.04099417**
Open Date:	**11/1/1982**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**11/1/1982**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**11/1/1982**	Low Occupancy Adjustment Factor:			**121.04793%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**9/12/2005**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**214345**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,623,386	2,914,068	1,915,282	804,968	0	7,257,704
1a	Audit Adjustments						
2	Cost Per Diem	43.8836	78.7735	51.7742	**21.7600**		196.1913
3	Cost Per Diem Inflated	45.6826	80.8456	53.8966			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.6826**	**80.8456**	**53.8966**	**21.7600**		202.1848
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.6621		54.7247			
7	Provider Target Rate	**44.7596**		**56.1003**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.7596**	**80.8456**	**53.4956**	**13.6500**		192.7508
12/13	Medicaid Adjustment Rate		0.7702	0.5097			
14	Prospective Per Diem 11	**44.7596**	**81.6158**	**54.0053**	**13.6500**		**194.0307**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312371-00 - 2011/01

225.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Southlake Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/07**
Indexed Asset Value	**8,602,355**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**5,188,421.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**15.1200**	**%**
Chase Rate:	**11.2000**	**%**
Amortization Rate:	**14.2000**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,038,949**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,881,884**	**17.5706**
20% ROE(2):	**1,720,471**	**0.8487**
Insurance Cost(3):	**231,408**	**3.6575**
Taxes Cost(3):	**89,746**	**1.4185**
Home Office(3):	**42,790**	**0.6763**
Replacement(3&4):	**13,228**	**0.0000**
Total FRVS PD:		**24.1716**

(1) 80% Capital ($6,881,884) amortized at 14.2000% for 20 years Principal & Interest of $1,038,949 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $17.5706

(2) 20% ROE ($1,720,471) times the ROE factor (0.029170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.8487

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.7596**	**44.7596**	**0.3905**	**44.3691**	
Patient Care					
Direct Care	**81.6158**	**81.6158**	**0.7120**	**80.9038**	
Indirect Care	**54.0053**	**54.0053**	**0.4711**	**53.5342**	
Property	**13.6500**	**24.1716**	**0.2109**	**23.9607**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.5104**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**194.0307**	**204.5523**	**1.7845**	**225.8753**	

***Medicaid Trend Adjustment :**

0 312550-00 - 2011/01

202.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Savannah Cove of Maitland

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1301 W. Maitland Blvd		**07/01/2009-06/30/2010**		Number of Beds:	**39**	Superior:	**0**
Maitland FL 32751		Days In CR	**365**	Maximum:	**14,235**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2011/01**	Max Annualized:	**14,235**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**12,278**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,968**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**3,177**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/16/1995**						
Acquired Date:	**6/16/1995**						
Entered Medicaid	**6/16/1995**						
Med # Active Date:	**1/1/2006**						
Previous Med #	**263117**						

Medicaid Utilization	**25.87555%**
Occupancy:	**86.25219%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**108.41641%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	168,558	238,136	164,067	67,638	0	638,399
1a	Audit Adjustments						
2	Cost Per Diem	53.0557	74.9562	51.6421	**21.2899**		200.9439
3	Cost Per Diem Inflated	54.6622	76.4662	53.2058			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.6622**	**76.4662**	**53.2058**	**21.2899**		205.6241
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.9395		72.9424			
7	Provider Target Rate	**66.5719**		**74.7759**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.6049**	**76.4662**	**53.2058**	**13.6500**		197.9269
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.6049**	**76.4662**	**53.2058**	**13.6500**		**197.9269**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312550-00 - 2011/01

202.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Savannah Cove of Maitland

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/16/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/01**
Indexed Asset Value	**1,601,283**
FRVS Base Asset:	**1,340,079**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**104,706**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,281,026**	**8.1728**
20% ROE(2):	**320,257**	**0.7889**
Insurance Cost(3):	**9,690**	**0.7892**
Taxes Cost(3):	**17,369**	**1.4146**
Home Office(3):	**10,926**	**0.8899**
Replacement(3&4):	**28,635**	**0.0000**
Total FRVS PD:		**12.0554**

(1) 80% Capital ($1,281,026) amortized at 8.2500% for 20 years Interest of $104,706 divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = $8.1728
(2) 20% ROE ($320,257) times the ROE factor (0.031560) divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = $0.7889
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**39**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,340,079**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.6049**	**54.6049**	**0.4763**	**54.1286**	
Patient Care					
Direct Care	**76.4662**	**76.4662**	**0.6670**	**75.7992**	
Indirect Care	**53.2058**	**53.2058**	**0.4641**	**52.7417**	
Property	**13.6500**	**12.0554**	**0.1052**	**11.9502**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**197.9269**	**196.3323**	**1.7126**	**202.2168**	

***Medicaid Trend Adjustment :**

0 312789-00 - 2011/01

253.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Children's Comprehensive Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
200 S.E. 19th Avenue		**08/01/2009-07/31/2010**		Number of Beds:	**36**	Superior:	**0**
Pompano Beach FL 33060		Days In CR	**365**	Maximum:	**13,140**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2011/01**	Max Annualized:	**13,140**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2011/01**	Total Patient:	**11,640**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**0**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**10,986**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/4/1992**						
Acquired Date:	**5/4/1992**						
Entered Medicaid	**6/8/1992**						
Med # Active Date:	**7/1/2005**						
Previous Med #	**204790**						

Medicaid Utilization	**94.38144%**
Occupancy:	**88.58448%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**111.34802%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	728,921	1,102,898	772,571	234,991	0	2,839,381
1a	Audit Adjustments						
2	Cost Per Diem	66.3500	100.3912	70.3232	**21.3900**		258.4544
3	Cost Per Diem Inflated	68.1982	102.2969	72.2821			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**68.1982**	**102.2969**	**72.2821**	**21.3900**		264.1672
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.8518		56.1408			
7	Provider Target Rate	**68.5322**		**58.5755**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**59.5230**	**102.1952**	**58.5755**	**13.6500**		233.9437
12/13	Medicaid Adjustment Rate		4.5988	2.6359			
14	Prospective Per Diem 11	**59.5230**	**106.7940**	**61.2114**	**13.6500**		**241.1784**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312789-00 - 2011/01

253.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Children's Comprehensive Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/8/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1992/01**
Indexed Asset Value	**1,769,364**
FRVS Base Asset:	**1,084,510**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**1,220,125.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**158,331**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,415,491**	**13.3884**
20% ROE(2):	**353,873**	**0.9288**
Insurance Cost(3):	**36,079**	**3.0996**
Taxes Cost(3):	**-8,235**	**-0.7075**
Home Office(3):	**44,487**	**3.8219**
Replacement(3&4):	**10,750**	**0.0000**
Total FRVS PD:		**20.5312**

(1) 80% Capital ($1,415,491) amortized at 9.5000% for 20 years Principal & Interest of $158,331 divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = $13.3884
(2) 20% ROE ($353,873) times the ROE factor (0.031040) divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = $0.9288
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1991**	Used Per Bed Standard:	**30,986**
Comparison Bed	**35**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,084,510**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**59.5230**	**59.5230**	**0.5192**	**59.0038**	
Patient Care					
Direct Care	**106.7940**	**106.7940**	**0.9316**	**105.8624**	
Indirect Care	**61.2114**	**61.2114**	**0.5340**	**60.6774**	
Property	**13.6500**	**20.5312**	**0.1791**	**20.3521**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**241.1784**	**248.0596**	**2.1639**	**253.4928**	

***Medicaid Trend Adjustment :**

0 313424-00 - 2011/01

214.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Hollywood Hills Rehabilitation Center, LLC

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1200 N 35th Avenue		**07/01/2008-06/30/2009**		Number of Beds:	**152**	Superior:	**0**
Hollywood FL 33021		Days In CR	**365**	Maximum:	**55,480**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2010/07**	Max Annualized:	**55,480**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2011/01**	Total Patient:	**46,591**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,869**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**20,306**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1970**						
Acquired Date:	**1/1/1970**						
Entered Medicaid	**1/1/1970**						
Med # Active Date:	**1/1/2006**						
Previous Med #	**200204**						

Medicaid Utilization	**43.58352%**
Occupancy:	**83.97801%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**105.55784%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,055,711	1,480,770	950,248	327,942	0	3,814,671
1a	Audit Adjustments						
2	Cost Per Diem	51.9901	72.9228	46.7964	**16.1500**		187.8593
3	Cost Per Diem Inflated	54.5839	75.4265	49.1311			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.5839**	**75.4265**	**49.1311**	**16.1500**		195.2915
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.1347		55.6953			
7	Provider Target Rate	**54.4703**		**57.0953**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**75.4265**	**49.1311**	**13.6500**		188.5454
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.3378**	**75.4265**	**49.1311**	**13.6500**		**188.5454**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 313424-00 - 2011/01

214.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Hollywood Hills Rehabilitation Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**6,414,281**
FRVS Base Asset:	**3,129,551**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**1,323,889.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**637,977**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,131,425**	**12.7769**
20% ROE(2):	**1,282,856**	**0.8137**
Insurance Cost(3):	**153,808**	**3.3012**
Taxes Cost(3):	**97,512**	**2.0929**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**192,666**	**0.0000**
Total FRVS PD:		**18.9847**

(1) 80% Capital ($5,131,425) amortized at 12.5000% for 20 years Interest of $637,977 divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = $12.7769

(2) 20% ROE ($1,282,856) times the ROE factor (0.031670) divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = $0.8137

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**152**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,332,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**75.4265**	**75.4265**	**0.6580**	**74.7685**	
Indirect Care	**49.1311**	**49.1311**	**0.4286**	**48.7025**	
Property	**13.6500**	**18.9847**	**0.1656**	**18.8191**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.4372**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**188.5454**	**193.8801**	**1.6913**	**214.2231**	

***Medicaid Trend Adjustment :**

0 313718-00 - 2011/01

206.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lutheran Haven Nursing Home

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2041 W. State Rd. 426		**09/01/2008-08/31/2009**		Number of Beds:	**42**	Superior:	**0**
Oviedo Fl 32765		Days In CR	**365**	Maximum:	**15,330**	Standard:	**181**
County:	**Seminole[59]**	First Used:	**2010/07**	Max Annualized:	**15,330**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**14,481**	Total:	**181**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**2,448**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**6,955**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/17/2005**						
Acquired Date:	**12/17/2005**						
Entered Medicaid	**12/16/2005**						
Med # Active Date:	**12/16/2005**						
Previous Med #							

Medicaid Utilization	**48.02845%**
Occupancy:	**94.46184%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.73569%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18697094**
Semester Index:	**1.24282006**
Cost:	**1.04705180**
Target:	**1.01759574**
DC FY Index:	**1.15383092**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03134695**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	371,467	563,393	367,444	212,545	0	1,514,849
1a	Audit Adjustments						
2	Cost Per Diem	53.4101	81.0055	52.8316	**30.5600**		217.8072
3	Cost Per Diem Inflated	55.9231	83.5448	55.3174			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.9231**	**83.5448**	**55.3174**	**30.5600**		225.3453
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.4125		56.1499			
7	Provider Target Rate	**52.7048**		**57.5613**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.7048**	**83.5448**	**55.3174**	**13.6500**		205.2170
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**52.7048**	**83.5448**	**55.3174**	**13.6500**		**205.2170**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 313718-00 - 2011/01

206.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Lutheran Haven Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/16/2005**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2005/07**
Indexed Asset Value	**1,906,967**
FRVS Base Asset:	**1,858,542**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**3,663,145.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**0.3500**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**0.3500**	**%**
Interest Only:	**False**	
Yearly Payment:	**78,991**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,525,574**	**5.7252**
20% ROE(2):	**381,393**	**0.8467**
Insurance Cost(3):	**30,400**	**2.0993**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**29,546**	**0.0000**
Total FRVS PD:		**8.6712**

(1) 80% Capital ($1,525,574) amortized at 0.3500% for 20 years Principal & Interest of $78,991 divided by annual available days (15,330) divided by Occup. Adj. (0.9000) = $5.7252
(2) 20% ROE ($381,393) times the ROE factor (0.030630) divided by annual available days (15,330) divided by Occup. Adj. (0.9000) = $0.8467
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2005**	Used Per Bed Standard:	**44,251**
Comparison Bed	**42**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,858,542**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.7048**	**52.7048**	**0.4598**	**52.2450**	
Patient Care					
Direct Care	**83.5448**	**83.5448**	**0.7288**	**82.8160**	
Indirect Care	**55.3174**	**55.3174**	**0.4826**	**54.8348**	
Property	**13.6500**	**8.6712**	**0.0756**	**8.5956**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**205.2170**	**200.2382**	**1.7468**	**206.0885**	

***Medicaid Trend Adjustment :**

0 315524-00 - 2011/01

209.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Carrington Place Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
10501 Roosevelt Blvd North		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
St. Petersburg FL 33716		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**40,596**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,086**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,306**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1988**						
Acquired Date:	**8/1/1988**						
Entered Medicaid	**10/1/1988**						
Med # Active Date:	**5/1/2006**						
Previous Med #	**258768**						

Medicaid Utilization	**57.40960%**
Occupancy:	**92.68493%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.50217%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	898,945	2,027,092	974,796	598,964	0	4,499,797
1a	Audit Adjustments						
2	Cost Per Diem	38.5714	86.9773	41.8260	**25.7000**		193.0747
3	Cost Per Diem Inflated	40.1526	89.2652	43.5406			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.1526**	**89.2652**	**43.5406**	**25.7000**		198.6584
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0912		44.9838			
7	Provider Target Rate	**40.0738**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.0738**	**89.2652**	**43.5406**	**13.6500**		186.5296
12/13	Medicaid Adjustment Rate		0.7441	0.3629			
14	Prospective Per Diem 11	**40.0738**	**90.0093**	**43.9035**	**13.6500**		**187.6366**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 315524-00 - 2011/01

209.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Carrington Place Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/07**
Indexed Asset Value	**5,470,564**
FRVS Base Asset:	**3,559,440**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,520,263.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.8318**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**5.8318**	**%**
Interest Only:	**False**	
Yearly Payment:	**371,173**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,376,451**	**9.4159**
20% ROE(2):	**1,094,113**	**0.8096**
Insurance Cost(3):	**65,875**	**1.6227**
Taxes Cost(3):	**81,154**	**1.9991**
Home Office(3):	**14,123**	**0.3479**
Replacement(3&4):	**78,632**	**0.0000**
Total FRVS PD:		**14.1952**

(1) 80% Capital ($4,376,451) amortized at 5.8318% for 20 years Principal & Interest of $371,173 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.4159
(2) 20% ROE ($1,094,113) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8096
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1988**	Used Per Bed Standard:	**29,662**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,559,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.0738**	**40.0738**	**0.3496**	**39.7242**	
Patient Care					
Direct Care	**90.0093**	**90.0093**	**0.7852**	**89.2241**	
Indirect Care	**43.9035**	**43.9035**	**0.3830**	**43.5205**	
Property	**13.6500**	**14.1952**	**0.1238**	**14.0714**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.5432**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**187.6366**	**188.1818**	**1.6416**	**209.6805**	

***Medicaid Trend Adjustment :**

0 315664-00 - 2011/01

217.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Pensacola

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3291 East Olive Road		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Pensacola FL 32514		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Escambia[17]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2011/01**	Total Patient:	**38,371**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**21,928**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**13,819**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/9/2006**						
Acquired Date:	**6/9/2006**						
Entered Medicaid	**6/1/2006**						
Med # Active Date:	**6/1/2006**						
Previous Med #							

Medicaid Utilization	**36.01418%**
Occupancy:	**87.60502%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**110.11688%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	611,133	1,206,400	835,549	689,706	0	3,342,788
1a	Audit Adjustments						
2	Cost Per Diem	44.2241	87.3001	60.4638	**49.9100**		241.8980
3	Cost Per Diem Inflated	46.0370	89.5965	62.9425			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.0370**	**89.5965**	**62.9425**	**49.9100**		248.4860
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.4814		72.6254			
7	Provider Target Rate	**59.9514**		**74.4510**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**89.5965**	**53.4956**	**13.6500**		201.9884
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.2463**	**89.5965**	**53.4956**	**13.6500**		**201.9884**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 315664-00 - 2011/01

217.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Life Care Center of Pensacola

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/1/2006**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2006/01**
Indexed Asset Value	**5,733,835**
FRVS Base Asset:	**478,329**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**11,530,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**370,916**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,587,068**	**9.4093**
20% ROE(2):	**1,146,767**	**0.8486**
Insurance Cost(3):	**28,543**	**0.7439**
Taxes Cost(3):	**105,274**	**2.7436**
Home Office(3):	**42,524**	**1.1082**
Replacement(3&4):	**15,146**	**0.0000**
Total FRVS PD:		**14.8536**

(1) 80% Capital ($4,587,068) amortized at 5.2500% for 20 years Principal & Interest of $370,916 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.4093

(2) 20% ROE ($1,146,767) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8486

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2005**	Used Per Bed Standard:	**44,577**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,349,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**89.5965**	**89.5965**	**0.7816**	**88.8149**	
Indirect Care	**53.4956**	**53.4956**	**0.4667**	**53.0289**	
Property	**13.6500**	**14.8536**	**0.1296**	**14.7240**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$8.0692**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**201.9884**	**203.1920**	**1.7726**	**217.0857**	

***Medicaid Trend Adjustment :**

0 316075-00 - 2011/01

208.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Westwood Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1001 Mar Walt Drive		**01/01/2009-12/31/2009**		Number of Beds:	**60**	Superior:	**0**
Ft. Walton Beach FL 32457		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Okaloosa[46]**	First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2011/01**	Total Patient:	**20,047**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,456**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**6,638**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1985**						
Acquired Date:	**7/1/1985**						
Entered Medicaid	**7/1/1985**						
Med # Active Date:	**3/31/2006**						
Previous Med #	**225061**						

Medicaid Utilization	**33.11219%**
Occupancy:	**91.53881%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.06153%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	271,724	501,989	394,362	71,027	34,697	1,273,799
1a	Audit Adjustments						
2	Cost Per Diem	40.9346	75.6235	59.4098	**10.7001**	**5.2270**	191.8950
3	Cost Per Diem Inflated	42.6127	77.6127	61.8453			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.6127**	**77.6127**	**61.8453**	**10.7001**	**5.2270**	197.9978
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.4336		56.2839			
7	Provider Target Rate	**47.6008**		**57.6987**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.6127**	**77.6127**	**57.6987**	**10.7001**	**5.2270**	193.8512
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.6127**	**77.6127**	**57.6987**	**10.7001**	**5.2270**	**193.8512**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 316075-00 - 2011/01

208.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Westwood Health Care Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**1,313,617**
FRVS Base Asset:	**892,330**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,807,470.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1519**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.1519**	**%**
Interest Only:	**False**	
Yearly Payment:	**98,924**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,050,894**	**5.0190**
20% ROE(2):	**262,723**	**0.3888**
Insurance Cost(3):	**8,315**	**0.4148**
Taxes Cost(3):	**17,108**	**0.8534**
Home Office(3):	**41,295**	**2.0599**
Replacement(3&4):	**13,078**	**0.0000**
Total FRVS PD:		**8.7359**

(1) 80% Capital ($1,050,894) amortized at 7.1519% for 20 years Principal & Interest of $98,924 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $5.0190

(2) 20% ROE ($262,723) times the ROE factor (0.029170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.3888

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.6127**	**42.6127**	**0.3717**	**42.2410**	
Patient Care					
Direct Care	**77.6127**	**77.6127**	**0.6770**	**76.9357**	
Indirect Care	**57.6987**	**57.6987**	**0.5033**	**57.1954**	
Property	**10.7001**	**8.7359**	**0.0933**	**10.6068**	
ROE	**5.2270**	**4.4866**	**0.0456**	**5.1814**	
ROE Adjustment	**-4.4866**	**-4.4866**	**-0.0391**	**-4.4475**	
Quality Assess-Medicaid Share				**$12.7659**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.3646**	**186.6600**	**1.6518**	**208.0758**	

***Medicaid Trend Adjustment :**

0 316229-00 - 2011/01

246.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Desoto Health & Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1002 North Brevard Avenue		**12/01/2008-12/31/2009**		Number of Beds:	**41**	Superior:	**0**
Arcadia FL 34266		Days In CR	**396**	Maximum:	**16,236**	Standard:	**181**
County:	**Desoto[14]**	First Used:	**2011/01**	Max Annualized:	**14,965**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**15,077**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,350**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**10,549**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1980**						
Acquired Date:	**9/1/1980**						
Entered Medicaid	**9/1/1980**						
Med # Active Date:	**6/28/2006**						
Previous Med #	**229741**						

Medicaid Utilization	**69.96750%**
Occupancy:	**92.86155%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.72417%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	636,665	898,228	747,970	331,133	0	2,613,996
1a	Audit Adjustments						
2	Cost Per Diem	60.3531	85.1482	70.9044	**31.3900**		247.7957
3	Cost Per Diem Inflated	62.8272	87.3880	73.8111			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**62.8272**	**87.3880**	**73.8111**	**31.3900**		255.4163
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.5503		77.1754			
7	Provider Target Rate	**66.1729**		**79.1153**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**59.5230**	**87.3880**	**70.2905**	**13.6500**		230.8515
12/13	Medicaid Adjustment Rate		1.9630	1.5790			
14	Prospective Per Diem 11	**59.5230**	**89.3510**	**71.8695**	**13.6500**		**234.3935**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 316229-00 - 2011/01

246.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Desoto Health & Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/07**
Indexed Asset Value	**1,940,492**
FRVS Base Asset:	**1,077,566**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029040**

Mortgage Information		
Amount:	**3,300,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.0000**	**%**
Chase Rate:	**5.5000**	**%**
Amortization Rate:	**7.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**144,428**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,552,394**	**10.7234**
20% ROE(2):	**388,098**	**0.8368**
Insurance Cost(3):	**58,930**	**3.9086**
Taxes Cost(3):	**62,127**	**4.1206**
Home Office(3):	**9,718**	**0.6446**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**20.2340**

(1) 80% Capital ($1,552,394) amortized at 7.0000% for 20 years Principal & Interest of $144,428 divided by annual available days (14,965) divided by Occup. Adj. (0.9000) = $10.7234
(2) 20% ROE ($388,098) times the ROE factor (0.029040) divided by annual available days (14,965) divided by Occup. Adj. (0.9000) = $0.8368
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**59.5230**	**59.5230**	**0.5192**	**59.0038**	
Patient Care					
Direct Care	**89.3510**	**89.3510**	**0.7794**	**88.5716**	
Indirect Care	**71.8695**	**71.8695**	**0.6269**	**71.2426**	
Property	**13.6500**	**20.2340**	**0.1765**	**20.0575**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**234.3935**	**240.9775**	**2.1020**	**246.4726**	

***Medicaid Trend Adjustment :**

0 316628-00 - 2011/01

205.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Laurellwood Nursing Center, Inc.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3127 - 57th Avenue North		**06/01/2009-05/31/2010**		Number of Beds:	**60**	Superior:	**0**
St. Petersburg FL 33714		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County: **Pinellas[52]**		First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2011/01**	Total Patient:	**14,458**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**1,978**		
Current Class **Central Small [5]**		Initial CR?	**False**	Medicaid:	**12,066**		
Class at 1/94: **North Small [1]**							
Operating Ex **> 18 months [1]**							
Open Date: **3/1/1980**							
Acquired Date: **3/1/1980**							
Entered Medicaid **3/1/1980**							
Med # Active Date: **12/1/2005**							
Previous Med # **257206**							

Medicaid Utilization	**83.45553%**
Occupancy:	**66.01827%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**82.98297%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20371855**
Semester Index:	**1.24282006**
Cost:	**1.03248393**
Target:	**1.01759574**
DC FY Index:	**1.16533216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02116808**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	569,607	974,488	475,144	282,706	0	2,301,945
1a	Audit Adjustments						
2	Cost Per Diem	47.2076	80.7631	39.3788	**23.4300**		190.7795
3	Cost Per Diem Inflated	48.7411	82.4727	40.6580			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.7411**	**82.4727**	**40.6580**	**23.4300**		195.3018
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.3709		51.4890			
7	Provider Target Rate	**46.5114**		**53.6513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.5114**	**82.4727**	**40.6580**	**13.6500**		183.2921
12/13	Medicaid Adjustment Rate		3.1041	1.5303			
14	Prospective Per Diem 11	**46.5114**	**85.5768**	**42.1883**	**13.6500**		**187.9265**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 316628-00 - 2011/01

205.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Laurellwood Nursing Center, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/01**
Indexed Asset Value	**1,455,544**
FRVS Base Asset:	**764,013**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**1,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.5000**	**%**
Chase Rate:	**7.2500**	**%**
Amortization Rate:	**7.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**112,567**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,164,435**	**5.7112**
20% ROE(2):	**291,109**	**0.4709**
Insurance Cost(3):	**3,044**	**0.2105**
Taxes Cost(3):	**17,589**	**1.2166**
Home Office(3):	**16,067**	**1.1113**
Replacement(3&4):	**83,273**	**0.0000**
Total FRVS PD:		**8.7205**

(1) 80% Capital ($1,164,435) amortized at 7.5000% for 20 years Principal & Interest of $112,567 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $5.7112
(2) 20% ROE ($291,109) times the ROE factor (0.031880) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4709
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.5114**	**46.5114**	**0.4057**	**46.1057**	
Patient Care					
Direct Care	**85.5768**	**85.5768**	**0.7465**	**84.8303**	
Indirect Care	**42.1883**	**42.1883**	**0.3680**	**41.8203**	
Property	**13.6500**	**8.7205**	**0.0761**	**8.6444**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.2539**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**187.9265**	**182.9970**	**1.5963**	**205.2517**	

***Medicaid Trend Adjustment :**

0 316636-00 - 2011/01

206.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

HarbourWood Nursing Center, Inc.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2855 Gulf to Bay Boulevard, B		**06/01/2009-05/31/2010**		Number of Beds:	**120**	Superior:	**0**
Clearwater FL 33759		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**38,089**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,288**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,337**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/3/1996**						
Acquired Date:	**7/3/1996**						
Entered Medicaid	**7/3/1996**						
Med # Active Date:	**12/1/2005**						
Previous Med #	**251577**						

Medicaid Utilization	**61.26966%**
Occupancy:	**86.96119%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**109.30759%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20371855**
Semester Index:	**1.24282006**
Cost:	**1.03248393**
Target:	**1.01759574**
DC FY Index:	**1.16533216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02116808**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	985,287	2,020,128	892,459	564,055	0	4,461,929
1a	Audit Adjustments						
2	Cost Per Diem	42.2200	86.5633	38.2422	**24.1700**		191.1955
3	Cost Per Diem Inflated	43.5915	88.3957	39.4845			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.5915**	**88.3957**	**39.4845**	**24.1700**		195.6417
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2119		44.9838			
7	Provider Target Rate	**38.1473**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1473**	**88.3957**	**39.4845**	**13.6500**		179.6775
12/13	Medicaid Adjustment Rate		1.1207	0.5006			
14	Prospective Per Diem 11	**38.1473**	**89.5164**	**39.9851**	**13.6500**		**181.2988**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 316636-00 - 2011/01

206.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

HarbourWood Nursing Center, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/3/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/07**
Indexed Asset Value	**5,220,287**
FRVS Base Asset:	**4,325,640**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**3,560,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.7500**	**%**
Chase Rate:	**7.0000**	**%**
Amortization Rate:	**6.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**381,055**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,176,230**	**9.6665**
20% ROE(2):	**1,044,057**	**0.8444**
Insurance Cost(3):	**15,847**	**0.4161**
Taxes Cost(3):	**153,503**	**4.0301**
Home Office(3):	**36,989**	**0.9711**
Replacement(3&4):	**189,987**	**0.0000**
Total FRVS PD:		**15.9282**

(1) 80% Capital ($4,176,230) amortized at 6.7500% for 20 years Principal & Interest of $381,055 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.6665

(2) 20% ROE ($1,044,057) times the ROE factor (0.031880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8444

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1996**	Used Per Bed Standard:	**36,047**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,325,640**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1473**	**38.1473**	**0.3328**	**37.8145**	
Patient Care					
Direct Care	**89.5164**	**89.5164**	**0.7809**	**88.7355**	
Indirect Care	**39.9851**	**39.9851**	**0.3488**	**39.6363**	
Property	**13.6500**	**15.9282**	**0.1389**	**15.7893**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.7101**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**181.2988**	**183.5770**	**1.6014**	**206.2828**	

***Medicaid Trend Adjustment :**

0 316644-00 - 2011/01

197.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

GraceWood Nursing Center, Inc.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
8600 U.S. Highway 19 North		**06/01/2009-05/31/2010**		Number of Beds:	**120**	Superior:	**0**
Pinellas Park FL 33782		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Pinellas[52]**		First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2011/01**	Total Patient:	**38,588**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**3,374**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**32,233**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**12/21/1984**						
Acquired Date:	**12/21/1984**						
Entered Medicaid	**12/21/1984**						
Med # Active Date:	**12/1/2005**						
Previous Med #	**228583**						

Medicaid Utilization	**83.53115%**
Occupancy:	**88.10046%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**110.73962%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20371855**
Semester Index:	**1.24282006**
Cost:	**1.03248393**
Target:	**1.01759574**
DC FY Index:	**1.16533216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02116808**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,349,156	2,703,749	968,559	767,145	0	5,788,609
1a	Audit Adjustments						
2	Cost Per Diem	41.8564	83.8814	30.0487	**23.8000**		179.5865
3	Cost Per Diem Inflated	43.2161	85.6570	31.0248			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.2161**	**85.6570**	**31.0248**	**23.8000**		183.6979
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2119		44.9838			
7	Provider Target Rate	**38.1473**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1473**	**85.6570**	**31.0248**	**13.6500**		168.4791
12/13	Medicaid Adjustment Rate		3.2312	1.1703			
14	Prospective Per Diem 11	**38.1473**	**88.8882**	**32.1951**	**13.6500**		**172.8806**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 316644-00 - 2011/01

197.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

GraceWood Nursing Center, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,178,141**
FRVS Base Asset:	**3,239,533**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**2,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.2500**	**%**
Chase Rate:	**7.2500**	**%**
Amortization Rate:	**7.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**392,897**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,142,513**	**9.9669**
20% ROE(2):	**1,035,628**	**0.8375**
Insurance Cost(3):	**11,429**	**0.2962**
Taxes Cost(3):	**124,585**	**3.2286**
Home Office(3):	**35,721**	**0.9257**
Replacement(3&4):	**69,840**	**0.0000**
Total FRVS PD:		**15.2549**

(1) 80% Capital ($4,142,513) amortized at 7.2500% for 20 years Principal & Interest of $392,897 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.9669
(2) 20% ROE ($1,035,628) times the ROE factor (0.031880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8375
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1473**	**38.1473**	**0.3328**	**37.8145**	
Patient Care					
Direct Care	**88.8882**	**88.8882**	**0.7754**	**88.1128**	
Indirect Care	**32.1951**	**32.1951**	**0.2809**	**31.9142**	
Property	**13.6500**	**15.2549**	**0.1331**	**15.1218**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.1836**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**172.8806**	**174.4855**	**1.5222**	**197.7440**	

***Medicaid Trend Adjustment :**

0 316652-00 - 2011/01

175.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

BayWood Nursing Center, Inc

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2000 17th Avenue South		**06/01/2009-05/31/2010**		Number of Beds:	**59**	Superior:	**0**
St. Petersburg FL 33712		Days In CR	**365**	Maximum:	**21,535**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**21,535**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**19,102**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**1,603**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**17,324**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/1/1981**						
Acquired Date:	**10/1/1981**						
Entered Medicaid	**10/1/1981**						
Med # Active Date:	**12/1/2005**						
Previous Med #	**228206**						

Medicaid Utilization	**90.69207%**
Occupancy:	**88.70211%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**111.49589%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20371855**
Semester Index:	**1.24282006**
Cost:	**1.03248393**
Target:	**1.01759574**
DC FY Index:	**1.16533216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02116808**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	670,225	1,362,067	391,708	166,657	0	2,590,657
1a	Audit Adjustments						
2	Cost Per Diem	38.6877	78.6231	22.6107	**9.6200**		149.5415
3	Cost Per Diem Inflated	39.9444	80.2874	23.3452			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.9444**	**80.2874**	**23.3452**	**9.6200**		153.1970
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4035		51.4890			
7	Provider Target Rate	**45.5197**		**53.6513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.9444**	**80.2874**	**23.3452**	**9.6200**		153.1970
12/13	Medicaid Adjustment Rate		3.6129	1.0505			
14	Prospective Per Diem 11	**39.9444**	**83.9003**	**24.3957**	**9.6200**		**157.8604**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 316652-00 - 2011/01

175.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

BayWood Nursing Center, Inc

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/2005**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**553,867**
FRVS Base Asset:	**341,074**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**550,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.4091**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**7.4091**	**%**
Interest Only:	**False**	
Yearly Payment:	**42,539**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**443,094**	**2.1948**
20% ROE(2):	**110,773**	**0.1822**
Insurance Cost(3):	**3,568**	**0.1868**
Taxes Cost(3):	**11,380**	**0.5957**
Home Office(3):	**13,804**	**0.7226**
Replacement(3&4):	**80,970**	**0.0000**
Total FRVS PD:		**3.8821**

(1) 80% Capital ($443,094) amortized at 7.4091% for 20 years Principal & Interest of $42,539 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $2.1948
(2) 20% ROE ($110,773) times the ROE factor (0.031880) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $0.1822
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**59**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,681,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.9444**	**39.9444**	**0.3485**	**39.5959**	
Patient Care					
Direct Care	**83.9003**	**83.9003**	**0.7319**	**83.1684**	
Indirect Care	**24.3957**	**24.3957**	**0.2128**	**24.1829**	
Property	**9.6200**	**3.8821**	**0.0339**	**3.8482**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2498**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**157.8604**	**152.1225**	**1.3271**	**175.6423**	

***Medicaid Trend Adjustment :**

0 317136-00 - 2011/01

242.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Harmony Healthcare & Rehabilitation Center

Type of Cost Report:Cost Settled Interim New Facility[6] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: New Provider[2]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2600 Courtland Street		**06/27/2006-07/31/2007**		Number of Beds:	**120**	Superior:	**0**
Sarasota FL 34237		Days In CR	**400**	Maximum:	**48,000**	Standard:	**160**
County: **Sarasota[58]**		First Used:	**2006/01**	Max Annualized:	**43,800**	Conditional:	**21**
Region: **South[2]**	Area: **8**	Last Used:	**2011/01**	Total Patient:	**22,281**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**6,530**		
Current Class **South Large [4]**		Initial CR?	**True**	Medicaid:	**8,139**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date:	**6/27/2006**						
Acquired Date:	**6/27/2006**						
Entered Medicaid	**6/27/2006**						
Med # Active Date:	**6/27/2006**						
Previous Med #							

Medicaid Utilization	**36.52888%**
Occupancy:	**46.41875%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**58.34697%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.10353145**
Semester Index:	**1.24282006**
Cost:	**1.12622079**
Target:	**1.01759574**
DC FY Index:	**1.08900000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.09274564**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	845,617	946,241	612,685	341,512	0	2,746,055
1a	Audit Adjustments						
2	Cost Per Diem	103.8969	116.2601	75.2777	**41.9599**		337.3947
3	Cost Per Diem Inflated	117.0108	127.0427	84.7793			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**117.0108**	**127.0427**	**84.7793**	**41.9599**		370.7927
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	115.1819		83.4542			
7	Provider Target Rate	**118.0772**		**85.5520**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**96.5967**	**56.8989**	**13.6500**		217.4834
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.3378**	**96.5967**	**56.8989**	**13.6500**		**217.4834**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 317136-00 - 2011/01

242.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Harmony Healthcare & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/27/2006**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2006/01**
Indexed Asset Value	**5,441,970**
FRVS Base Asset:	**5,349,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.048080**

Mortgage Information		
Amount:	**5,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.7500**	**%**
Chase Rate:	**5.5000**	**%**
Amortization Rate:	**7.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**420,865**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,353,576**	**10.6764**
20% ROE(2):	**1,088,394**	**1.3275**
Insurance Cost(3):	**72,924**	**3.2729**
Taxes Cost(3):	**88,942**	**3.9918**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**276,753**	**0.0000**
Total FRVS PD:		**19.2686**

(1) 80% Capital ($4,353,576) amortized at 7.5000% for 20 years Principal & Interest of $420,865 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.6764
(2) 20% ROE ($1,088,394) times the ROE factor (0.048080) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $1.3275
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2005**	Used Per Bed Standard:	**44,577**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,349,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**96.5967**	**96.5967**	**0.8427**	**95.7540**	
Indirect Care	**56.8989**	**56.8989**	**0.4964**	**56.4025**	
Property	**13.6500**	**19.2686**	**0.1681**	**19.1005**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.3114**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**217.4834**	**223.1020**	**1.9463**	**242.0642**	

***Medicaid Trend Adjustment :**

0 317195-00 - 2011/01

217.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Nursing Center at Freedom Village

Type of Cost Report:Cost Settled Interim CHOW[5] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
6410 21st Avenue West		**06/12/2006-11/30/2007**		Number of Beds:	**120**	Superior:	**0**
Bradenton FL 34209		Days In CR	**537**	Maximum:	**64,440**	Standard:	**181**
County:	**Manatee[41]**	First Used:	**2006/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**55,352**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,473**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**13,265**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/23/1989**						
Acquired Date:	**6/23/1989**						
Entered Medicaid	**6/23/1989**						
Med # Active Date:	**6/12/2006**						
Previous Med #	**263036**						

Medicaid Utilization	**23.96481%**
Occupancy:	**85.89696%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**107.96989%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.10995770**
Semester Index:	**1.24282006**
Cost:	**1.11970038**
Target:	**1.01759574**
DC FY Index:	**1.09332903**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.08841892**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	593,739	1,296,296	668,567	429,388	0	2,987,990
1a	Audit Adjustments						
2	Cost Per Diem	44.7598	97.7230	50.4008	**32.3700**		225.2536
3	Cost Per Diem Inflated	50.1176	106.3636	56.4338			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.1176**	**106.3636**	**56.4338**	**32.3700**		245.2850
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.4435		55.6749			
7	Provider Target Rate	**50.6864**		**57.0744**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**95.7090**	**55.1439**	**13.6500**		212.2950
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.7921**	**95.7090**	**55.1439**	**13.6500**		**212.2950**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 317195-00 - 2011/01

217.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Nursing Center at Freedom Village

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/23/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/01**
Indexed Asset Value	**3,535,509**
FRVS Base Asset:	**1,655,981**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.047710**

Mortgage Information		
Amount:	**10,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.7500**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**278,637**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,828,407**	**7.0684**
20% ROE(2):	**707,102**	**0.8558**
Insurance Cost(3):	**38,375**	**0.6933**
Taxes Cost(3):	**79,725**	**1.4403**
Home Office(3):	**191,593**	**3.4614**
Replacement(3&4):	**423,412**	**0.0000**
Total FRVS PD:		**13.5192**

(1) 80% Capital ($2,828,407) amortized at 7.7500% for 20 years Principal & Interest of $278,637 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.0684
(2) 20% ROE ($707,102) times the ROE factor (0.047710) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8558
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,789,260**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**95.7090**	**95.7090**	**0.8349**	**94.8741**	
Indirect Care	**55.1439**	**55.1439**	**0.4810**	**54.6629**	
Property	**13.6500**	**13.5192**	**0.1179**	**13.4013**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**212.2950**	**212.1642**	**1.8507**	**217.9106**	

***Medicaid Trend Adjustment :**

0 317349-00 - 2011/01

210.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Darcy Hall of Life Care

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2170 Palm Beach Lakes Blvd.		**01/01/2009-12/31/2009**		Number of Beds:	**220**	Superior:	**0**
West Palm Beach FL 33409		Days In CR	**365**	Maximum:	**80,300**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2010/07**	Max Annualized:	**80,300**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**57,985**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,905**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**40,091**		
Class at 1/94:	**South Large [4]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.19387802**
Open Date:	**1/1/1970**					Semester Index:	**1.24282006**
Acquired Date:	**1/1/1970**					Cost:	**1.04099417**
Entered Medicaid	**1/1/1970**					Target:	**1.01759574**
Med # Active Date:	**9/14/2006**					**DC FY Index:**	**1.15950000**
Previous Med #	**203483**					**DC Sem Index:**	**1.19000000**
						DC Inflation:	**1.02630444**
						PS Target:	**1.02513678**

Medicaid Utilization		**69.14029%**
Occupancy:		**72.21046%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**90.76638%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,791,299	3,411,836	2,041,566	502,741	0	7,747,442
1a	Audit Adjustments						
2	Cost Per Diem	44.6808	85.1023	50.9233	**12.5400**		193.2464
3	Cost Per Diem Inflated	46.5125	87.3409	53.0109			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.5125**	**87.3409**	**53.0109**	**12.5400**		199.4043
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.6935		46.9665			
7	Provider Target Rate	**42.7415**		**48.1471**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.7415**	**87.3409**	**48.1471**	**12.5400**		190.7695
12/13	Medicaid Adjustment Rate		1.8807	1.0367			
14	Prospective Per Diem 11	**42.7415**	**89.2216**	**49.1838**	**12.5400**		**193.6869**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 317349-00 - 2011/01

210.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Darcy Hall of Life Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**4,468,155**
FRVS Base Asset:	**2,203,076**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**5,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.5625**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**3.5625**	**%**
Interest Only:	**False**	
Yearly Payment:	**250,149**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,574,524**	**3.4613**
20% ROE(2):	**893,631**	**0.3607**
Insurance Cost(3):	**21,580**	**0.3722**
Taxes Cost(3):	**160,524**	**2.7684**
Home Office(3):	**47,150**	**0.8131**
Replacement(3&4):	**269,694**	**0.0000**
Total FRVS PD:		**7.7757**

(1) 80% Capital ($3,574,524) amortized at 3.5625% for 20 years Principal & Interest of $250,149 divided by annual available days (80,300) divided by Occup. Adj. (0.9000) = $3.4613
(2) 20% ROE ($893,631) times the ROE factor (0.029170) divided by annual available days (80,300) divided by Occup. Adj. (0.9000) = $0.3607
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**220**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**6,270,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.7415**	**42.7415**	**0.3729**	**42.3686**	
Patient Care					
Direct Care	**89.2216**	**89.2216**	**0.7783**	**88.4433**	
Indirect Care	**49.1838**	**49.1838**	**0.4290**	**48.7548**	
Property	**12.5400**	**7.7757**	**0.0678**	**7.7079**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.2887**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**193.6869**	**188.9226**	**1.6480**	**210.1604**	

***Medicaid Trend Adjustment :**

0 317560-00 - 2011/01

208.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Kevstone Rehab. and Health Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1120 West Donegan Avenue		**09/01/2008-06/30/2009**		Number of Beds:	**120**	Superior:	**0**
Kissimmee FL 34741		Days In CR	**303**	Maximum:	**36,360**	Standard:	**181**
County:	**Osceola[49]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**34,463**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,790**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**24,007**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/19/2006**						
Acquired Date:	**10/19/2006**						
Entered Medicaid	**10/19/2006**						
Med # Active Date:	**10/19/2006**						
Previous Med #							

Medicaid Utilization	**69.66022%**
Occupancy:	**94.78273%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.13904%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,175,600	1,747,737	1,112,947	165,408	0	4,201,692
1a	Audit Adjustments						
2	Cost Per Diem	48.9691	72.8011	46.3593	**6.8900**		175.0195
3	Cost Per Diem Inflated	51.3426	75.1918	48.6063			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.3426**	**75.1918**	**48.6063**	**6.8900**		182.0307
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	86.5655		63.5285			
7	Provider Target Rate	**88.7415**		**65.1254**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**75.1918**	**48.6063**	**6.8900**		178.4802
12/13	Medicaid Adjustment Rate		1.6631	1.0751			
14	Prospective Per Diem 11	**47.7921**	**76.8549**	**49.6814**	**6.8900**		**181.2184**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 317560-00 - 2011/01

208.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Kevstone Rehab. and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/19/2006**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2006/07**
Indexed Asset Value	**5,517,495**
FRVS Base Asset:	**5,397,720**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030250**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**360,782**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,413,996**	**9.1523**
20% ROE(2):	**1,103,499**	**0.8468**
Insurance Cost(3):	**26,140**	**0.7585**
Taxes Cost(3):	**89,486**	**2.5966**
Home Office(3):	**14,979**	**0.4346**
Replacement(3&4):	**2,501**	**0.0000**
Total FRVS PD:		**13.7888**

(1) 80% Capital ($4,413,996) amortized at 8.2500% for 20 years Interest of $360,782 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.1523
(2) 20% ROE ($1,103,499) times the ROE factor (0.030250) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8468
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2006**	Used Per Bed Standard:	**44,981**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,397,720**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**76.8549**	**76.8549**	**0.6704**	**76.1845**	
Indirect Care	**49.6814**	**49.6814**	**0.4334**	**49.2480**	
Property	**6.8900**	**13.7888**	**0.1203**	**13.6685**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.5737**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**181.2184**	**188.1172**	**1.6410**	**208.6470**	

***Medicaid Trend Adjustment :**

0 317578-00 - 2011/01

231.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Parklands Rehabilitation and Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1000 S.W. 16th Avenue		**04/01/2008-03/31/2009**		Number of Beds:	**120**	Superior:	**0**
Gainesville FL 32601		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Alachua[1]**	First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**37,391**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,293**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**27,202**	FY Index:	**1.17905551**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**72.75013%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**85.36758%**	Cost:	**1.05408104**
Open Date:	**7/1/1980**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**7/1/1980**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.14350000**
Entered Medicaid	**7/1/1980**	Low Occupancy Adjustment Factor:			**107.30448%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**10/1/2006**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.04066463**
Previous Med #	**267821**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,282,818	2,610,891	1,542,040	647,408	0	6,083,157
1a	Audit Adjustments						
2	Cost Per Diem	47.1590	95.9816	56.6885	**23.8000**		223.6291
3	Cost Per Diem Inflated	49.7094	99.8847	59.7543			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.7094**	**99.8847**	**59.7543**	**23.8000**		233.1484
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.2209		57.9575			
7	Provider Target Rate	**49.4330**		**59.4144**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**94.8213**	**53.4956**	**13.6500**		207.2132
12/13	Medicaid Adjustment Rate		2.4268	1.3692			
14	Prospective Per Diem 11	**45.2463**	**97.2481**	**54.8648**	**13.6500**		**211.0092**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 317578-00 - 2011/01

231.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Parklands Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/07**
Indexed Asset Value	**3,113,214**
FRVS Base Asset:	**1,756,442**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.033750**

Mortgage Information		
Amount:	**5,850,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.7500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**264,113**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,490,571**	**6.7000**
20% ROE(2):	**622,643**	**0.5331**
Insurance Cost(3):	**125,565**	**3.3582**
Taxes Cost(3):	**50,404**	**1.3480**
Home Office(3):	**11,622**	**0.3108**
Replacement(3&4):	**28,088**	**0.0000**
Total FRVS PD:		**12.2501**

(1) 80% Capital ($2,490,571) amortized at 8.7500% for 20 years Principal & Interest of $264,113 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.7000
(2) 20% ROE ($622,643) times the ROE factor (0.033750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5331
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**97.2481**	**97.2481**	**0.8483**	**96.3998**	
Indirect Care	**54.8648**	**54.8648**	**0.4786**	**54.3862**	
Property	**13.6500**	**12.2501**	**0.1069**	**12.1432**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.1645**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**211.0092**	**209.6093**	**1.8285**	**231.5424**	

***Medicaid Trend Adjustment :**

0 317586-00 - 2011/01

231.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Williston Rehabilitation and Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
300 N.W. 1st Ave.		**04/01/2008-03/31/2009**		Number of Beds:	**180**	Superior:	**0**
Williston FL 32696		Days In CR	**365**	Maximum:	**65,700**	Standard:	**164**
County:	**Levy[38]**	First Used:	**2010/01**	Max Annualized:	**65,700**	Conditional:	**17**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**37,899**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,173**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**29,052**	FY Index:	**1.17905551**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**76.65638%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**57.68493%**	Cost:	**1.05408104**
Open Date:	**1/1/1981**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/1/1981**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.14350000**
Entered Medicaid	**7/1/1982**	Low Occupancy Adjustment Factor:			**72.50823%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**10/1/2006**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.04066463**
Previous Med #	**267830**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,293,715	2,624,135	1,553,448	827,691	0	6,298,989
1a	Audit Adjustments						
2	Cost Per Diem	44.5310	90.3255	53.4713	**28.4900**		216.8178
3	Cost Per Diem Inflated	46.9393	93.9986	56.3631			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.9393**	**93.9986**	**56.3631**	**28.4900**		225.7910
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.7765		57.9696			
7	Provider Target Rate	**47.9523**		**59.4268**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**93.9986**	**53.4956**	**13.6500**		206.3905
12/13	Medicaid Adjustment Rate		2.5541	1.4536			
14	Prospective Per Diem 11	**45.2463**	**96.5527**	**54.9492**	**13.6500**		**210.3982**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 317586-00 - 2011/01

231.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Williston Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/2006**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/01**
Indexed Asset Value	**4,157,767**
FRVS Base Asset:	**2,398,792**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.033750**

Mortgage Information		
Amount:	**5,600,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.7500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**352,729**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,326,214**	**5.9653**
20% ROE(2):	**831,553**	**0.4746**
Insurance Cost(3):	**145,060**	**3.8275**
Taxes Cost(3):	**83,165**	**2.1944**
Home Office(3):	**11,780**	**0.3108**
Replacement(3&4):	**10,041**	**0.0000**
Total FRVS PD:		**12.7726**

(1) 80% Capital ($3,326,214) amortized at 8.7500% for 20 years Principal & Interest of $352,729 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $5.9653
(2) 20% ROE ($831,553) times the ROE factor (0.033750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4746
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1980**	Used Per Bed Standard:	**22,673**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,081,140**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**96.5527**	**96.5527**	**0.8423**	**95.7104**	
Indirect Care	**54.9492**	**54.9492**	**0.4793**	**54.4699**	
Property	**13.6500**	**12.7726**	**0.1114**	**12.6612**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.7630**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**210.3982**	**209.5208**	**1.8277**	**231.0532**	

***Medicaid Trend Adjustment :**

0 318779-00 - 2011/01

201.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Community Health and Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3611 Transmitter Road	**07/01/2008-06/30/2009**	Number of Beds: **120**	Superior: **0**
Panama City FL 32404	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Bay[3]**	First Used: **2010/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **2**	Last Used: **2011/01**	Total Patient: **41,758**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **8,192**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **18,779**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **11/4/1997**			
Acquired Date: **11/4/1997**			
Entered Medicaid **11/4/1997**			
Med # Active Date: **1/1/2007**			
Previous Med # **266841**			

Medicaid Utilization	**44.97102%**
Occupancy:	**95.33790%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.83687%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18376228**
Semester Index:	**1.24282006**
Cost:	**1.04988990**
Target:	**1.01759574**
DC FY Index:	**1.15050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03433290**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	977,782	1,336,629	847,396	313,985	0	3,475,792
1a	Audit Adjustments						
2	Cost Per Diem	52.0678	71.1768	45.1247	**16.7200**		185.0893
3	Cost Per Diem Inflated	54.6655	73.6205	47.3760			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.6655**	**73.6205**	**47.3760**	**16.7200**		192.3820
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2372		53.9824			
7	Provider Target Rate	**52.5251**		**55.3393**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**73.6205**	**47.3760**	**13.6500**		179.8928
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.2463**	**73.6205**	**47.3760**	**13.6500**		**179.8928**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 318779-00 - 2011/01

201.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Community Health and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/4/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/07**
Indexed Asset Value	**5,339,863**
FRVS Base Asset:	**4,444,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031670**

Mortgage Information		
Amount:	**6,320,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.4600**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.4600**	**%**
Interest Only:	**False**	
Yearly Payment:	**411,716**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,271,890**	**10.4443**
20% ROE(2):	**1,067,973**	**0.8580**
Insurance Cost(3):	**65,792**	**1.5756**
Taxes Cost(3):	**36,166**	**0.8661**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.7440**

(1) 80% Capital ($4,271,890) amortized at 7.4600% for 20 years Principal & Interest of $411,716 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.4443
(2) 20% ROE ($1,067,973) times the ROE factor (0.031670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8580
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1997**	Used Per Bed Standard:	**37,041**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,444,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**73.6205**	**73.6205**	**0.6422**	**72.9783**	
Indirect Care	**47.3760**	**47.3760**	**0.4133**	**46.9627**	
Property	**13.6500**	**13.7440**	**0.1199**	**13.6241**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.1360**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**179.8928**	**179.9868**	**1.5701**	**201.1498**	

***Medicaid Trend Adjustment :**

0 318787-00 - 2011/01

201.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Citrus Gardens of Fort Mvers

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7173 Cypress Drive Southwest	**07/01/2009-06/30/2010**	Number of Beds: **120**	Superior: **0**
Fort Myers FL 33907	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Lee[36]**	First Used: **2011/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **South[2]** Area: **8**	Last Used: **2011/01**	Total Patient: **42,300**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **6,802**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **30,702**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **1/1/1983**			
Acquired Date: **1/1/1983**			
Entered Medicaid **1/1/1983**			
Med # Active Date: **1/15/2007**			
Previous Med # **252131**			

Medicaid Utilization	**72.58156%**
Occupancy:	**96.57534%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**121.39230%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	978,234	2,471,453	1,422,813	516,408	0	5,388,908
1a	Audit Adjustments						
2	Cost Per Diem	31.8622	80.4981	46.3427	**16.8200**		175.5230
3	Cost Per Diem Inflated	32.8270	82.1198	47.7459			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**32.8270**	**82.1198**	**47.7459**	**16.8200**		179.5127
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1479		52.9446			
7	Provider Target Rate	**40.1320**		**54.2755**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**32.8270**	**82.1198**	**47.7459**	**13.6500**		176.3427
12/13	Medicaid Adjustment Rate		2.0862	1.2129			
14	Prospective Per Diem 11	**32.8270**	**84.2060**	**48.9588**	**13.6500**		**179.6418**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 318787-00 - 2011/01

201.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Citrus Gardens of Fort Mvers

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**4,877,199**
FRVS Base Asset:	**2,886,169**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**2,960,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.7500**	**%**
Chase Rate:	**8.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**384,377**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,901,759**	**9.7508**
20% ROE(2):	**975,440**	**0.7809**
Insurance Cost(3):	**76,062**	**1.7982**
Taxes Cost(3):	**51,690**	**1.2220**
Home Office(3):	**24,775**	**0.5857**
Replacement(3&4):	**21,561**	**0.0000**
Total FRVS PD:		**14.1376**

(1) 80% Capital ($3,901,759) amortized at 7.7500% for 20 years Principal & Interest of $384,377 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.7508

(2) 20% ROE ($975,440) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7809

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**32.8270**	**32.8270**	**0.2864**	**32.5406**	
Patient Care					
Direct Care	**84.2060**	**84.2060**	**0.7346**	**83.4714**	
Indirect Care	**48.9588**	**48.9588**	**0.4271**	**48.5317**	
Property	**13.6500**	**14.1376**	**0.1233**	**14.0143**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8021**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**179.6418**	**180.1294**	**1.5714**	**201.9572**	

***Medicaid Trend Adjustment :**

0 318795-00 - 2011/01

240.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Court at Palm-Aire

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2701 North Course Drive		**07/01/2009-06/30/2010**		Number of Beds:	**60**	Superior:	**0**
Pompano Beach FL 33069		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2011/01**	Total Patient:	**19,166**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,724**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**9,455**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/1/1988**						
Acquired Date:	**4/28/1994**						
Entered Medicaid	**4/28/1994**						
Med # Active Date:	**9/1/2006**						
Previous Med #	**211761**						

Medicaid Utilization	**49.33215%**
Occupancy:	**87.51598%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**110.00495%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	465,434	821,208	936,309	430,392	0	2,653,343
1a	Audit Adjustments						
2	Cost Per Diem	49.2262	86.8544	99.0279	**45.5200**		280.6285
3	Cost Per Diem Inflated	50.7167	88.6041	102.0264			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.7167**	**88.6041**	**102.0264**	**45.5200**		286.8672
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.8707		85.2487			
7	Provider Target Rate	**55.2248**		**87.3916**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.7167**	**88.6041**	**70.2905**	**13.6500**		223.2613
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.7167**	**88.6041**	**70.2905**	**13.6500**		**223.2613**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 318795-00 - 2011/01

240.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Court at Palm-Aire

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/28/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/01**
Indexed Asset Value	**2,109,889**
FRVS Base Asset:	**1,765,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**137,963**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,687,911**	**6.9996**
20% ROE(2):	**421,978**	**0.6757**
Insurance Cost(3):	**16,231**	**0.8469**
Taxes Cost(3):	**90,398**	**4.7166**
Home Office(3):	**10,888**	**0.5681**
Replacement(3&4):	**1,200,040**	**0.0000**
Total FRVS PD:		**13.8069**

(1) 80% Capital ($1,687,911) amortized at 8.2500% for 20 years Interest of $137,963 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $6.9996
(2) 20% ROE ($421,978) times the ROE factor (0.031560) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.6757
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,765,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.7167**	**50.7167**	**0.4424**	**50.2743**	
Patient Care					
Direct Care	**88.6041**	**88.6041**	**0.7729**	**87.8312**	
Indirect Care	**70.2905**	**70.2905**	**0.6132**	**69.6773**	
Property	**13.6500**	**13.8069**	**0.1204**	**13.6865**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.2414**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**223.2613**	**223.4182**	**1.9489**	**240.3078**	

***Medicaid Trend Adjustment :**

0 319244-00 - 2011/01

253.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Palmer Ranch Healthcare and Rehabilitation

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5111 Palmer Ranch Parkway		**07/01/2009-06/30/2010**		Number of Beds:	**60**	Superior:	**0**
Sarasota Fl 34238		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**19,766**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,742**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**6,688**		
Class at 1/94:	**South Small [3]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.20629404**
Open Date:	**7/1/1999**					Semester Index:	**1.24282006**
Acquired Date:	**9/28/1999**					Cost:	**1.03027953**
Entered Medicaid	**6/1/2000**					Target:	**1.01759574**
Med # Active Date:	**12/1/2006**					**DC FY Index:**	**1.16650000**
Previous Med #	**269328**					**DC Sem Index:**	**1.19000000**
						DC Inflation:	**1.02014574**
						PS Target:	**1.02513678**

Medicaid Utilization	**33.83588%**	Low Occupancy Adjustment Factor:	**113.44870%**
Occupancy:	**90.25571%**	Weighted Low Occ Adjustment Factor:	**100.00000%**
Statewide Low Occupancy Threshold:	**79.55640%**		
Medicaid Low Occupancy Threshold:	**41.59470%**		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	328,590	723,272	475,035	153,222	0	1,680,119
1a	Audit Adjustments						
2	Cost Per Diem	49.1313	108.1447	71.0280	**22.9100**		251.2140
3	Cost Per Diem Inflated	50.6190	110.3234	73.1787			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.6190**	**110.3234**	**73.1787**	**22.9100**		257.0311
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7966		66.9688			
7	Provider Target Rate	**50.0232**		**68.6522**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.0232**	**102.1952**	**68.6522**	**13.6500**		234.5206
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.0232**	**102.1952**	**68.6522**	**13.6500**		**234.5206**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319244-00 - 2011/01

253.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Palmer Ranch Healthcare and Rehabilitation

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/07**
Indexed Asset Value	**2,549,233**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**4,596,680.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**208,523**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,039,386**	**10.5796**
20% ROE(2):	**509,847**	**0.8164**
Insurance Cost(3):	**9,735**	**0.4925**
Taxes Cost(3):	**30,133**	**1.5245**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**74,426**	**0.0000**
Total FRVS PD:		**13.4130**

(1) 80% Capital ($2,039,386) amortized at 8.2500% for 20 years Principal & Interest of $208,523 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $10.5796

(2) 20% ROE ($509,847) times the ROE factor (0.031560) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.8164

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1999**	Used Per Bed Standard:	**38,846**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,330,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.0232**	**50.0232**	**0.4364**	**49.5868**	
Patient Care					
Direct Care	**102.1952**	**102.1952**	**0.8915**	**101.3037**	
Indirect Care	**68.6522**	**68.6522**	**0.5989**	**68.0533**	
Property	**13.6500**	**13.4130**	**0.1170**	**13.2960**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.3599**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**234.5206**	**234.2836**	**2.0438**	**253.1968**	

***Medicaid Trend Adjustment :**

0 319325-00 - 2011/01

223.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Deep Creek Rehab & Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
25325 Rampart Blvd		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Port Charlotte FL 33983		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Charlotte[8]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**39,193**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,031**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**22,719**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**2/1/1985**						
Acquired Date:	**2/1/1985**						
Entered Medicaid	**3/1/1985**						
Med # Active Date:	**10/8/2004**						
Previous Med #	**264555**						

Medicaid Utilization	**57.96698%**
Occupancy:	**89.48174%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**112.47585%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,143,778	1,797,936	1,281,454	292,621	0	4,515,789
1a	Audit Adjustments						
2	Cost Per Diem	50.3446	79.1380	56.4045	**12.8800**		198.7671
3	Cost Per Diem Inflated	52.4084	81.2197	58.7168			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.4084**	**81.2197**	**58.7168**	**12.8800**		205.2249
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.6892		51.6310			
7	Provider Target Rate	**49.9131**		**52.9288**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.9131**	**81.2197**	**52.9288**	**12.8800**		196.9416
12/13	Medicaid Adjustment Rate		0.7280	0.4744			
14	Prospective Per Diem 11	**49.9131**	**81.9477**	**53.4032**	**12.8800**		**198.1440**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319325-00 - 2011/01

223.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Deep Creek Rehab & Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/15/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**5,775,350**
FRVS Base Asset:	**3,157,214**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**5,300,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.7500**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**562,877**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,620,280**	**14.2790**
20% ROE(2):	**1,155,070**	**0.8547**
Insurance Cost(3):	**24,912**	**0.6356**
Taxes Cost(3):	**52,457**	**1.3384**
Home Office(3):	**21,125**	**0.5390**
Replacement(3&4):	**107,250**	**0.0000**
Total FRVS PD:		**17.6467**

(1) 80% Capital ($4,620,280) amortized at 10.7500% for 20 years Principal & Interest of $562,877 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.2790
(2) 20% ROE ($1,155,070) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8547
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.9131**	**49.9131**	**0.4354**	**49.4777**	
Patient Care					
Direct Care	**81.9477**	**81.9477**	**0.7149**	**81.2328**	
Indirect Care	**53.4032**	**53.4032**	**0.4659**	**52.9373**	
Property	**12.8800**	**17.6467**	**0.1539**	**17.4928**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.4911**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**198.1440**	**202.9107**	**1.7701**	**223.2288**	

***Medicaid Trend Adjustment :**

0 319333-00 - 2011/01

206.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Harbour Health Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
23013 Westchester Boulevard		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Port Charlotte FL 33980		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Charlotte[8]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**41,403**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,875**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**14,703**	FY Index:	**1.19387802**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**					Cost:	**1.04099417**
Open Date:	**6/1/1986**					Target:	**1.01759574**
Acquired Date:	**6/1/1986**					**DC FY Index:**	**1.15950000**
Entered Medicaid	**6/1/1986**					**DC Sem Index:**	**1.19000000**
Med # Active Date:	**7/1/2005**					**DC Inflation:**	**1.02630444**
Previous Med #	**228974**					**PS Target:**	**1.02513678**

Medicaid Utilization	**35.51192%**
Occupancy:	**94.52740%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.81809%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	811,914	1,163,745	830,543	165,850	0	2,972,052
1a	Audit Adjustments						
2	Cost Per Diem	55.2210	79.1502	56.4880	**11.2800**		202.1392
3	Cost Per Diem Inflated	57.4847	81.2322	58.8037			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.4847**	**81.2322**	**58.8037**	**11.2800**		208.8006
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.3306		71.0129			
7	Provider Target Rate	**44.4198**		**72.7979**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.4198**	**81.2322**	**56.8989**	**11.2800**		193.8309
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.4198**	**81.2322**	**56.8989**	**11.2800**		**193.8309**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319333-00 - 2011/01

206.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Harbour Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/01**
Indexed Asset Value	**4,943,730**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**4,150,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**15.0000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**539,210**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,954,984**	**13.6786**
20% ROE(2):	**988,746**	**0.7317**
Insurance Cost(3):	**44,148**	**1.0663**
Taxes Cost(3):	**94,603**	**2.2849**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**320,735**	**0.0000**
Total FRVS PD:		**17.7615**

(1) 80% Capital ($3,954,984) amortized at 12.5000% for 20 years Principal & Interest of $539,210 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.6786
(2) 20% ROE ($988,746) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7317
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.4198**	**44.4198**	**0.3875**	**44.0323**	
Patient Care					
Direct Care	**81.2322**	**81.2322**	**0.7086**	**80.5236**	
Indirect Care	**56.8989**	**56.8989**	**0.4964**	**56.4025**	
Property	**11.2800**	**17.7615**	**0.1549**	**17.6066**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**193.8309**	**200.3124**	**1.7474**	**206.1621**	

***Medicaid Trend Adjustment :**

0 319341-00 - 2011/01

212.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Dove Healthcare at Lake Wales

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
730 North Scenic Highway	**09/01/2008-08/31/2009**	Number of Beds: **100**	Superior: **0**
Lake Wales FL 33853	Days In CR **365**	Maximum: **36,500**	Standard: **181**
County: **Polk[53]**	First Used: **2010/01**	Max Annualized: **36,500**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2011/01**	Total Patient: **28,795**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **3,956**	
Current Class **Central Small [5]**	Initial CR? **False**	Medicaid: **19,342**	
Class at 1/94: **South Small [3]**			
Operating Ex **> 18 months [1]**			
Open Date: **8/1/1983**			
Acquired Date: **8/1/1983**			
Entered Medicaid **8/1/1983**			
Med # Active Date: **1/30/2006**			
Previous Med # **212211**			

Medicaid Utilization	**67.17138%**
Occupancy:	**78.89041%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**99.16288%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18697094**
Semester Index:	**1.24282006**
Cost:	**1.04705180**
Target:	**1.01759574**
DC FY Index:	**1.15383092**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03134695**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	806,175	1,474,836	963,818	476,587	0	3,721,416
1a	Audit Adjustments						
2	Cost Per Diem	41.6800	76.2504	49.8303	**24.6400**		192.4007
3	Cost Per Diem Inflated	43.6411	78.6406	52.1749			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.6411**	**78.6406**	**52.1749**	**24.6400**		199.0966
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.4011		70.2728			
7	Provider Target Rate	**61.9194**		**72.0392**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.6411**	**78.6406**	**52.1749**	**13.6500**		188.1066
12/13	Medicaid Adjustment Rate		1.5192	1.0079			
14	Prospective Per Diem 11	**43.6411**	**80.1598**	**53.1828**	**13.6500**		**190.6337**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319341-00 - 2011/01

212.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Dove Healthcare at Lake Wales

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**4,199,077**
FRVS Base Asset:	**1,301,586**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**2,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.1300**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**9.1300**	**%**
Interest Only:	**False**	
Yearly Payment:	**366,067**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,359,262**	**11.1436**
20% ROE(2):	**839,815**	**0.7831**
Insurance Cost(3):	**40,298**	**1.3995**
Taxes Cost(3):	**41,602**	**1.4448**
Home Office(3):	**13,776**	**0.4784**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**15.2494**

(1) 80% Capital ($3,359,262) amortized at 9.1300% for 20 years Principal & Interest of $366,067 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $11.1436

(2) 20% ROE ($839,815) times the ROE factor (0.030630) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $0.7831

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**100**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,850,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.6411**	**43.6411**	**0.3807**	**43.2604**	
Patient Care					
Direct Care	**80.1598**	**80.1598**	**0.6993**	**79.4605**	
Indirect Care	**53.1828**	**53.1828**	**0.4639**	**52.7189**	
Property	**13.6500**	**15.2494**	**0.1191**	**13.5309**	
ROE	**0.0000**	**0.1196**			
ROE Adjustment	**0.0000**	**-0.1196**			
Quality Assess-Medicaid Share				**$16.2430**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**190.6337**	**192.2331**	**1.6630**	**212.8108**	

***Medicaid Trend Adjustment :**

0 319376-00 - 2011/01

185.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Atrium Healthcare Center

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
9960 Atrium Way		**03/01/2006-02/28/2007**		Number of Beds:	**84**	Superior:	**0**
Jacksonville FL 32225		Days In CR	**365**	Maximum:	**30,660**	Standard:	**181**
County: **Duval[16]**		First Used:	**2007/01**	Max Annualized:	**30,660**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**28,303**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**7,740**	Inflation	
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**11,179**	FY Index:	**1.09192135**
Class at 1/94: **North Small [1]**		Medicaid Utilization			**39.49758%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**92.31246%**	Cost:	**1.00000000**
Open Date:	**9/13/1996**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**9/13/1996**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.07532080**
Entered Medicaid	**9/13/1996**	Low Occupancy Adjustment Factor:			**116.03398%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**2/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**225550**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	430,620	892,727	395,013	118,833	566	1,837,759
1a	Audit Adjustments						
2	Cost Per Diem	38.5204	79.8575	35.3353	**10.6300**	**0.0506**	164.3938
3	Cost Per Diem Inflated	38.5204	79.8575	35.3353			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.5204**	**79.8575**	**35.3353**	**10.6300**	**0.0506**	164.3938
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.5204**	**79.8575**	**35.3353**	**10.6300**	**0.0506**	164.3938
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.5204**	**79.8575**	**35.3353**	**10.6300**	**0.0506**	**164.3938**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 319376-00 - 2011/01

185.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Atrium Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/13/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/07**
Indexed Asset Value	**3,551,498**
FRVS Base Asset:	**3,027,948**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.048650**

Mortgage Information		
Amount:	**3,789,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.1000**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**6.1000**	**%**
Interest Only:	**False**	
Yearly Payment:	**246,234**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,841,198**	**8.9235**
20% ROE(2):	**710,300**	**1.2523**
Insurance Cost(3):	**13,549**	**0.4787**
Taxes Cost(3):	**50,897**	**1.7983**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.4528**

(1) 80% Capital ($2,841,198) amortized at 6.1000% for 20 years Principal & Interest of $246,234 divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = $8.9235
(2) 20% ROE ($710,300) times the ROE factor (0.048650) divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = $1.2523
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1996**	Used Per Bed Standard:	**36,047**
Comparison Bed	**84**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,027,948**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.5204**	**38.5204**	**0.3360**	**38.1844**	
Patient Care					
Direct Care	**79.8575**	**79.8575**	**0.6966**	**79.1609**	
Indirect Care	**35.3353**	**35.3353**	**0.3082**	**35.0271**	
Property	**10.6300**	**12.4528**	**0.1086**	**12.3442**	
ROE	**0.0506**	**0.0684**	**0.0006**	**0.0678**	
ROE Adjustment	**-0.0506**	**-0.0684**	**-0.0006**	**-0.0678**	
Quality Assess-Medicaid Share				**$13.6806**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**164.3432**	**166.1660**	**1.4494**	**185.9943**	

***Medicaid Trend Adjustment :**

0 319503-00 - 2011/01

221.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Jacksonville

Type of Cost Report:Related Party Change of Ownership [4] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Related Party (RP) CHOW[3]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4101 Southpoint Drive East		**09/01/2004-08/31/2005**		Number of Beds:	**116**	Superior:	**0**
Jacksonville FL 32216		Days In CR	**365**	Maximum:	**42,340**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2007/01**	Max Annualized:	**42,340**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**39,296**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,420**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**20,618**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/9/1996**						
Acquired Date:	**8/9/1996**						
Entered Medicaid	**8/9/1996**						
Med # Active Date:	**1/1/2007**						
Previous Med #	**226696**						

Medicaid Utilization	**52.46844%**
Occupancy:	**92.81058%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.66011%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.03184729**
Semester Index:	**1.24282006**
Cost:	**1.20446123**
Target:	**1.01759574**
DC FY Index:	**1.02416134**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.16192630**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	932,972	1,516,681	904,314	369,475	0	3,723,442
1a	Audit Adjustments						
2	Cost Per Diem	45.2504	73.5610	43.8604	**17.9200**		180.5918
3	Cost Per Diem Inflated	54.5024	85.4725	52.8282			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.5024**	**85.4725**	**52.8282**	**17.9200**		210.7231
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.0593		52.3987			
7	Provider Target Rate	**55.4182**		**53.7158**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**85.4725**	**52.8282**	**13.6500**		197.1970
12/13	Medicaid Adjustment Rate		0.2374	0.1467			
14	Prospective Per Diem 11	**45.2463**	**85.7099**	**52.9749**	**13.6500**		**197.5811**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319503-00 - 2011/01

221.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Jacksonville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/9/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/07**
Indexed Asset Value	**5,139,024**
FRVS Base Asset:	**4,181,452**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042290**

Mortgage Information		
Amount:	**5,697,802.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5012**	**%**
Chase Rate:	**4.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**367,826**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,111,219**	**9.6527**
20% ROE(2):	**1,027,805**	**1.1407**
Insurance Cost(3):	**22,943**	**0.5839**
Taxes Cost(3):	**79,107**	**2.0131**
Home Office(3):	**123,564**	**3.1444**
Replacement(3&4):	**399,380**	**0.0000**
Total FRVS PD:		**16.5348**

(1) 80% Capital ($4,111,219) amortized at 6.5000% for 20 years Principal & Interest of $367,826 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $9.6527
(2) 20% ROE ($1,027,805) times the ROE factor (0.042290) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $1.1407
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1996**	Used Per Bed Standard:	**36,047**
Comparison Bed	**116**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,181,452**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**85.7099**	**85.7099**	**0.7477**	**84.9622**	
Indirect Care	**52.9749**	**52.9749**	**0.4621**	**52.5128**	
Property	**13.6500**	**16.5348**	**0.1442**	**16.3906**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.2745**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**197.5811**	**200.4659**	**1.7487**	**221.5888**	

***Medicaid Trend Adjustment :**

0 319511-00 - 2011/01

211.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Kissimmee

Type of Cost Report:Related Party Change of Ownership [4] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Related Party (RP) CHOW[3]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2511 John Young Parkway No		**09/01/2004-08/31/2005**		Number of Beds:	**120**	Superior:	**0**
Kissimmee FL 34741		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Osceola[49]**	First Used:	**2007/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**42,358**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,239**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**25,241**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/20/1999**						
Acquired Date:	**8/20/1999**						
Entered Medicaid	**8/20/1999**						
Med # Active Date:	**1/1/2007**						
Previous Med #	**265764**						

Medicaid Utilization	**59.58969%**
Occupancy:	**96.70776%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**121.55875%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.03184729**
Semester Index:	**1.24282006**
Cost:	**1.20446123**
Target:	**1.01759574**
DC FY Index:	**1.02416134**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.16192630**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,103,093	1,836,697	871,142	584,582	0	4,395,514
1a	Audit Adjustments						
2	Cost Per Diem	43.7024	72.7664	34.5130	**23.1600**		174.1418
3	Cost Per Diem Inflated	52.6378	84.5492	41.5696			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.6378**	**84.5492**	**41.5696**	**23.1600**		201.9166
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.2098		44.9838			
7	Provider Target Rate	**53.5222**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**84.5492**	**41.5696**	**13.6500**		187.5609
12/13	Medicaid Adjustment Rate		0.9122	0.4485			
14	Prospective Per Diem 11	**47.7921**	**85.4614**	**42.0181**	**13.6500**		**188.9216**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319511-00 - 2011/01

211.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Kissimmee

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/20/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/07**
Indexed Asset Value	**5,432,045**
FRVS Base Asset:	**4,661,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042290**

Mortgage Information		
Amount:	**5,762,891.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.2000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**6.2000**	**%**
Interest Only:	**False**	
Yearly Payment:	**379,644**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,345,636**	**9.6307**
20% ROE(2):	**1,086,409**	**1.1655**
Insurance Cost(3):	**23,703**	**0.5596**
Taxes Cost(3):	**72,430**	**1.7099**
Home Office(3):	**118,207**	**2.7907**
Replacement(3&4):	**100,969**	**0.0000**
Total FRVS PD:		**15.8564**

(1) 80% Capital ($4,345,636) amortized at 6.2000% for 20 years Principal & Interest of $379,644 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.6307

(2) 20% ROE ($1,086,409) times the ROE factor (0.042290) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $1.1655

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1999**	Used Per Bed Standard:	**38,846**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,661,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**85.4614**	**85.4614**	**0.7455**	**84.7159**	
Indirect Care	**42.0181**	**42.0181**	**0.3665**	**41.6516**	
Property	**13.6500**	**15.8564**	**0.1383**	**15.7181**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.2783**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**188.9216**	**191.1280**	**1.6672**	**211.3362**	

***Medicaid Trend Adjustment :**

0 319520-00 - 2011/01

212.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Melbourne

Type of Cost Report:Related Party Change of Ownership [4] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Related Party (RP) CHOW[3]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3033 Sarno Road		**02/01/2004-01/31/2005**		Number of Beds:	**167**	Superior:	**0**
Melbourne FL 32934		Days In CR	**366**	Maximum:	**61,122**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2007/01**	Max Annualized:	**60,955**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**58,594**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,539**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**25,822**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1994**						
Acquired Date:	**8/1/1994**						
Entered Medicaid	**8/19/1994**						
Med # Active Date:	**1/1/2007**						
Previous Med #	**265713**						

Medicaid Utilization	**44.06936%**
Occupancy:	**95.86401%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.49817%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.01175775**
Semester Index:	**1.24282006**
Cost:	**1.22837711**
Target:	**1.01759574**
DC FY Index:	**1.00816202**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.18036583**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	998,047	1,782,812	931,620	700,551	0	4,413,030
1a	Audit Adjustments						
2	Cost Per Diem	38.6510	69.0424	36.0785	**27.1300**		170.9019
3	Cost Per Diem Inflated	47.4780	81.4953	44.3180			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.4780**	**81.4953**	**44.3180**	**27.1300**		200.4213
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.2738		44.9838			
7	Provider Target Rate	**48.4621**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.4780**	**81.4953**	**44.3180**	**13.6500**		186.9413
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.4780**	**81.4953**	**44.3180**	**13.6500**		**186.9413**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319520-00 - 2011/01

212.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Melbourne

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/19/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/07**
Indexed Asset Value	**7,265,245**
FRVS Base Asset:	**5,597,125**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042710**

Mortgage Information		
Amount:	**8,789,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.4000**	**%**
Interest Only:	**False**	
Yearly Payment:	**691,655**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,812,196**	**12.6078**
20% ROE(2):	**1,453,049**	**1.1312**
Insurance Cost(3):	**39,508**	**0.6743**
Taxes Cost(3):	**121,613**	**2.0755**
Home Office(3):	**159,949**	**2.7298**
Replacement(3&4):	**68,476**	**0.0000**
Total FRVS PD:		**19.2186**

(1) 80% Capital ($5,812,196) amortized at 10.4000% for 20 years Principal & Interest of $691,655 divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = $12.6078

(2) 20% ROE ($1,453,049) times the ROE factor (0.042710) divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = $1.1312

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,123,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.4780**	**47.4780**	**0.4142**	**47.0638**	
Patient Care					
Direct Care	**81.4953**	**81.4953**	**0.7109**	**80.7844**	
Indirect Care	**44.3180**	**44.3180**	**0.3866**	**43.9314**	
Property	**13.6500**	**19.2186**	**0.1677**	**19.0509**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.1577**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**186.9413**	**192.5099**	**1.6794**	**212.5853**	

***Medicaid Trend Adjustment :**

0 319538-00 - 2011/01

221.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Orange Park

Type of Cost Report:Related Party Change of Ownership [4] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Related Party (RP) CHOW[3]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1215 Kingsley Avenue		**09/01/2004-08/31/2005**		Number of Beds:	**120**	Superior:	**0**
Orange Park FL 32073		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Clay[10]**		First Used:	**2007/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**40,410**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**9,021**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**23,848**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**12/12/1989**						
Acquired Date:	**12/12/1989**						
Entered Medicaid	**1/9/1990**						
Med # Active Date:	**1/1/2007**						
Previous Med #	**226688**						

Medicaid Utilization	**59.01510%**
Occupancy:	**92.26027%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.96838%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.03184729**
Semester Index:	**1.24282006**
Cost:	**1.20446123**
Target:	**1.01759574**
DC FY Index:	**1.02416134**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.16192630**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,160,611	1,763,216	1,017,114	470,998	0	4,411,939
1a	Audit Adjustments						
2	Cost Per Diem	48.6670	73.9356	42.6499	**19.7500**		185.0025
3	Cost Per Diem Inflated	58.6175	85.9077	51.3702			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.6175**	**85.9077**	**51.3702**	**19.7500**		215.6454
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.1411		50.9525			
7	Provider Target Rate	**59.6026**		**52.2333**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**85.9077**	**51.3702**	**13.6500**		196.1742
12/13	Medicaid Adjustment Rate		0.8713	0.5210			
14	Prospective Per Diem 11	**45.2463**	**86.7790**	**51.8912**	**13.6500**		**197.5665**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319538-00 - 2011/01

221.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Orange Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/07**
Indexed Asset Value	**5,881,436**
FRVS Base Asset:	**3,578,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042290**

Mortgage Information		
Amount:	**5,137,363.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5012**	**%**
Chase Rate:	**4.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**420,964**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,705,149**	**10.6789**
20% ROE(2):	**1,176,287**	**1.2619**
Insurance Cost(3):	**26,808**	**0.6634**
Taxes Cost(3):	**56,739**	**1.4041**
Home Office(3):	**135,824**	**3.3611**
Replacement(3&4):	**520,973**	**0.0000**
Total FRVS PD:		**17.3694**

(1) 80% Capital ($4,705,149) amortized at 6.5000% for 20 years Principal & Interest of $420,964 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.6789
(2) 20% ROE ($1,176,287) times the ROE factor (0.042290) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $1.2619
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,578,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**86.7790**	**86.7790**	**0.7570**	**86.0220**	
Indirect Care	**51.8912**	**51.8912**	**0.4527**	**51.4385**	
Property	**13.6500**	**17.3694**	**0.1515**	**17.2179**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.6265**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**197.5665**	**201.2859**	**1.7559**	**221.7536**	

***Medicaid Trend Adjustment :**

0 319546-00 - 2011/01

220.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of West Altamonte

Type of Cost Report:Related Party Change of Ownership [4] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Related Party (RP) CHOW[3]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1099 W. Town Parkway		**02/01/2004-01/31/2005**		Number of Beds:	**116**	Superior:	**0**
Altamonte Springs FL 32714		Days In CR	**366**	Maximum:	**42,456**	Standard:	**181**
County:	**Seminole[59]**	First Used:	**2007/01**	Max Annualized:	**42,340**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**41,240**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,297**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**21,391**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/20/1994**						
Acquired Date:	**1/20/1994**						
Entered Medicaid	**2/17/1994**						
Med # Active Date:	**1/1/2007**						
Previous Med #	**266205**						

Medicaid Utilization	**51.86954%**
Occupancy:	**97.13586%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**122.09685%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.01175775**
Semester Index:	**1.24282006**
Cost:	**1.22837711**
Target:	**1.01759574**
DC FY Index:	**1.00816202**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.18036583**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	964,732	1,508,757	874,245	472,313	0	3,820,047
1a	Audit Adjustments						
2	Cost Per Diem	45.0999	70.5323	40.8698	**22.0800**		178.5820
3	Cost Per Diem Inflated	55.3997	83.2539	50.2035			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.3997**	**83.2539**	**50.2035**	**22.0800**		210.9371
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.1615		49.9876			
7	Provider Target Rate	**56.5481**		**51.2441**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**83.2539**	**50.2035**	**13.6500**		194.8995
12/13	Medicaid Adjustment Rate		0.1751	0.1056			
14	Prospective Per Diem 11	**47.7921**	**83.4290**	**50.3091**	**13.6500**		**195.1802**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319546-00 - 2011/01

220.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of West Altamonte

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/17/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/01**
Indexed Asset Value	**5,031,734**
FRVS Base Asset:	**3,757,815**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042710**

Mortgage Information		
Amount:	**5,947,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.4000**	**%**
Interest Only:	**False**	
Yearly Payment:	**479,024**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,025,387**	**12.5708**
20% ROE(2):	**1,006,347**	**1.1279**
Insurance Cost(3):	**27,891**	**0.6763**
Taxes Cost(3):	**59,110**	**1.4333**
Home Office(3):	**124,048**	**3.0080**
Replacement(3&4):	**141,792**	**0.0000**
Total FRVS PD:		**18.8163**

(1) 80% Capital ($4,025,387) amortized at 10.4000% for 20 years Principal & Interest of $479,024 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $12.5708
(2) 20% ROE ($1,006,347) times the ROE factor (0.042710) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $1.1279
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1993**	Used Per Bed Standard:	**33,255**
Comparison Bed	**113**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,757,815**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**83.4290**	**83.4290**	**0.7278**	**82.7012**	
Indirect Care	**50.3091**	**50.3091**	**0.4389**	**49.8702**	
Property	**13.6500**	**18.8163**	**0.1641**	**18.6522**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.1284**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**195.1802**	**200.3465**	**1.7477**	**220.3243**	

***Medicaid Trend Adjustment :**

0 319554-00 - 2011/01

200.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Franco Nursing and Rehabilitation Center

Type of Cost Report:Related Party Change of Ownership [4] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Related Party (RP) CHOW[3]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
800 NW 95th Street		**08/01/2004-07/31/2005**		Number of Beds:	**120**	Superior:	**0**
Miami FL 33150		Days In CR	**365**	Maximum:	**43,800**	Standard:	**134**
County:	**Dade[13]**	First Used:	**2007/01**	Max Annualized:	**43,800**	Conditional:	**47**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**41,705**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,350**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**28,254**		
Class at 1/94:	**South Large [4]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.02858534**
Open Date:	**1/4/1996**					Semester Index:	**1.24282006**
Acquired Date:	**1/4/1996**					Cost:	**1.20828094**
Entered Medicaid	**1/4/1996**					Target:	**1.01759574**
Med # Active Date:	**1/1/2007**					**DC FY Index:**	**1.02182801**
Previous Med #	**312754**					**DC Sem Index:**	**1.19000000**
						DC Inflation:	**1.16457955**
						PS Target:	**1.02513678**

Medicaid Utilization		**67.74727%**
Occupancy:		**95.21689%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**119.68477%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,191,873	1,601,003	1,041,179	531,458	0	4,365,513
1a	Audit Adjustments						
2	Cost Per Diem	42.1842	56.6646	36.8507	**18.8100**		154.5095
3	Cost Per Diem Inflated	50.9704	65.9904	44.5260			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.9704**	**65.9904**	**44.5260**	**18.8100**		180.2968
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.5598		46.7809			
7	Provider Target Rate	**51.8307**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**65.9904**	**44.5260**	**13.6500**		174.5042
12/13	Medicaid Adjustment Rate		0.9754	0.6581			
14	Prospective Per Diem 11	**50.3378**	**66.9658**	**45.1841**	**13.6500**		**176.1377**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319554-00 - 2011/01

200.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Franco Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/4/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/01**
Indexed Asset Value	**5,397,904**
FRVS Base Asset:	**4,252,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042400**

Mortgage Information		
Amount:	**4,912,591.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.2000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**6.2000**	**%**
Interest Only:	**False**	
Yearly Payment:	**377,258**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,318,323**	**9.5702**
20% ROE(2):	**1,079,581**	**1.1612**
Insurance Cost(3):	**27,213**	**0.6525**
Taxes Cost(3):	**59,637**	**1.4300**
Home Office(3):	**103,003**	**2.4698**
Replacement(3&4):	**57,997**	**0.0000**
Total FRVS PD:		**15.2837**

(1) 80% Capital ($4,318,323) amortized at 6.2000% for 20 years Principal & Interest of $377,258 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.5702
(2) 20% ROE ($1,079,581) times the ROE factor (0.042400) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $1.1612
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1995**	Used Per Bed Standard:	**35,436**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,252,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**66.9658**	**66.9658**	**0.5842**	**66.3816**	
Indirect Care	**45.1841**	**45.1841**	**0.3942**	**44.7899**	
Property	**13.6500**	**15.2837**	**0.1333**	**15.1504**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.4144**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**176.1377**	**177.7714**	**1.5508**	**200.2321**	

***Medicaid Trend Adjustment :**

0 319651-00 - 2011/01

209.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Bayonet Point

Type of Cost Report:Related Party Change of Ownership [4] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Related Party (RP) CHOW[3]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
8132 Hudson Avenue		**09/01/2004-08/31/2005**		Number of Beds:	**120**	Superior:	**0**
Hudson FL 34667		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Pasco[51]**		First Used:	**2007/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2011/01**	Total Patient:	**41,934**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**10,644**	Inflation	
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**22,203**	FY Index:	**1.03184729**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**52.94749%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**95.73973%**	Cost:	**1.20446123**
Open Date:	**1/29/1993**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/29/1993**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.02416134**
Entered Medicaid	**2/22/1993**	Low Occupancy Adjustment Factor:			**120.34196%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.16192630**
Previous Med #	**226572**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	887,645	1,496,365	856,060	366,794	0	3,606,864
1a	Audit Adjustments						
2	Cost Per Diem	39.9786	67.3947	38.5561	**16.5200**		162.4494
3	Cost Per Diem Inflated	48.1527	78.3077	46.4393			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.1527**	**78.3077**	**46.4393**	**16.5200**		189.4197
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.7614		46.0617			
7	Provider Target Rate	**48.9620**		**47.2195**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**78.3077**	**46.4393**	**13.6500**		186.1891
12/13	Medicaid Adjustment Rate		0.2597	0.1540			
14	Prospective Per Diem 11	**47.7921**	**78.5674**	**46.5933**	**13.6500**		**186.6028**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319651-00 - 2011/01

209.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Bayonet Point

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/22/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/01**
Indexed Asset Value	**5,370,518**
FRVS Base Asset:	**3,861,960**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042290**

Mortgage Information		
Amount:	**5,324,176.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5012**	**%**
Chase Rate:	**4.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**384,395**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,296,414**	**9.7513**
20% ROE(2):	**1,074,104**	**1.1523**
Insurance Cost(3):	**27,877**	**0.6648**
Taxes Cost(3):	**76,476**	**1.8237**
Home Office(3):	**111,414**	**2.6569**
Replacement(3&4):	**96,823**	**0.0000**
Total FRVS PD:		**16.0490**

(1) 80% Capital ($4,296,414) amortized at 6.5000% for 20 years Principal & Interest of $384,395 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.7513
(2) 20% ROE ($1,074,104) times the ROE factor (0.042290) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $1.1523
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**8/1/1992**	Used Per Bed Standard:	**32,183**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,861,960**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**78.5674**	**78.5674**	**0.6854**	**77.8820**	
Indirect Care	**46.5933**	**46.5933**	**0.4065**	**46.1868**	
Property	**13.6500**	**16.0490**	**0.1400**	**15.9090**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.0504**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**186.6028**	**189.0018**	**1.6488**	**209.0005**	

***Medicaid Trend Adjustment :**

0 319660-00 - 2011/01

215.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Brandon

Type of Cost Report:Related Party Change of Ownership [4] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Related Party (RP) CHOW[3]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
701 Victoria Street		**02/01/2004-01/31/2005**		Number of Beds:	**120**	Superior:	**0**
Brandon FL 33510		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2007/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**41,509**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,880**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**30,145**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1985**						
Acquired Date:	**9/1/1985**						
Entered Medicaid	**9/24/1985**						
Med # Active Date:	**1/1/2007**						
Previous Med #	**265705**						

Medicaid Utilization	**72.62280%**
Occupancy:	**94.51047%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.79681%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.01175775**
Semester Index:	**1.24282006**
Cost:	**1.22837711**
Target:	**1.01759574**
DC FY Index:	**1.00816202**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.18036583**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,296,153	2,125,399	982,931	516,082	0	4,920,565
1a	Audit Adjustments						
2	Cost Per Diem	42.9973	70.5059	32.6068	**17.1200**		163.2300
3	Cost Per Diem Inflated	52.8169	83.2228	40.0534			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.8169**	**83.2228**	**40.0534**	**17.1200**		193.2131
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.5899		44.9838			
7	Provider Target Rate	**53.9118**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**83.2228**	**40.0534**	**13.6500**		184.7183
12/13	Medicaid Adjustment Rate		2.1181	1.0194			
14	Prospective Per Diem 11	**47.7921**	**85.3409**	**41.0728**	**13.6500**		**187.8558**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319660-00 - 2011/01

215.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Brandon

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**5,808,254**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042710**

Mortgage Information		
Amount:	**6,316,600.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.4000**	**%**
Interest Only:	**False**	
Yearly Payment:	**552,949**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,646,603**	**14.0271**
20% ROE(2):	**1,161,651**	**1.2586**
Insurance Cost(3):	**28,745**	**0.6925**
Taxes Cost(3):	**55,208**	**1.3300**
Home Office(3):	**112,092**	**2.7004**
Replacement(3&4):	**358,691**	**0.0000**
Total FRVS PD:		**20.0086**

(1) 80% Capital ($4,646,603) amortized at 10.4000% for 20 years Principal & Interest of $552,949 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.0271
(2) 20% ROE ($1,161,651) times the ROE factor (0.042710) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $1.2586
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**85.3409**	**85.3409**	**0.7445**	**84.5964**	
Indirect Care	**41.0728**	**41.0728**	**0.3583**	**40.7145**	
Property	**13.6500**	**20.0086**	**0.1745**	**19.8341**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.7090**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**187.8558**	**194.2144**	**1.6942**	**215.8263**	

***Medicaid Trend Adjustment :**

0 319678-00 - 2011/01

217.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Lake Parker

Type of Cost Report:Related Party Change of Ownership [4] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Related Party (RP) CHOW[3]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2020 W. Lake Parker Drive		**10/01/2004-09/30/2005**		Number of Beds:	**120**	Superior:	**0**
Lakeland FL 33805		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Polk[53]**	First Used:	**2007/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**42,289**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,480**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,306**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/12/1990**						
Acquired Date:	**4/12/1990**						
Entered Medicaid	**5/14/1990**						
Med # Active Date:	**1/1/2007**						
Previous Med #	**265691**						

Medicaid Utilization	**55.11126%**
Occupancy:	**96.55023%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**121.36073%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.03511959**
Semester Index:	**1.24282006**
Cost:	**1.20065360**
Target:	**1.01759574**
DC FY Index:	**1.02650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.15927910**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,015,417	1,662,982	919,997	570,298	0	4,168,694
1a	Audit Adjustments						
2	Cost Per Diem	43.5689	71.3542	39.4747	**24.4700**		178.8678
3	Cost Per Diem Inflated	52.3112	82.7194	47.3954			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.3112**	**82.7194**	**47.3954**	**24.4700**		206.8960
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.8819		47.0065			
7	Provider Target Rate	**53.1860**		**48.1881**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**82.7194**	**47.3954**	**13.6500**		191.5569
12/13	Medicaid Adjustment Rate		0.4757	0.2725			
14	Prospective Per Diem 11	**47.7921**	**83.1951**	**47.6679**	**13.6500**		**192.3051**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319678-00 - 2011/01

217.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Lake Parker

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/14/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/01**
Indexed Asset Value	**5,792,720**
FRVS Base Asset:	**3,602,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042290**

Mortgage Information		
Amount:	**6,316,600.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.4000**	**%**
Interest Only:	**False**	
Yearly Payment:	**551,470**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,634,176**	**13.9896**
20% ROE(2):	**1,158,544**	**1.2429**
Insurance Cost(3):	**24,803**	**0.5865**
Taxes Cost(3):	**57,518**	**1.3601**
Home Office(3):	**124,095**	**2.9345**
Replacement(3&4):	**12,479**	**0.0000**
Total FRVS PD:		**20.1136**

(1) 80% Capital ($4,634,176) amortized at 10.4000% for 20 years Principal & Interest of $551,470 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.9896

(2) 20% ROE ($1,158,544) times the ROE factor (0.042290) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $1.2429

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**83.1951**	**83.1951**	**0.7257**	**82.4694**	
Indirect Care	**47.6679**	**47.6679**	**0.4158**	**47.2521**	
Property	**13.6500**	**20.1136**	**0.1755**	**19.9381**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.3825**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**192.3051**	**198.7687**	**1.7339**	**217.0144**	

***Medicaid Trend Adjustment :**

0 319686-00 - 2011/01

206.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Pensacola

Type of Cost Report:Related Party Change of Ownership [4] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Related Party (RP) CHOW[3]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
235 W. Airport Blvd.	**02/01/2004-01/31/2005**	Number of Beds: **120**	Superior: **0**
Pensacola FL 32505	Days In CR **366**	Maximum: **43,920**	Standard: **181**
County: **Escambia[17]**	First Used: **2007/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **1**	Last Used: **2011/01**	Total Patient: **41,267**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **10,320**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **23,416**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **1/8/1997**			
Acquired Date: **1/8/1997**			
Entered Medicaid **1/8/1997**			
Med # Active Date: **1/1/2007**			
Previous Med # **268941**			

Medicaid Utilization	**56.74268%**
Occupancy:	**93.95947%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.10423%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.01175775**
Semester Index:	**1.24282006**
Cost:	**1.22837711**
Target:	**1.01759574**
DC FY Index:	**1.00816202**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.18036583**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	956,636	1,552,501	828,744	516,557	0	3,854,438
1a	Audit Adjustments						
2	Cost Per Diem	40.8539	66.3009	35.3922	**22.0600**		164.6070
3	Cost Per Diem Inflated	50.1840	78.2593	43.4750			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.1840**	**78.2593**	**43.4750**	**22.0600**		193.9783
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.9682		43.2881			
7	Provider Target Rate	**51.2242**		**44.3762**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**78.2593**	**43.4750**	**13.6500**		180.6306
12/13	Medicaid Adjustment Rate		0.5936	0.3298			
14	Prospective Per Diem 11	**45.2463**	**78.8529**	**43.8048**	**13.6500**		**181.5540**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319686-00 - 2011/01

206.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Pensacola

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/8/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**5,401,278**
FRVS Base Asset:	**4,383,120**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042710**

Mortgage Information		
Amount:	**6,316,600.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.4000**	**%**
Interest Only:	**False**	
Yearly Payment:	**514,204**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,321,022**	**13.0442**
20% ROE(2):	**1,080,256**	**1.1704**
Insurance Cost(3):	**28,746**	**0.6966**
Taxes Cost(3):	**41,620**	**1.0086**
Home Office(3):	**115,389**	**2.7962**
Replacement(3&4):	**388,521**	**0.0000**
Total FRVS PD:		**18.7160**

(1) 80% Capital ($4,321,022) amortized at 10.4000% for 20 years Principal & Interest of $514,204 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.0442

(2) 20% ROE ($1,080,256) times the ROE factor (0.042710) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $1.1704

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,383,120**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**78.8529**	**78.8529**	**0.6879**	**78.1650**	
Indirect Care	**43.8048**	**43.8048**	**0.3821**	**43.4227**	
Property	**13.6500**	**18.7160**	**0.1633**	**18.5527**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.1210**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**181.5540**	**186.6200**	**1.6280**	**206.7101**	

***Medicaid Trend Adjustment :**

0 319694-00 - 2011/01

218.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Safety Harbor

Type of Cost Report:Related Party Change of Ownership [4] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Related Party (RP) CHOW[3]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1410 Fourth Street North		**09/01/2004-08/31/2005**		Number of Beds:	**120**	Superior:	**0**
Safety Harbor FL 34695		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Pinellas[52]**		First Used:	**2007/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2011/01**	Total Patient:	**40,544**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**4,429**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**29,457**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**9/1/1985**						
Acquired Date:	**9/1/1985**						
Entered Medicaid	**9/1/1985**						
Med # Active Date:	**1/1/2007**						
Previous Med #	**226599**						

Medicaid Utilization	**72.65440%**
Occupancy:	**92.56621%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.35294%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.03184729**
Semester Index:	**1.24282006**
Cost:	**1.20446123**
Target:	**1.01759574**
DC FY Index:	**1.02416134**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.16192630**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,325,886	2,215,962	1,004,083	499,591	0	5,045,522
1a	Audit Adjustments						
2	Cost Per Diem	45.0109	75.2270	34.0864	**16.9600**		171.2843
3	Cost Per Diem Inflated	54.2139	87.4082	41.0557			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.2139**	**87.4082**	**41.0557**	**16.9600**		199.6378
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.7731		44.9838			
7	Provider Target Rate	**55.1248**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**87.4082**	**41.0557**	**13.6500**		189.9060
12/13	Medicaid Adjustment Rate		2.2277	1.0464			
14	Prospective Per Diem 11	**47.7921**	**89.6359**	**42.1021**	**13.6500**		**193.1801**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319694-00 - 2011/01

218.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Safety Harbor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**5,764,910**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042290**

Mortgage Information		
Amount:	**4,016,483.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5012**	**%**
Chase Rate:	**4.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**412,624**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,611,928**	**10.4674**
20% ROE(2):	**1,152,982**	**1.2369**
Insurance Cost(3):	**26,808**	**0.6612**
Taxes Cost(3):	**54,554**	**1.3456**
Home Office(3):	**106,949**	**2.6379**
Replacement(3&4):	**226,561**	**0.0000**
Total FRVS PD:		**16.3490**

(1) 80% Capital ($4,611,928) amortized at 6.5000% for 20 years Principal & Interest of $412,624 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.4674
(2) 20% ROE ($1,152,982) times the ROE factor (0.042290) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $1.2369
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**89.6359**	**89.6359**	**0.7819**	**88.8540**	
Indirect Care	**42.1021**	**42.1021**	**0.3673**	**41.7348**	
Property	**13.6500**	**16.3490**	**0.1426**	**16.2064**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.7730**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**193.1801**	**195.8791**	**1.7087**	**218.5405**	

***Medicaid Trend Adjustment :**

0 319708-00 - 2011/01

217.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of St. Petersburg

Type of Cost Report:Related Party Change of Ownership [4] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Related Party (RP) CHOW[3]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
9393 Park Boulevard		**09/01/2004-08/31/2005**		Number of Beds:	**120**	Superior:	**0**
Seminole FL 33777		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2007/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**41,191**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,158**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,088**	FY Index:	**1.03184729**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**53.62336%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**94.04338%**	Cost:	**1.20446123**
Open Date:	**10/1/1995**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**11/3/1995**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.02416134**
Entered Medicaid	**11/3/1995**	Low Occupancy Adjustment Factor:			**118.20970%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.16192630**
Previous Med #	**226670**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	964,824	1,638,189	857,584	383,006	0	3,843,603
1a	Audit Adjustments						
2	Cost Per Diem	43.6809	74.1665	38.8258	**17.3400**		174.0132
3	Cost Per Diem Inflated	52.6120	86.1760	46.7642			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.6120**	**86.1760**	**46.7642**	**17.3400**		202.8922
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.1844		46.3841			
7	Provider Target Rate	**53.4961**		**47.5500**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**86.1760**	**46.7642**	**13.6500**		194.3823
12/13	Medicaid Adjustment Rate		0.3513	0.1906			
14	Prospective Per Diem 11	**47.7921**	**86.5273**	**46.9548**	**13.6500**		**194.9242**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319708-00 - 2011/01

217.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of St. Petersburg

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/3/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/07**
Indexed Asset Value	**5,459,837**
FRVS Base Asset:	**4,188,480**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042290**

Mortgage Information		
Amount:	**4,950,549.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5012**	**%**
Chase Rate:	**4.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**390,788**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,367,870**	**9.9134**
20% ROE(2):	**1,091,967**	**1.1715**
Insurance Cost(3):	**29,196**	**0.7088**
Taxes Cost(3):	**84,137**	**2.0426**
Home Office(3):	**121,752**	**2.9558**
Replacement(3&4):	**99,764**	**0.0000**
Total FRVS PD:		**16.7921**

(1) 80% Capital ($4,367,870) amortized at 6.5000% for 20 years Principal & Interest of $390,788 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.9134

(2) 20% ROE ($1,091,967) times the ROE factor (0.042290) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $1.1715

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1995**	Used Per Bed Standard:	**34,904**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,188,480**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**86.5273**	**86.5273**	**0.7548**	**85.7725**	
Indirect Care	**46.9548**	**46.9548**	**0.4096**	**46.5452**	
Property	**13.6500**	**16.7921**	**0.1465**	**16.6456**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.2721**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**194.9242**	**198.0663**	**1.7278**	**217.2077**	

***Medicaid Trend Adjustment :**

0 319716-00 - 2011/01

219.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Tallahassee

Type of Cost Report:Related Party Change of Ownership [4] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Related Party (RP) CHOW[3]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1650 Phillips Road		**10/01/2004-09/30/2005**		Number of Beds:	**120**	Superior:	**0**
Tallahassee FL 32308		Days In CR	**365**	Maximum:	**43,800**	Standard:	**144**
County: **Leon[37]**		First Used:	**2007/01**	Max Annualized:	**43,800**	Conditional:	**37**
Region: **North [1]**	Area: **2**	Last Used:	**2011/01**	Total Patient:	**42,235**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**15,469**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**15,963**		
Class at 1/94: **North Large [2]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.03511959**
Open Date: **3/9/1992**						Semester Index:	**1.24282006**
Acquired Date: **3/9/1992**						Cost:	**1.20065360**
Entered Medicaid **4/1/1992**						Target:	**1.01759574**
Med # Active Date: **1/1/2007**						**DC FY Index:**	**1.02650000**
Previous Med # **266485**						**DC Sem Index:**	**1.19000000**
						DC Inflation:	**1.15927910**
						PS Target:	**1.02513678**

Medicaid Utilization		**37.79567%**
Occupancy:		**96.42694%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**121.20576%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	704,770	1,154,325	762,076	387,901	0	3,009,072
1a	Audit Adjustments						
2	Cost Per Diem	44.1502	72.3125	47.7401	**24.3000**		188.5028
3	Cost Per Diem Inflated	53.0091	83.8304	57.3193			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.0091**	**83.8304**	**57.3193**	**24.3000**		218.4588
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.5742		56.8491			
7	Provider Target Rate	**53.8957**		**58.2781**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**83.8304**	**53.4956**	**13.6500**		196.2223
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.2463**	**83.8304**	**53.4956**	**13.6500**		**196.2223**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319716-00 - 2011/01

219.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Tallahassee

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1992/01**
Indexed Asset Value	**5,286,385**
FRVS Base Asset:	**3,718,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042290**

Mortgage Information		
Amount:	**6,316,600.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.4000**	**%**
Interest Only:	**False**	
Yearly Payment:	**503,266**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,229,108**	**12.7668**
20% ROE(2):	**1,057,277**	**1.1343**
Insurance Cost(3):	**29,620**	**0.7013**
Taxes Cost(3):	**53,508**	**1.2669**
Home Office(3):	**133,659**	**3.1647**
Replacement(3&4):	**55,106**	**0.0000**
Total FRVS PD:		**19.0340**

(1) 80% Capital ($4,229,108) amortized at 10.4000% for 20 years Principal & Interest of $503,266 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.7668

(2) 20% ROE ($1,057,277) times the ROE factor (0.042290) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $1.1343

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1991**	Used Per Bed Standard:	**30,986**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,718,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**83.8304**	**83.8304**	**0.7313**	**83.0991**	
Indirect Care	**53.4956**	**53.4956**	**0.4667**	**53.0289**	
Property	**13.6500**	**19.0340**	**0.1660**	**18.8680**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.9333**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**196.2223**	**201.6063**	**1.7587**	**219.3780**	

***Medicaid Trend Adjustment :**

0 319724-00 - 2011/01

206.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Winter Haven

Type of Cost Report:Related Party Change of Ownership [4] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Related Party (RP) CHOW[3]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2701 Lake Alfred Road		**09/01/2004-08/31/2005**		Number of Beds:	**120**	Superior:	**0**
Winter Haven FL 33881		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Polk[53]**		First Used:	**2007/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **6**	Last Used:	**2011/01**	Total Patient:	**42,751**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**14,433**	Inflation	
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**18,859**	FY Index:	**1.03184729**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**44.11359%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**97.60503%**	Cost:	**1.20446123**
Open Date:	**10/2/1998**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**10/2/1998**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.02416134**
Entered Medicaid	**10/2/1998**	Low Occupancy Adjustment Factor:			**122.68658%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.16192630**
Previous Med #	**265772**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	783,513	1,304,170	676,523	463,931	0	3,228,137
1a	Audit Adjustments						
2	Cost Per Diem	41.5458	69.1537	35.8727	**24.6000**		171.1722
3	Cost Per Diem Inflated	50.0403	80.3515	43.2073			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.0403**	**80.3515**	**43.2073**	**24.6000**		198.1991
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.6335		44.9838			
7	Provider Target Rate	**50.8811**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**80.3515**	**43.2073**	**13.6500**		185.0009
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.7921**	**80.3515**	**43.2073**	**13.6500**		**185.0009**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319724-00 - 2011/01

206.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Winter Haven

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/2/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/07**
Indexed Asset Value	**5,299,677**
FRVS Base Asset:	**4,545,840**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042290**

Mortgage Information		
Amount:	**9,237,328.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.2000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**6.2000**	**%**
Interest Only:	**False**	
Yearly Payment:	**370,392**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,239,742**	**9.3960**
20% ROE(2):	**1,059,935**	**1.1371**
Insurance Cost(3):	**23,703**	**0.5544**
Taxes Cost(3):	**109,240**	**2.5553**
Home Office(3):	**120,805**	**2.8258**
Replacement(3&4):	**65,906**	**0.0000**
Total FRVS PD:		**16.4686**

(1) 80% Capital ($4,239,742) amortized at 6.2000% for 20 years Principal & Interest of $370,392 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.3960

(2) 20% ROE ($1,059,935) times the ROE factor (0.042290) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $1.1371

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1998**	Used Per Bed Standard:	**37,882**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,545,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**80.3515**	**80.3515**	**0.7009**	**79.6506**	
Indirect Care	**43.2073**	**43.2073**	**0.3769**	**42.8304**	
Property	**13.6500**	**16.4686**	**0.1437**	**16.3249**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.4729**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**185.0009**	**187.8195**	**1.6384**	**206.2511**	

***Medicaid Trend Adjustment :**

0 319953-00 - 2011/01

203.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Lakeland

Type of Cost Report:Related Party Change of Ownership [4] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Related Party (RP) CHOW[3]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5245 North Socrum Loop Roa		**02/01/2004-01/31/2005**		Number of Beds:	**120**	Superior:	**0**
Lakeland FL 33809		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County: **Polk[53]**		First Used:	**2007/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **6**	Last Used:	**2011/01**	Total Patient:	**41,428**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,566**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**26,821**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date:	**12/1/1984**						
Acquired Date:	**12/1/1984**						
Entered Medicaid	**12/1/1984**						
Med # Active Date:	**1/1/2007**						
Previous Med #	**213616**						

Medicaid Utilization	**64.74124%**
Occupancy:	**94.32605%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.56500%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.01175775**
Semester Index:	**1.24282006**
Cost:	**1.22837711**
Target:	**1.01759574**
DC FY Index:	**1.00816202**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.18036583**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,102,081	1,827,409	869,961	673,744	0	4,473,195
1a	Audit Adjustments						
2	Cost Per Diem	41.0902	68.1335	32.4358	**25.1200**		166.7795
3	Cost Per Diem Inflated	50.4743	80.4225	39.8434			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.4743**	**80.4225**	**39.8434**	**25.1200**		195.8602
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.2573		44.9838			
7	Provider Target Rate	**51.5206**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**80.4225**	**39.8434**	**13.6500**		181.7080
12/13	Medicaid Adjustment Rate		1.3337	0.6608			
14	Prospective Per Diem 11	**47.7921**	**81.7562**	**40.5042**	**13.6500**		**183.7025**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319953-00 - 2011/01

203.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Lakeland

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**3,982,265**
FRVS Base Asset:	**2,134,715**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042710**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**268,362**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,185,812**	**6.8078**
20% ROE(2):	**796,453**	**0.8629**
Insurance Cost(3):	**27,668**	**0.6679**
Taxes Cost(3):	**68,206**	**1.6464**
Home Office(3):	**105,602**	**2.5490**
Replacement(3&4):	**76,580**	**0.0000**
Total FRVS PD:		**12.5340**

(1) 80% Capital ($3,185,812) amortized at 8.5000% for 20 years Interest of $268,362 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.8078
(2) 20% ROE ($796,453) times the ROE factor (0.042710) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8629
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**81.7562**	**81.7562**	**0.7132**	**81.0430**	
Indirect Care	**40.5042**	**40.5042**	**0.3533**	**40.1509**	
Property	**13.6500**	**12.5340**	**0.1093**	**12.4247**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.9366**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**183.7025**	**182.5865**	**1.5927**	**203.5275**	

***Medicaid Trend Adjustment :**

0 319970-00 - 2011/01

210.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care Of New Port Richey

Type of Cost Report:Related Party Change of Ownership [4] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Related Party (RP) CHOW[3]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
8417 County Road 54		**09/01/2004-08/31/2005**		Number of Beds:	**120**	Superior:	**0**
New Port Richey FL 34653		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Pasco[51]**		First Used:	**2007/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2011/01**	Total Patient:	**40,768**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**4,983**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**26,627**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**4/1/1984**						
Acquired Date:	**4/1/1984**						
Entered Medicaid	**4/1/1984**						
Med # Active Date:	**1/1/2007**						
Previous Med #	**213594**						

Medicaid Utilization	**65.31348%**
Occupancy:	**93.07762%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.99578%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.03184729**
Semester Index:	**1.24282006**
Cost:	**1.20446123**
Target:	**1.01759574**
DC FY Index:	**1.02416134**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.16192630**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,116,863	1,913,347	945,355	696,030	0	4,671,595
1a	Audit Adjustments						
2	Cost Per Diem	41.9448	71.8574	35.5036	**26.1400**		175.4458
3	Cost Per Diem Inflated	50.5209	83.4930	42.7627			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.5209**	**83.4930**	**42.7627**	**26.1400**		202.9166
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1101		44.9838			
7	Provider Target Rate	**51.3697**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**83.4930**	**42.7627**	**13.6500**		187.6978
12/13	Medicaid Adjustment Rate		1.4384	0.7367			
14	Prospective Per Diem 11	**47.7921**	**84.9314**	**43.4994**	**13.6500**		**189.8729**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319970-00 - 2011/01

210.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care Of New Port Richey

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**3,847,765**
FRVS Base Asset:	**2,097,277**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042290**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**259,298**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,078,212**	**6.5778**
20% ROE(2):	**769,553**	**0.8256**
Insurance Cost(3):	**30,445**	**0.7468**
Taxes Cost(3):	**50,648**	**1.2423**
Home Office(3):	**102,970**	**2.5258**
Replacement(3&4):	**218,987**	**0.0000**
Total FRVS PD:		**11.9183**

(1) 80% Capital ($3,078,212) amortized at 8.5000% for 20 years Interest of $259,298 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.5778
(2) 20% ROE ($769,553) times the ROE factor (0.042290) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8256
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**84.9314**	**84.9314**	**0.7409**	**84.1905**	
Indirect Care	**43.4994**	**43.4994**	**0.3795**	**43.1199**	
Property	**13.6500**	**11.9183**	**0.1040**	**11.8143**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5284**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.8729**	**188.1412**	**1.6413**	**210.6254**	

***Medicaid Trend Adjustment :**

0 320111-00 - 2011/01

204.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of North Fort Myers

Type of Cost Report:Related Party Change of Ownership [4] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Related Party (RP) CHOW[3]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
991 Pondella Road		**02/01/2004-01/31/2005**		Number of Beds:	**120**	Superior:	**0**
North Ft. Myers FL 33903		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County: **Lee[36]**		First Used:	**2007/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2011/01**	Total Patient:	**42,584**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,650**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**28,593**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date:	**6/1/1985**						
Acquired Date:	**6/1/1985**						
Entered Medicaid	**6/1/1985**						
Med # Active Date:	**1/1/2007**						
Previous Med #	**213624**						

Medicaid Utilization	**67.14494%**
Occupancy:	**96.95811%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**121.87343%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.01175775**
Semester Index:	**1.24282006**
Cost:	**1.22837711**
Target:	**1.01759574**
DC FY Index:	**1.00816202**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.18036583**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,139,144	1,842,813	1,025,789	707,677	0	4,715,423
1a	Audit Adjustments						
2	Cost Per Diem	39.8400	64.4498	35.8755	**24.7500**		164.9153
3	Cost Per Diem Inflated	48.9385	76.0743	44.0686			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.9385**	**76.0743**	**44.0686**	**24.7500**		193.8314
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7280		46.7809			
7	Provider Target Rate	**49.9529**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.9385**	**76.0743**	**44.0686**	**13.6500**		182.7314
12/13	Medicaid Adjustment Rate		1.4673	0.8500			
14	Prospective Per Diem 11	**48.9385**	**77.5416**	**44.9186**	**13.6500**		**185.0487**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320111-00 - 2011/01

204.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of North Fort Myers

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**3,690,122**
FRVS Base Asset:	**2,181,402**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042710**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**248,674**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,952,098**	**6.3083**
20% ROE(2):	**738,024**	**0.7996**
Insurance Cost(3):	**28,746**	**0.6750**
Taxes Cost(3):	**59,243**	**1.3912**
Home Office(3):	**104,185**	**2.4466**
Replacement(3&4):	**78,676**	**0.0000**
Total FRVS PD:		**11.6207**

(1) 80% Capital ($2,952,098) amortized at 8.5000% for 20 years Interest of $248,674 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.3083
(2) 20% ROE ($738,024) times the ROE factor (0.042710) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7996
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**78**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,223,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.9385**	**48.9385**	**0.4269**	**48.5116**	
Patient Care					
Direct Care	**77.5416**	**77.5416**	**0.6764**	**76.8652**	
Indirect Care	**44.9186**	**44.9186**	**0.3918**	**44.5268**	
Property	**13.6500**	**11.6207**	**0.1014**	**11.5193**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.0051**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**185.0487**	**183.0194**	**1.5965**	**204.0251**	

***Medicaid Trend Adjustment :**

0 320129-00 - 2011/01

204.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Port Charlotte

Type of Cost Report:Related Party Change of Ownership [4] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Related Party (RP) CHOW[3]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
18480 Toledo Blade Boulevar		**06/01/2004-05/31/2005**		Number of Beds:	**120**	Superior:	**0**
Port Charlotte FL 33948		Days In CR	**365**	Maximum:	**43,800**	Standard:	**180**
County:	**Charlotte[8]**	First Used:	**2007/01**	Max Annualized:	**43,800**	Conditional:	**1**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**43,219**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,356**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**24,040**	FY Index:	**1.02245316**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**55.62368%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**98.67352%**	Cost:	**1.21552762**
Open Date:	**3/12/1998**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**3/12/1998**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.01716131**
Entered Medicaid	**3/12/1998**	Low Occupancy Adjustment Factor:			**124.02964%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.16992260**
Previous Med #	**226564**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,010,380	1,549,086	840,005	406,757	0	3,806,228
1a	Audit Adjustments						
2	Cost Per Diem	42.0291	64.4379	34.9420	**16.9200**		158.3290
3	Cost Per Diem Inflated	51.0875	75.3874	42.4730			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.0875**	**75.3874**	**42.4730**	**16.9200**		185.8679
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.7076		46.7809			
7	Provider Target Rate	**51.9822**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**75.3874**	**42.4730**	**13.6500**		181.8482
12/13	Medicaid Adjustment Rate		0.4743	0.2672			
14	Prospective Per Diem 11	**50.3378**	**75.8617**	**42.7402**	**13.6500**		**182.5897**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320129-00 - 2011/01

204.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Port Charlotte

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/12/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/01**
Indexed Asset Value	**5,133,151**
FRVS Base Asset:	**4,306,175**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.043330**

Mortgage Information		
Amount:	**5,604,395.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5012**	**%**
Chase Rate:	**4.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**367,405**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,106,521**	**9.3203**
20% ROE(2):	**1,026,630**	**1.1285**
Insurance Cost(3):	**27,402**	**0.6340**
Taxes Cost(3):	**92,089**	**2.1308**
Home Office(3):	**113,739**	**2.6317**
Replacement(3&4):	**186,423**	**0.0000**
Total FRVS PD:		**15.8453**

(1) 80% Capital ($4,106,521) amortized at 6.5000% for 20 years Principal & Interest of $367,405 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.3203
(2) 20% ROE ($1,026,630) times the ROE factor (0.043330) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $1.1285
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1997**	Used Per Bed Standard:	**37,445**
Comparison Bed	**115**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,306,175**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**75.8617**	**75.8617**	**0.6618**	**75.1999**	
Indirect Care	**42.7402**	**42.7402**	**0.3728**	**42.3674**	
Property	**13.6500**	**15.8453**	**0.1382**	**15.7071**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.8823**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**182.5897**	**184.7850**	**1.6119**	**204.6525**	

***Medicaid Trend Adjustment :**

0 320137-00 - 2011/01

240.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Sarasota

Type of Cost Report:Related Party Change of Ownership [4] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Related Party (RP) CHOW[3]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4783 Fruitville Road		**09/01/2004-08/31/2005**		Number of Beds:	**81**	Superior:	**0**
Sarasota FL 34232		Days In CR	**365**	Maximum:	**29,565**	Standard:	**181**
County: **Sarasota[58]**		First Used:	**2007/01**	Max Annualized:	**29,565**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2011/01**	Total Patient:	**28,044**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**4,691**	Inflation	
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**18,071**	FY Index:	**1.03184729**
Class at 1/94: **South Small [3]**		Medicaid Utilization			**64.43803%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**94.85540%**	Cost:	**1.20446123**
Open Date:	**2/18/1998**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**2/18/1998**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.02416134**
Entered Medicaid	**2/18/1998**	Low Occupancy Adjustment Factor:			**119.23039%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.16192630**
Previous Med #	**226556**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	960,815	1,407,987	750,341	312,809	0	3,431,952
1a	Audit Adjustments						
2	Cost Per Diem	53.1689	77.9142	41.5218	**17.3100**		189.9149
3	Cost Per Diem Inflated	64.0399	90.5306	50.0114			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**64.0399**	**90.5306**	**50.0114**	**17.3100**		221.8919
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.5193		56.1408			
7	Provider Target Rate	**65.1160**		**58.5755**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**59.5230**	**90.5306**	**50.0114**	**13.6500**		213.7150
12/13	Medicaid Adjustment Rate		1.4705	0.8123			
14	Prospective Per Diem 11	**59.5230**	**92.0011**	**50.8237**	**13.6500**		**215.9978**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320137-00 - 2011/01

240.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Sarasota

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/18/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/01**
Indexed Asset Value	**3,744,604**
FRVS Base Asset:	**3,033,045**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042290**

Mortgage Information		
Amount:	**3,269,231.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5012**	**%**
Chase Rate:	**4.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**268,020**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,995,683**	**10.0727**
20% ROE(2):	**748,921**	**1.1903**
Insurance Cost(3):	**16,046**	**0.5722**
Taxes Cost(3):	**63,471**	**2.2633**
Home Office(3):	**81,500**	**2.9061**
Replacement(3&4):	**32,070**	**0.0000**
Total FRVS PD:		**17.0046**

(1) 80% Capital ($2,995,683) amortized at 6.5000% for 20 years Principal & Interest of $268,020 divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = $10.0727
(2) 20% ROE ($748,921) times the ROE factor (0.042290) divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = $1.1903
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1997**	Used Per Bed Standard:	**37,445**
Comparison Bed	**81**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,033,045**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**59.5230**	**59.5230**	**0.5192**	**59.0038**	
Patient Care					
Direct Care	**92.0011**	**92.0011**	**0.8026**	**91.1985**	
Indirect Care	**50.8237**	**50.8237**	**0.4434**	**50.3803**	
Property	**13.6500**	**17.0046**	**0.1483**	**16.8563**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.6803**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**215.9978**	**219.3524**	**1.9135**	**240.7163**	

***Medicaid Trend Adjustment :**

0 320145-00 - 2011/01

210.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Vero Beach

Type of Cost Report:Related Party Change of Ownership [4] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Related Party (RP) CHOW[3]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1310 37th Street		**09/01/2004-08/31/2005**		Number of Beds:	**159**	Superior:	**0**
Vero Beach FL 32960		Days In CR	**365**	Maximum:	**58,035**	Standard:	**181**
County:	**Indian River[31]**	First Used:	**2007/01**	Max Annualized:	**58,035**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**53,809**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,132**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**34,435**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/1/1984**						
Acquired Date:	**10/1/1984**						
Entered Medicaid	**10/1/1984**						
Med # Active Date:	**1/1/2007**						
Previous Med #	**213608**						

Medicaid Utilization	**63.99487%**
Occupancy:	**92.71819%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.54397%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.03184729**
Semester Index:	**1.24282006**
Cost:	**1.20446123**
Target:	**1.01759574**
DC FY Index:	**1.02416134**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.16192630**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,418,213	2,409,208	1,174,923	1,127,058	0	6,129,402
1a	Audit Adjustments						
2	Cost Per Diem	41.1852	69.9639	34.1200	**32.7300**		177.9991
3	Cost Per Diem Inflated	49.6060	81.2929	41.0962			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.6060**	**81.2929**	**41.0962**	**32.7300**		204.7251
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.2029		46.7809			
7	Provider Target Rate	**50.4397**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.6060**	**81.2929**	**41.0962**	**13.6500**		185.6451
12/13	Medicaid Adjustment Rate		1.2799	0.6470			
14	Prospective Per Diem 11	**49.6060**	**82.5728**	**41.7432**	**13.6500**		**187.5720**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320145-00 - 2011/01

210.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of Vero Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**7,134,517**
FRVS Base Asset:	**2,240,349**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042290**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**480,789**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,707,614**	**9.2050**
20% ROE(2):	**1,426,903**	**1.1553**
Insurance Cost(3):	**34,553**	**0.6421**
Taxes Cost(3):	**102,650**	**1.9077**
Home Office(3):	**144,388**	**2.6833**
Replacement(3&4):	**111,780**	**0.0000**
Total FRVS PD:		**15.5934**

(1) 80% Capital ($5,707,614) amortized at 8.5000% for 20 years Interest of $480,789 divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = $9.2050
(2) 20% ROE ($1,426,903) times the ROE factor (0.042290) divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = $1.1553
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.6060**	**49.6060**	**0.4327**	**49.1733**	
Patient Care					
Direct Care	**82.5728**	**82.5728**	**0.7203**	**81.8525**	
Indirect Care	**41.7432**	**41.7432**	**0.3641**	**41.3791**	
Property	**13.6500**	**15.5934**	**0.1360**	**15.4574**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.5845**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**187.5720**	**189.5154**	**1.6531**	**210.0439**	

***Medicaid Trend Adjustment :**

0 320153-00 - 2011/01

217.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of West Palm Beach

Type of Cost Report:Related Party Change of Ownership [4] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Related Party (RP) CHOW[3]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1626 Davis Road		**09/01/2004-08/31/2005**		Number of Beds:	**120**	Superior:	**0**
West Palm Beach FL 33406		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Palm Beach[50]**		First Used:	**2007/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **9**	Last Used:	**2011/01**	Total Patient:	**40,686**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**5,956**	**Inflation**	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**29,881**	FY Index:	**1.03184729**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**73.44295%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**92.89041%**	Cost:	**1.20446123**
Open Date:	**3/18/1985**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**3/18/1985**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.02416134**
Entered Medicaid	**3/18/1985**	Low Occupancy Adjustment Factor:			**116.76046%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**1/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.16192630**
Previous Med #	**213586**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,366,188	2,024,351	1,218,436	802,305	0	5,411,280
1a	Audit Adjustments						
2	Cost Per Diem	45.7210	67.7471	40.7763	**26.8500**		181.0944
3	Cost Per Diem Inflated	55.0692	78.7171	49.1135			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.0692**	**78.7171**	**49.1135**	**26.8500**		209.7498
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.6214		48.7141			
7	Provider Target Rate	**55.9944**		**49.9386**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**78.7171**	**49.1135**	**13.6500**		191.8184
12/13	Medicaid Adjustment Rate		2.0760	1.2953			
14	Prospective Per Diem 11	**50.3378**	**80.7931**	**50.4088**	**13.6500**		**195.1897**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320153-00 - 2011/01

217.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Consulate Health Care of West Palm Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**4,365,124**
FRVS Base Asset:	**2,282,012**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.042290**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**294,162**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,492,099**	**7.4623**
20% ROE(2):	**873,025**	**0.9366**
Insurance Cost(3):	**26,808**	**0.6589**
Taxes Cost(3):	**69,836**	**1.7165**
Home Office(3):	**110,872**	**2.7251**
Replacement(3&4):	**239,263**	**0.0000**
Total FRVS PD:		**13.4994**

(1) 80% Capital ($3,492,099) amortized at 8.5000% for 20 years Interest of $294,162 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.4623
(2) 20% ROE ($873,025) times the ROE factor (0.042290) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9366
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**80.7931**	**80.7931**	**0.7048**	**80.0883**	
Indirect Care	**50.4088**	**50.4088**	**0.4397**	**49.9691**	
Property	**13.6500**	**13.4994**	**0.1178**	**13.3816**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.0735**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**195.1897**	**195.0391**	**1.7014**	**217.0083**	

***Medicaid Trend Adjustment :**

0 320391-00 - 2011/01

207.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Zephyr Haven Health & Rehab Center, Inc.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
38250 A Avenue	**03/01/2009-12/31/2009**	Number of Beds: **120**	Superior: **0**
Zephyrhills FL 33542	Days In CR **306**	Maximum: **36,720**	Standard: **181**
County: **Pasco[51]**	First Used: **2010/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2011/01**	Total Patient: **34,311**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **4,401**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **22,458**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **7/1/1971**			
Acquired Date: **6/28/1989**			
Entered Medicaid **6/28/1989**			
Med # Active Date: **1/1/2007**			
Previous Med # **212741**			

Medicaid Utilization	**65.45423%**
Occupancy:	**93.43954%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.45069%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19544464**
Semester Index:	**1.24282006**
Cost:	**1.03962996**
Target:	**1.01759574**
DC FY Index:	**1.16066549**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02527387**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	971,169	1,850,196	944,722	194,935	0	3,961,022
1a	Audit Adjustments						
2	Cost Per Diem	43.2438	82.3847	42.0662	**8.6800**		176.3747
3	Cost Per Diem Inflated	44.9576	84.4669	43.7333			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.9576**	**84.4669**	**43.7333**	**8.6800**		181.8378
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.6026		44.9838			
7	Provider Target Rate	**49.8243**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.9576**	**84.4669**	**43.7333**	**8.6800**		181.8378
12/13	Medicaid Adjustment Rate		1.4685	0.7603			
14	Prospective Per Diem 11	**44.9576**	**85.9354**	**44.4936**	**8.6800**		**184.0666**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320391-00 - 2011/01

207.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Zephyr Haven Health & Rehab Center, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/28/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/01**
Indexed Asset Value	**4,415,636**
FRVS Base Asset:	**615,660**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030130**

Mortgage Information		
Amount:	**4,250,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**309,841**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,532,509**	**7.8600**
20% ROE(2):	**883,127**	**0.6750**
Insurance Cost(3):	**5,800**	**0.1690**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**37,897**	**1.1045**
Replacement(3&4):	**90,141**	**0.0000**
Total FRVS PD:		**9.8085**

(1) 80% Capital ($3,532,509) amortized at 6.2500% for 20 years Principal & Interest of $309,841 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.8600
(2) 20% ROE ($883,127) times the ROE factor (0.030130) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6750
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1971**	Used Per Bed Standard:	**10,261**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**615,660**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.9576**	**44.9576**	**0.3922**	**44.5654**	
Patient Care					
Direct Care	**85.9354**	**85.9354**	**0.7496**	**85.1858**	
Indirect Care	**44.4936**	**44.4936**	**0.3881**	**44.1055**	
Property	**8.6800**	**9.8085**	**0.0856**	**9.7229**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.4147**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**184.0666**	**185.1951**	**1.6155**	**207.5914**	

***Medicaid Trend Adjustment :**

0 320404-00 - 2011/01

214.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Zephyrhills Health & Rehab Center, Inc.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7350 Dairy Road	**08/01/2008-07/31/2009**	Number of Beds: **103**	Superior: **181**
Zephyrhills FL 33540	Days In CR **365**	Maximum: **37,595**	Standard: **0**
County: **Pasco[51]**	First Used: **2010/07**	Max Annualized: **37,595**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2011/01**	Total Patient: **34,510**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **8,530**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **16,230**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **5/1/1998**			
Acquired Date: **5/1/1998**			
Entered Medicaid **6/23/1998**			
Med # Active Date: **1/1/2007**			
Previous Med # **213802**			

Medicaid Utilization	**47.02985%**
Occupancy:	**91.79412%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.38244%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	693,863	1,363,339	805,021	184,373	0	3,046,596
1a	Audit Adjustments						
2	Cost Per Diem	42.7519	84.0012	49.6008	**11.3600**		187.7139
3	Cost Per Diem Inflated	44.8241	86.7597	52.0049			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.8241**	**86.7597**	**52.0049**	**11.3600**		194.9487
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.8713		52.2879			
7	Provider Target Rate	**44.9741**		**53.6022**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.8241**	**86.7597**	**52.0049**	**11.3600**		194.9487
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.8241**	**86.7597**	**52.0049**	**11.3600**		**194.9487**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320404-00 - 2011/01

214.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Zephyrhills Health & Rehab Center, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/23/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/01**
Indexed Asset Value	**4,503,352**
FRVS Base Asset:	**2,171,810**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**303,477**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,602,682**	**8.9692**
20% ROE(2):	**900,670**	**0.8292**
Insurance Cost(3):	**5,567**	**0.1613**
Taxes Cost(3):	**3,232**	**0.0937**
Home Office(3):	**41,779**	**1.2106**
Replacement(3&4):	**85,424**	**0.0000**
Total FRVS PD:		**11.2640**

(1) 80% Capital ($3,602,682) amortized at 8.5000% for 20 years Interest of $303,477 divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = $8.9692
(2) 20% ROE ($900,670) times the ROE factor (0.031150) divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = $0.8292
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1997**	Used Per Bed Standard:	**37,445**
Comparison Bed	**58**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,171,810**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.8241**	**44.8241**	**0.3910**	**44.4331**	
Patient Care					
Direct Care	**86.7597**	**86.7597**	**0.7568**	**86.0029**	
Indirect Care	**52.0049**	**52.0049**	**0.4537**	**51.5512**	
Property	**11.3600**	**11.2640**	**0.0983**	**11.1657**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.1757**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**194.9487**	**194.8527**	**1.6998**	**214.9257**	

***Medicaid Trend Adjustment :**

0 320412-00 - 2011/01

203.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Sunbelt Health & Rehab Center - Apopka, Inc.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
305 E. Oak Street		**08/01/2009-07/31/2010**		Number of Beds:	**120**	Superior:	**0**
Apopka FL 32703		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**41,949**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**10,476**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**20,855**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**2/9/1993**						
Acquired Date:	**2/9/1993**						
Entered Medicaid	**2/9/1993**						
Med # Active Date:	**1/1/2007**						
Previous Med #	**210412**						

Medicaid Utilization	**49.71513%**
Occupancy:	**95.77397%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.38500%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	875,022	1,764,237	979,511	162,252	0	3,781,022
1a	Audit Adjustments						
2	Cost Per Diem	41.9574	84.5954	46.9677	**7.7800**		181.3005
3	Cost Per Diem Inflated	43.1261	86.2012	48.2760			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.1261**	**86.2012**	**48.2760**	**7.7800**		185.3833
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.4139		44.9838			
7	Provider Target Rate	**41.4298**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.4298**	**86.2012**	**46.1145**	**7.7800**		181.5255
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**41.4298**	**86.2012**	**46.1145**	**7.7800**		**181.5255**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320412-00 - 2011/01

203.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Sunbelt Health & Rehab Center - Apopka, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/9/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/01**
Indexed Asset Value	**5,344,042**
FRVS Base Asset:	**3,861,960**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**6,313,226.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.5200**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**3.5200**	**%**
Interest Only:	**False**	
Yearly Payment:	**298,063**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,275,234**	**7.5612**
20% ROE(2):	**1,068,808**	**0.8416**
Insurance Cost(3):	**7,770**	**0.1852**
Taxes Cost(3):	**144**	**0.0034**
Home Office(3):	**52,538**	**1.2524**
Replacement(3&4):	**10,799**	**0.0000**
Total FRVS PD:		**9.8438**

(1) 80% Capital ($4,275,234) amortized at 3.5200% for 20 years Principal & Interest of $298,063 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.5612
(2) 20% ROE ($1,068,808) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8416
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**8/1/1992**	Used Per Bed Standard:	**32,183**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,861,960**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.4298**	**41.4298**	**0.3614**	**41.0684**	
Patient Care					
Direct Care	**86.2012**	**86.2012**	**0.7520**	**85.4492**	
Indirect Care	**46.1145**	**46.1145**	**0.4023**	**45.7122**	
Property	**7.7800**	**9.8438**	**0.0859**	**9.7579**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.1275**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**181.5255**	**183.5893**	**1.6016**	**203.7123**	

***Medicaid Trend Adjustment :**

0 320421-00 - 2011/01

229.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

East Orlando Health & Rehab Center, Inc.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
250 S. Chickasaw Trail	**08/01/2009-07/31/2010**	Number of Beds: **120**	Superior: **181**
Orlando FL 32825	Days In CR **365**	Maximum: **43,800**	Standard: **0**
County: **Orange[48]**	First Used: **2011/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **7**	Last Used: **2011/01**	Total Patient: **41,203**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **9,097**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **18,878**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **1/6/1993**			
Acquired Date: **1/6/1993**			
Entered Medicaid **2/8/1993**			
Med # Active Date: **1/1/2007**			
Previous Med # **206261**			

Medicaid Utilization	**45.81705%**
Occupancy:	**94.07077%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.24414%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	979,210	1,776,992	1,082,129	177,076	0	4,015,407
1a	Audit Adjustments						
2	Cost Per Diem	51.8704	94.1303	57.3222	**9.3800**		212.7029
3	Cost Per Diem Inflated	53.3153	95.9171	58.9189			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.3153**	**95.9171**	**58.9189**	**9.3800**		217.5313
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.5644		63.6871			
7	Provider Target Rate	**51.8354**		**65.2880**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**95.7090**	**55.1439**	**9.3800**		208.0250
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.7921**	**95.7090**	**55.1439**	**9.3800**		**208.0250**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320421-00 - 2011/01

229.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

East Orlando Health & Rehab Center, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/8/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/01**
Indexed Asset Value	**5,744,154**
FRVS Base Asset:	**2,574,640**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**7,675,729.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**2.9300**	**%**
Chase Rate:	**8.2900**	**%**
Amortization Rate:	**2.9300**	**%**
Interest Only:	**False**	
Yearly Payment:	**303,898**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,595,323**	**7.7092**
20% ROE(2):	**1,148,831**	**0.9046**
Insurance Cost(3):	**7,914**	**0.1921**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**61,652**	**1.4963**
Replacement(3&4):	**105,164**	**0.0000**
Total FRVS PD:		**10.3022**

(1) 80% Capital ($4,595,323) amortized at 2.9300% for 20 years Principal & Interest of $303,898 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.7092
(2) 20% ROE ($1,148,831) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9046
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**8/1/1992**	Used Per Bed Standard:	**32,183**
Comparison Bed	**80**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,574,640**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**95.7090**	**95.7090**	**0.8349**	**94.8741**	
Indirect Care	**55.1439**	**55.1439**	**0.4810**	**54.6629**	
Property	**9.3800**	**10.3022**	**0.0899**	**10.2123**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.6726**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**208.0250**	**208.9472**	**1.8227**	**229.3942**	

***Medicaid Trend Adjustment :**

0 320439-00 - 2011/01

221.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Adventist Care Centers - Courtland, Inc.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
730 Courtland Street	**01/01/2009-12/31/2009**	Number of Beds: **120**	Superior: **0**
Orlando Fl 32804	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Orange[48]**	First Used: **2010/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **7**	Last Used: **2011/01**	Total Patient: **41,859**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **9,570**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **21,505**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **6/28/2000**			
Acquired Date: **6/28/2000**			
Entered Medicaid **7/27/2000**			
Med # Active Date: **1/1/2007**			
Previous Med # **224642**			

Medicaid Utilization	**51.37485%**
Occupancy:	**95.56850%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.12672%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	924,196	1,909,466	1,241,035	283,651	0	4,358,348
1a	Audit Adjustments						
2	Cost Per Diem	42.9759	88.7917	57.7091	**13.1900**		202.6667
3	Cost Per Diem Inflated	44.7377	91.1273	60.0748			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.7377**	**91.1273**	**60.0748**	**13.1900**		209.1298
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.7345		55.7561			
7	Provider Target Rate	**46.8841**		**57.1576**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.7377**	**91.1273**	**55.1439**	**13.1900**		204.1989
12/13	Medicaid Adjustment Rate		0.1409	0.0853			
14	Prospective Per Diem 11	**44.7377**	**91.2682**	**55.2292**	**13.1900**		**204.4251**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320439-00 - 2011/01

221.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Adventist Care Centers - Courtland, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/27/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2000/01**
Indexed Asset Value	**4,093,413**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**308,631**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,274,730**	**7.8293**
20% ROE(2):	**818,683**	**0.6058**
Insurance Cost(3):	**7,152**	**0.1709**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**56,814**	**1.3573**
Replacement(3&4):	**76,293**	**0.0000**
Total FRVS PD:		**9.9633**

(1) 80% Capital ($3,274,730) amortized at 9.5000% for 20 years Interest of $308,631 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.8293
(2) 20% ROE ($818,683) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6058
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1999**	Used Per Bed Standard:	**39,324**
Comparison Bed	**87**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,421,188**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.7377**	**44.7377**	**0.3903**	**44.3474**	
Patient Care					
Direct Care	**91.2682**	**91.2682**	**0.7962**	**90.4720**	
Indirect Care	**55.2292**	**55.2292**	**0.4818**	**54.7474**	
Property	**13.1900**	**9.9633**	**0.0869**	**9.8764**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.5250**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**204.4251**	**201.1984**	**1.7552**	**221.5653**	

***Medicaid Trend Adjustment :**

0 320463-00 - 2011/01

229.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Florida Living Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3355 E. Semoran Blvd.		**08/01/2009-07/31/2010**		Number of Beds:	**202**	Superior:	**0**
Apopka FL 32703		Days In CR	**365**	Maximum:	**73,730**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2011/01**	Max Annualized:	**73,730**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**67,384**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,856**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**45,312**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/1/1971**						
Acquired Date:	**12/1/1971**						
Entered Medicaid	**7/1/1984**						
Med # Active Date:	**1/1/2007**						
Previous Med #	**208167**						

Medicaid Utilization	**67.24445%**
Occupancy:	**91.39292%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.87815%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,931,796	4,384,684	2,332,405	800,663	0	9,449,548
1a	Audit Adjustments						
2	Cost Per Diem	42.6332	96.7665	51.4743	**17.6700**		208.5440
3	Cost Per Diem Inflated	43.8208	98.6034	52.9081			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.8208**	**98.6034**	**52.9081**	**17.6700**		213.0023
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.7080		54.8873			
7	Provider Target Rate	**42.7564**		**56.2670**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.7564**	**95.7090**	**52.9081**	**13.6500**		205.0235
12/13	Medicaid Adjustment Rate		1.8568	1.0264			
14	Prospective Per Diem 11	**42.7564**	**97.5658**	**53.9345**	**13.6500**		**207.9067**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320463-00 - 2011/01

229.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Florida Living Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/24/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**7,019,986**
FRVS Base Asset:	**1,690,206**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**698,221**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,615,989**	**10.5222**
20% ROE(2):	**1,403,997**	**0.6568**
Insurance Cost(3):	**12,345**	**0.1832**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**77,456**	**1.1495**
Replacement(3&4):	**347,257**	**0.0000**
Total FRVS PD:		**12.5117**

(1) 80% Capital ($5,615,989) amortized at 12.5000% for 20 years Interest of $698,221 divided by annual available days (73,730) divided by Occup. Adj. (0.9000) = $10.5222

(2) 20% ROE ($1,403,997) times the ROE factor (0.031040) divided by annual available days (73,730) divided by Occup. Adj. (0.9000) = $0.6568

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**104**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,964,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.7564**	**42.7564**	**0.3730**	**42.3834**	
Patient Care					
Direct Care	**97.5658**	**97.5658**	**0.8511**	**96.7147**	
Indirect Care	**53.9345**	**53.9345**	**0.4705**	**53.4640**	
Property	**13.6500**	**12.5117**	**0.1091**	**12.4026**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9141**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**207.9067**	**206.7684**	**1.8037**	**229.4759**	

***Medicaid Trend Adjustment :**

0 320528-00 - 2011/01

229.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Health & Rehab. Centre at Dolphins View

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1820 Shore Drive, South		**01/01/2009-06/30/2009**		Number of Beds:	**58**	Superior:	**0**
St. Petersburg FL 33707		Days In CR	**181**	Maximum:	**10,498**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2010/01**	Max Annualized:	**21,170**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**9,663**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,848**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**3,630**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**11/30/1989**						
Acquired Date:	**4/1/1991**						
Entered Medicaid	**4/1/1991**						
Med # Active Date:	**5/1/2007**						
Previous Med #	**222054**						

Medicaid Utilization	**37.56597%**
Occupancy:	**92.04611%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.69918%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	157,265	347,866	217,291	29,621	0	752,043
1a	Audit Adjustments						
2	Cost Per Diem	43.3237	95.8309	59.8598	**8.1601**		207.1745
3	Cost Per Diem Inflated	45.3008	98.6921	62.5915			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.3008**	**98.6921**	**62.5915**	**8.1601**		214.7445
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.7353		55.1498			
7	Provider Target Rate	**47.9101**		**56.5361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.3008**	**96.8004**	**56.5361**	**8.1601**		206.7974
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.3008**	**96.8004**	**56.5361**	**8.1601**		**206.7974**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320528-00 - 2011/01

229.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Health & Rehab. Centre at Dolphins View

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**1,693,844**
FRVS Base Asset:	**1,250,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027290**

Mortgage Information		
Amount:	**1,100,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.7500**	**%**
Chase Rate:	**10.5000**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**165,085**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,355,075**	**8.6645**
20% ROE(2):	**338,769**	**0.4852**
Insurance Cost(3):	**7,643**	**0.7910**
Taxes Cost(3):	**15,899**	**1.6453**
Home Office(3):	**4,976**	**0.5150**
Replacement(3&4):	**7,340**	**0.0000**
Total FRVS PD:		**12.1010**

(1) 80% Capital ($1,355,075) amortized at 10.7500% for 20 years Principal & Interest of $165,085 divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = $8.6645
(2) 20% ROE ($338,769) times the ROE factor (0.027290) divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = $0.4852
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**58**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,729,618**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.3008**	**45.3008**	**0.3952**	**44.9056**	
Patient Care					
Direct Care	**96.8004**	**96.8004**	**0.8444**	**95.9560**	
Indirect Care	**56.5361**	**56.5361**	**0.4932**	**56.0429**	
Property	**8.1601**	**12.1010**	**0.1056**	**11.9954**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.2802**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**206.7974**	**210.7383**	**1.8384**	**229.7772**	

***Medicaid Trend Adjustment :**

0 320978-00 - 2011/01

238.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lehigh Acres Health & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1550 Lee Boulevard		**01/01/2009-12/31/2009**		Number of Beds:	**110**	Superior:	**0**
Lehigh Acres FL 33936		Days In CR	**365**	Maximum:	**40,150**	Standard:	**181**
County:	**Lee[36]**	First Used:	**2010/07**	Max Annualized:	**40,150**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**36,271**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,563**	Inflation	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**18,041**	FY Index:	**1.19387802**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**49.73946%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.33873%**	Cost:	**1.04099417**
Open Date:	**1/1/1986**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/1/1986**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**1/1/1986**	Low Occupancy Adjustment Factor:			**113.55306%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**7/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**225169**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,017,302	1,711,754	950,793	392,753	6,373	4,078,975
1a	Audit Adjustments						
2	Cost Per Diem	56.3883	94.8813	52.7018	**21.7700**	**0.3533**	226.0947
3	Cost Per Diem Inflated	58.6999	97.3771	54.8623			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.6999**	**97.3771**	**54.8623**	**21.7700**	**0.3533**	233.0626
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.4125		53.4324			
7	Provider Target Rate	**58.8557**		**54.7755**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation	**47.1521**		**56.4796**			
10b	Base for line 10a	45.9959		55.0947			
11	Lesser of 5,7,8,10, 10a	**47.1521**	**96.5967**	**54.7755**	**13.6500**	**0.3533**	212.5276
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.1521**	**96.5967**	**54.7755**	**13.6500**	**0.3533**	**212.5276**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320978-00 - 2011/01

238.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Lehigh Acres Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/1/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/01**
Indexed Asset Value	**5,377,473**
FRVS Base Asset:	**3,135,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**5,960,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**11.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**541,665**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,301,978**	**14.9900**
20% ROE(2):	**1,075,495**	**0.8682**
Insurance Cost(3):	**69,193**	**1.9077**
Taxes Cost(3):	**62,496**	**1.7230**
Home Office(3):	**35,947**	**0.9911**
Replacement(3&4):	**24,165**	**0.0000**
Total FRVS PD:		**20.4800**

(1) 80% Capital ($4,301,978) amortized at 11.2500% for 20 years Principal & Interest of $541,665 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $14.9900

(2) 20% ROE ($1,075,495) times the ROE factor (0.029170) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $0.8682

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**110**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,135,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.1521**	**47.1521**	**0.4113**	**46.7408**	
Patient Care					
Direct Care	**96.5967**	**96.5967**	**0.8427**	**95.7540**	
Indirect Care	**54.7755**	**54.7755**	**0.4778**	**54.2977**	
Property	**13.6500**	**20.4800**	**0.1787**	**20.3013**	
ROE	**0.3533**	**0.2917**	**0.0025**	**0.2892**	
ROE Adjustment	**-0.2917**	**-0.2917**	**-0.0025**	**-0.2892**	
Quality Assess-Medicaid Share				**$13.8654**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**212.2359**	**219.0043**	**1.9105**	**238.5563**	

***Medicaid Trend Adjustment :**

0 321303-00 - 2011/01

226.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Ft. Lauderdale Health & Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2000 E. Commercial Blvd.		**01/01/2009-12/31/2009**		Number of Beds:	**155**	Superior:	**0**
Ft. Lauderdale FL 33308		Days In CR	**365**	Maximum:	**56,575**	Standard:	**181**
County: **Broward[6]**		First Used:	**2010/07**	Max Annualized:	**56,575**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2011/01**	Total Patient:	**51,073**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,682**	**Inflation**	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**26,507**	FY Index:	**1.19387802**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**51.90022%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**90.27486%**	Cost:	**1.04099417**
Open Date:	**10/3/1984**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**10/3/1984**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15950000**
Entered Medicaid	**10/3/1984**	Low Occupancy Adjustment Factor:			**113.47278%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**7/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02630444**
Previous Med #	**228109**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,343,279	2,227,695	1,476,680	517,947	0	5,565,601
1a	Audit Adjustments						
2	Cost Per Diem	50.6764	84.0418	55.7091	**19.5400**		209.9673
3	Cost Per Diem Inflated	52.7538	86.2525	57.9928			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.7538**	**86.2525**	**57.9928**	**19.5400**		216.5391
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.9858		58.5802			
7	Provider Target Rate	**48.1669**		**60.0527**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation	**48.0405**		**56.2773**			
10b	Base for line 10a	46.8625		54.8974			
11	Lesser of 5,7,8,10, 10a	**48.0405**	**86.2525**	**56.2773**	**13.6500**		204.2203
12/13	Medicaid Adjustment Rate		0.1844	0.1203			
14	Prospective Per Diem 11	**48.0405**	**86.4369**	**56.3976**	**13.6500**		**204.5250**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 321303-00 - 2011/01

226.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Ft. Lauderdale Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/2007**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,707,246**
FRVS Base Asset:	**1,978,789**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**6,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.1670**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**9.1670**	**%**
Interest Only:	**False**	
Yearly Payment:	**498,856**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,565,797**	**9.7973**
20% ROE(2):	**1,141,449**	**0.6539**
Insurance Cost(3):	**44,890**	**0.8789**
Taxes Cost(3):	**146,520**	**2.8688**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.1989**

(1) 80% Capital ($4,565,797) amortized at 9.1670% for 20 years Principal & Interest of $498,856 divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = $9.7973

(2) 20% ROE ($1,141,449) times the ROE factor (0.029170) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = $0.6539

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**253**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**7,210,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.0405**	**48.0405**	**0.4191**	**47.6214**	
Patient Care					
Direct Care	**86.4369**	**86.4369**	**0.7540**	**85.6829**	
Indirect Care	**56.3976**	**56.3976**	**0.4920**	**55.9056**	
Property	**13.6500**	**14.1989**	**0.1239**	**14.0750**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.6291**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**204.5250**	**205.0739**	**1.7890**	**226.5111**	

***Medicaid Trend Adjustment :**

0 321532-00 - 2011/01

230.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Palms Rehabilitation and Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3370 NW 47th Terrace		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Lauderdale Lakes FL 33319		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2011/01**	Total Patient:	**40,323**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,963**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**32,746**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/1/1982**						
Acquired Date:	**10/1/1982**						
Entered Medicaid	**10/1/1982**						
Med # Active Date:	**1/1/2007**						
Previous Med #	**308005**						

Medicaid Utilization	**81.20924%**
Occupancy:	**92.06164%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.71871%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,432,535	2,870,280	2,086,411	976,813	0	7,366,039
1a	Audit Adjustments						
2	Cost Per Diem	43.7469	87.6528	63.7150	**29.8300**		224.9447
3	Cost Per Diem Inflated	45.5403	89.9585	66.3269			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.5403**	**89.9585**	**66.3269**	**29.8300**		231.6557
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.4085		65.8613			
7	Provider Target Rate	**48.6002**		**67.5168**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.5403**	**89.9585**	**56.8989**	**13.6500**		206.0477
12/13	Medicaid Adjustment Rate		3.1585	1.9977			
14	Prospective Per Diem 11	**45.5403**	**93.1170**	**58.8966**	**13.6500**		**211.2039**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 321532-00 - 2011/01

230.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Palms Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/07**
Indexed Asset Value	**2,134,571**
FRVS Base Asset:	**1,323,819**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**1,400,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**7.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**158,873**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,707,657**	**4.0303**
20% ROE(2):	**426,914**	**0.3159**
Insurance Cost(3):	**110,544**	**2.7415**
Taxes Cost(3):	**141,094**	**3.4991**
Home Office(3):	**14,279**	**0.3541**
Replacement(3&4):	**95,088**	**0.0000**
Total FRVS PD:		**10.9409**

(1) 80% Capital ($1,707,657) amortized at 7.0000% for 20 years Principal & Interest of $158,873 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $4.0303
(2) 20% ROE ($426,914) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3159
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.5403**	**45.5403**	**0.3973**	**45.1430**	
Patient Care					
Direct Care	**93.1170**	**93.1170**	**0.8123**	**92.3047**	
Indirect Care	**58.8966**	**58.8966**	**0.5138**	**58.3828**	
Property	**13.6500**	**10.9409**	**0.0954**	**10.8455**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.0454**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**211.2039**	**208.4948**	**1.8188**	**230.3185**	

***Medicaid Trend Adjustment :**

0 323772-00 - 2011/01

214.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Coral Gables Nursing and Rehabilitation

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
7060 SW 8th Street		**05/01/2009-04/30/2010**		Number of Beds:	**87**	Superior:	**0**
Miami FL 33144		Days In CR	**365**	Maximum:	**31,755**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2011/01**	Max Annualized:	**31,755**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**28,722**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,087**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**20,383**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**11/1/1988**						
Acquired Date:	**11/1/1988**						
Entered Medicaid	**11/1/1988**						
Med # Active Date:	**11/1/2007**						
Previous Med #	**218251**						

Inflation	
FY Index:	**1.20114856**
Semester Index:	**1.24282006**
Cost:	**1.03469304**
Target:	**1.01759574**
DC FY Index:	**1.16416550**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02219143**
PS Target:	**1.02513678**

Medicaid Utilization		**70.96651%**
Occupancy:		**90.44875%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**113.69135%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	903,192	1,494,473	1,012,077	336,116	0	3,745,858
1a	Audit Adjustments						
2	Cost Per Diem	44.3110	73.3196	49.6530	**16.4900**		183.7736
3	Cost Per Diem Inflated	45.8483	74.9467	51.3756			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.8483**	**74.9467**	**51.3756**	**16.4900**		188.6606
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.8043		56.9239			
7	Provider Target Rate	**51.0562**		**58.5755**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation	**52.9936**		**60.1484**			
10b	Base for line 10a	51.6942		58.6735			
11	Lesser of 5,7,8,10, 10a	**45.8483**	**74.9467**	**51.3756**	**13.6500**		185.8206
12/13	Medicaid Adjustment Rate		1.7678	1.2118			
14	Prospective Per Diem 11	**45.8483**	**76.7145**	**52.5874**	**13.6500**		**188.8002**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 323772-00 - 2011/01

214.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Coral Gables Nursing and Rehabilitation

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/07**
Indexed Asset Value	**3,983,466**
FRVS Base Asset:	**2,479,500**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**2,400,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**7.5000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**381,793**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,186,773**	**13.3590**
20% ROE(2):	**796,693**	**0.8798**
Insurance Cost(3):	**53,396**	**1.8591**
Taxes Cost(3):	**57,567**	**2.0043**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**35,301**	**0.0000**
Total FRVS PD:		**18.1022**

(1) 80% Capital ($3,186,773) amortized at 10.5000% for 20 years Principal & Interest of $381,793 divided by annual available days (31,755) divided by Occup. Adj. (0.9000) = $13.3590
(2) 20% ROE ($796,693) times the ROE factor (0.031560) divided by annual available days (31,755) divided by Occup. Adj. (0.9000) = $0.8798
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1988**	Used Per Bed Standard:	**29,662**
Comparison Bed	**87**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,580,594**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.8483**	**45.8483**	**0.4000**	**45.4483**	
Patient Care					
Direct Care	**76.7145**	**76.7145**	**0.6692**	**76.0453**	
Indirect Care	**52.5874**	**52.5874**	**0.4587**	**52.1287**	
Property	**13.6500**	**18.1022**	**0.1579**	**17.9443**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.4950**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**188.8002**	**193.2524**	**1.6858**	**214.6587**	

***Medicaid Trend Adjustment :**

0 323781-00 - 2011/01

231.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Tarpon Point Nursing & Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5157 Park Club Drive		**11/01/2007-12/31/2008**		Number of Beds:	**120**	Superior:	**0**
Sarasota FL 34235		Days In CR	**427**	Maximum:	**51,240**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**25,933**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,077**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**16,441**	FY Index:	**1.16484995**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**63.39799%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**50.61085%**	Cost:	**1.06693575**
Open Date:	**7/23/1990**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**7/23/1990**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.13265957**
Entered Medicaid	**7/27/1990**	Low Occupancy Adjustment Factor:			**63.61632%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**11/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.05062459**
Previous Med #	**252654**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,375,788	1,478,459	910,839	591,712	0	4,356,798
1a	Audit Adjustments						
2	Cost Per Diem	83.6803	89.9251	55.4005	**35.9900**		264.9959
3	Cost Per Diem Inflated	89.2815	94.4775	59.1088			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**89.2815**	**94.4775**	**59.1088**	**35.9900**		278.8578
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.5300		48.2094			
7	Provider Target Rate	**44.6242**		**49.4212**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation	**46.2890**		**51.1369**			
10b	Base for line 10a	45.1540		49.8830			
11	Lesser of 5,7,8,10, 10a	**44.6242**	**94.4775**	**49.4212**	**13.6500**		202.1729
12/13	Medicaid Adjustment Rate		1.4240	0.7449			
14	Prospective Per Diem 11	**44.6242**	**95.9015**	**50.1661**	**13.6500**		**204.3418**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 323781-00 - 2011/01

231.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Tarpon Point Nursing & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/27/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/07**
Indexed Asset Value	**5,879,769**
FRVS Base Asset:	**1,810,440**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.037230**

Mortgage Information		
Amount:	**5,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**10.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**554,096**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,703,815**	**14.0562**
20% ROE(2):	**1,175,954**	**1.1106**
Insurance Cost(3):	**15,925**	**0.6141**
Taxes Cost(3):	**73,806**	**2.8460**
Home Office(3):	**30**	**0.0012**
Replacement(3&4):	**908,026**	**0.0000**
Total FRVS PD:		**18.6281**

(1) 80% Capital ($4,703,815) amortized at 10.2500% for 20 years Principal & Interest of $554,096 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.0562

(2) 20% ROE ($1,175,954) times the ROE factor (0.037230) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $1.1106

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,810,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.6242**	**44.6242**	**0.3893**	**44.2349**	
Patient Care					
Direct Care	**95.9015**	**95.9015**	**0.8366**	**95.0649**	
Indirect Care	**50.1661**	**50.1661**	**0.4376**	**49.7285**	
Property	**13.6500**	**18.6281**	**0.1625**	**18.4656**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5958**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**204.3418**	**209.3199**	**1.8260**	**231.6868**	

***Medicaid Trend Adjustment :**

0 323799-00 - 2011/01

223.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

St. Andrews Bay Skilled Nursing & Rehab Center

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2100 Jenks Ave		**11/01/2007-10/31/2008**		Number of Beds:	**120**	Superior:	**0**
Panama City FL 32405		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Bay[3]**	First Used:	**2007/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2011/01**	Total Patient:	**39,785**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,767**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**28,545**	FY Index:	**1.15999534**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**71.74815%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.58515%**	Cost:	**1.00000000**
Open Date:	**1/1/1986**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/1/1986**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.12982624**
Entered Medicaid	**5/1/1986**	Low Occupancy Adjustment Factor:			**113.86281%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**11/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**312011**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,257,693	2,755,078	1,394,512	679,371	0	6,086,654
1a	Audit Adjustments						
2	Cost Per Diem	44.0600	96.5170	48.8531	**23.8000**		213.2301
3	Cost Per Diem Inflated	44.0600	96.5170	48.8531			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.0600**	**96.5170**	**48.8531**	**23.8000**		213.2301
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation	**39.8415**		**47.6146**			
10b	Base for line 10a	38.8646		46.4471			
11	Lesser of 5,7,8,10, 10a	**39.8415**	**94.8213**	**47.6146**	**13.6500**		195.9274
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**39.8415**	**94.8213**	**47.6146**	**13.6500**		**195.9274**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 323799-00 - 2011/01

223.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

St. Andrews Bay Skilled Nursing & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/01**
Indexed Asset Value	**5,823,961**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.047500**

Mortgage Information		
Amount:	**3,650,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**635,217**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,659,169**	**16.1141**
20% ROE(2):	**1,164,792**	**1.4035**
Insurance Cost(3):	**11,650**	**0.2928**
Taxes Cost(3):	**95,180**	**2.3924**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**20.2028**

(1) 80% Capital ($4,659,169) amortized at 12.5000% for 20 years Principal & Interest of $635,217 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $16.1141

(2) 20% ROE ($1,164,792) times the ROE factor (0.047500) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $1.4035

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.8415**	**39.8415**	**0.3476**	**39.4939**	
Patient Care					
Direct Care	**94.8213**	**94.8213**	**0.8272**	**93.9941**	
Indirect Care	**47.6146**	**47.6146**	**0.4154**	**47.1992**	
Property	**13.6500**	**20.2028**	**0.1762**	**20.0266**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.6272**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**195.9274**	**202.4802**	**1.7664**	**223.9381**	

***Medicaid Trend Adjustment :**

0 324027-00 - 2011/01

234.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Hampton Court Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
16100 NW 2nd Avenue		**10/01/2009-09/30/2010**		Number of Beds:	**120**	Superior:	**0**
North Miami Beach FL 33169		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**39,338**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,850**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**27,032**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/3/1991**						
Acquired Date:	**1/3/1991**						
Entered Medicaid	**1/3/1991**						
Med # Active Date:	**11/1/2007**						
Previous Med #	**203131**						

Medicaid Utilization	**68.71727%**
Occupancy:	**89.81279%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**112.89197%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21484990**
Semester Index:	**1.24282006**
Cost:	**1.02302355**
Target:	**1.01759574**
DC FY Index:	**1.17050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01665955**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,392,948	2,437,475	1,673,627	511,716	0	6,015,766
1a	Audit Adjustments						
2	Cost Per Diem	51.5296	90.1700	61.9128	**18.9300**		222.5424
3	Cost Per Diem Inflated	52.7160	91.6722	63.3383			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.7160**	**91.6722**	**63.3383**	**18.9300**		226.6565
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.4324		57.2642			
7	Provider Target Rate	**43.4990**		**58.7036**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.4990**	**91.6722**	**56.8989**	**13.6500**		205.7201
12/13	Medicaid Adjustment Rate		1.9303	1.1981			
14	Prospective Per Diem 11	**43.4990**	**93.6025**	**58.0970**	**13.6500**		**208.8485**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324027-00 - 2011/01

234.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Hampton Court Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/3/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**5,046,741**
FRVS Base Asset:	**3,642,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029580**

Mortgage Information		
Amount:	**3,420,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**516,672**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,037,393**	**13.1068**
20% ROE(2):	**1,009,348**	**0.7574**
Insurance Cost(3):	**41,520**	**1.0555**
Taxes Cost(3):	**82,469**	**2.0964**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**10,289**	**0.0000**
Total FRVS PD:		**17.0161**

(1) 80% Capital ($4,037,393) amortized at 11.5000% for 20 years Principal & Interest of $516,672 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.1068

(2) 20% ROE ($1,009,348) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7574

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.4990**	**43.4990**	**0.3795**	**43.1195**	
Patient Care					
Direct Care	**93.6025**	**93.6025**	**0.8165**	**92.7860**	
Indirect Care	**58.0970**	**58.0970**	**0.5068**	**57.5902**	
Property	**13.6500**	**17.0161**	**0.1484**	**16.8677**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5084**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**208.8485**	**212.2146**	**1.8512**	**234.4689**	

***Medicaid Trend Adjustment :**

0 324094-00 - 2011/01

239.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Advanced Rehabilitation & Health Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
401 FAIRWOOD AVENUE		**03/01/2009-02/28/2010**		Number of Beds:	**120**	Superior:	**0**
Clearwater FL 33759		Days In CR	**365**	Maximum:	**43,800**	Standard:	**125**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**56**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**41,629**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,680**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**30,848**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/1/1984**						
Acquired Date:	**10/1/1984**						
Entered Medicaid	**10/1/1984**						
Med # Active Date:	**9/1/2007**						
Previous Med #	**309273**						

Medicaid Utilization	**74.10219%**
Occupancy:	**95.04338%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.46666%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19701332**
Semester Index:	**1.24282006**
Cost:	**1.03826753**
Target:	**1.01759574**
DC FY Index:	**1.16183216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02424433**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,391,897	2,895,519	1,732,607	945,183	0	6,965,206
1a	Audit Adjustments						
2	Cost Per Diem	45.1211	93.8641	56.1659	**30.6400**		225.7911
3	Cost Per Diem Inflated	46.8478	96.1398	58.3152			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.8478**	**96.1398**	**58.3152**	**30.6400**		231.9428
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.1383		56.9279			
7	Provider Target Rate	**50.3735**		**58.3589**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**46.8879**		**56.6951**			
10b	Base for line 10a	45.7382		55.3049			
11	Lesser of 5,7,8,10, 10a	**46.8478**	**95.7090**	**55.1439**	**13.6500**		211.3507
12/13	Medicaid Adjustment Rate		1.7922	1.0326			
14	Prospective Per Diem 11	**46.8478**	**97.5012**	**56.1765**	**13.6500**		**214.1755**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324094-00 - 2011/01

239.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Advanced Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**4,700,344**
FRVS Base Asset:	**2,775,941**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**2,391,600.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.1000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**11.1000**	**%**
Interest Only:	**False**	
Yearly Payment:	**468,832**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,760,275**	**11.8933**
20% ROE(2):	**940,069**	**0.7304**
Insurance Cost(3):	**134,003**	**3.2190**
Taxes Cost(3):	**63,952**	**1.5362**
Home Office(3):	**14,741**	**0.3541**
Replacement(3&4):	**3,057**	**0.0000**
Total FRVS PD:		**17.7330**

(1) 80% Capital ($3,760,275) amortized at 11.1000% for 20 years Principal & Interest of $468,832 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.8933

(2) 20% ROE ($940,069) times the ROE factor (0.030630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7304

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.8478**	**46.8478**	**0.4087**	**46.4391**	
Patient Care					
Direct Care	**97.5012**	**97.5012**	**0.8505**	**96.6507**	
Indirect Care	**56.1765**	**56.1765**	**0.4901**	**55.6864**	
Property	**13.6500**	**17.7330**	**0.1547**	**17.5783**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8084**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**214.1755**	**218.2585**	**1.9040**	**239.7600**	

***Medicaid Trend Adjustment :**

0 324108-00 - 2011/01

258.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Bayside Rehabilitation & Health Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
811 Jackson Street North		**03/01/2009-02/28/2010**		Number of Beds:	**92**	Superior:	**0**
St. Petersburg FL 33705		Days In CR	**365**	Maximum:	**33,580**	Standard:	**181**
County: **Pinellas[52]**		First Used:	**2010/07**	Max Annualized:	**33,580**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2011/01**	Total Patient:	**30,850**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**5,229**		
Current Class **Central Small [5]**		Initial CR?	**False**	Medicaid:	**22,646**		
Class at 1/94: **North Small [1]**							
Operating Ex **> 18 months [1]**							
Open Date:	**10/1/1984**						
Acquired Date:	**10/1/1984**						
Entered Medicaid	**10/1/1984**						
Med # Active Date:	**9/1/2007**						
Previous Med #	**308790**						

Medicaid Utilization	**73.40681%**
Occupancy:	**91.87016%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.47803%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19701332**
Semester Index:	**1.24282006**
Cost:	**1.03826753**
Target:	**1.01759574**
DC FY Index:	**1.16183216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02424433**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,131,214	2,176,280	1,480,194	615,292	0	5,402,980
1a	Audit Adjustments						
2	Cost Per Diem	49.9520	96.1000	65.3623	**27.1700**		238.5843
3	Cost Per Diem Inflated	51.8635	98.4299	67.8636			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.8635**	**98.4299**	**67.8636**	**27.1700**		245.3270
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.3893		66.0030			
7	Provider Target Rate	**57.8067**		**67.6621**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation	**50.9277**		**65.1825**			
10b	Base for line 10a	49.6789		63.5842			
11	Lesser of 5,7,8,10, 10a	**50.9277**	**96.8004**	**64.3815**	**13.6500**		225.7596
12/13	Medicaid Adjustment Rate		2.5490	1.6953			
14	Prospective Per Diem 11	**50.9277**	**99.3494**	**66.0768**	**13.6500**		**230.0039**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324108-00 - 2011/01

258.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Bayside Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**4,442,758**
FRVS Base Asset:	**1,335,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**2,033,590.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**10.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**454,837**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,554,206**	**15.0499**
20% ROE(2):	**888,552**	**0.9005**
Insurance Cost(3):	**80,557**	**2.6112**
Taxes Cost(3):	**48,837**	**1.5830**
Home Office(3):	**10,924**	**0.3541**
Replacement(3&4):	**10,276**	**0.0000**
Total FRVS PD:		**20.4987**

(1) 80% Capital ($3,554,206) amortized at 11.5000% for 20 years Principal & Interest of $454,837 divided by annual available days (33,580) divided by Occup. Adj. (0.9000) = $15.0499
(2) 20% ROE ($888,552) times the ROE factor (0.030630) divided by annual available days (33,580) divided by Occup. Adj. (0.9000) = $0.9005
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**66**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,881,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.9277**	**50.9277**	**0.4443**	**50.4834**	
Patient Care					
Direct Care	**99.3494**	**99.3494**	**0.8667**	**98.4827**	
Indirect Care	**66.0768**	**66.0768**	**0.5764**	**65.5004**	
Property	**13.6500**	**20.4987**	**0.1788**	**20.3199**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.6384**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**230.0039**	**236.8526**	**2.0662**	**258.0219**	

***Medicaid Trend Adjustment :**

0 324116-00 - 2011/01

230.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Excel Rehabilitation & Health Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2811 Campus Hill Drive		**03/01/2009-02/28/2010**		Number of Beds:	**120**	Superior:	**0**
Tampa FL 33612		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**40,046**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,490**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,937**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/1/1995**						
Acquired Date:	**4/1/1995**						
Entered Medicaid	**5/15/1995**						
Med # Active Date:	**9/1/2007**						
Previous Med #	**309044**						

Medicaid Utilization	**59.77376%**
Occupancy:	**91.42922%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.92378%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19701332**
Semester Index:	**1.24282006**
Cost:	**1.03826753**
Target:	**1.01759574**
DC FY Index:	**1.16183216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02424433**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,129,490	2,091,063	1,452,065	940,245	0	5,612,863
1a	Audit Adjustments						
2	Cost Per Diem	47.1859	87.3569	60.6619	**39.2800**		234.4847
3	Cost Per Diem Inflated	48.9916	89.4748	62.9833			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.9916**	**89.4748**	**62.9833**	**39.2800**		240.7297
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.4102		54.1153			
7	Provider Target Rate	**50.6522**		**55.4756**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**45.3039**		**57.0064**			
10b	Base for line 10a	44.1930		55.6086			
11	Lesser of 5,7,8,10, 10a	**45.3039**	**89.4748**	**55.1439**	**13.6500**		203.5726
12/13	Medicaid Adjustment Rate		0.9838	0.6063			
14	Prospective Per Diem 11	**45.3039**	**90.4586**	**55.7502**	**13.6500**		**205.1627**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324116-00 - 2011/01

230.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Excel Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/15/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/01**
Indexed Asset Value	**5,465,849**
FRVS Base Asset:	**4,123,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**4,950,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.2636**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**12.2636**	**%**
Interest Only:	**False**	
Yearly Payment:	**587,435**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,372,679**	**14.9020**
20% ROE(2):	**1,093,170**	**0.8494**
Insurance Cost(3):	**103,550**	**2.5858**
Taxes Cost(3):	**80,221**	**2.0032**
Home Office(3):	**14,181**	**0.3541**
Replacement(3&4):	**255,895**	**0.0000**
Total FRVS PD:		**20.6945**

(1) 80% Capital ($4,372,679) amortized at 12.2636% for 20 years Principal & Interest of $587,435 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.9020

(2) 20% ROE ($1,093,170) times the ROE factor (0.030630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8494

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,123,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.3039**	**45.3039**	**0.3952**	**44.9087**	
Patient Care					
Direct Care	**90.4586**	**90.4586**	**0.7891**	**89.6695**	
Indirect Care	**55.7502**	**55.7502**	**0.4863**	**55.2639**	
Property	**13.6500**	**20.6945**	**0.1805**	**20.5140**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.9571**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**205.1627**	**212.2072**	**1.8511**	**230.9103**	

***Medicaid Trend Adjustment :**

0 324124-00 - 2011/01

228.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Madison Pointe Rehabilitation & Health Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
6020 Indiana Avenue		**03/01/2009-02/28/2010**		Number of Beds:	**119**	Superior:	**0**
New Port Richey FL 34653		Days In CR	**365**	Maximum:	**43,435**	Standard:	**181**
County:	**Pasco[51]**	First Used:	**2010/07**	Max Annualized:	**43,435**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**40,830**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,079**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,158**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1981**						
Acquired Date:	**9/1/1981**						
Entered Medicaid	**1/1/1982**						
Med # Active Date:	**9/1/2007**						
Previous Med #	**309257**						

Medicaid Utilization	**56.71810%**
Occupancy:	**94.00253%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.15835%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19701332**
Semester Index:	**1.24282006**
Cost:	**1.03826753**
Target:	**1.01759574**
DC FY Index:	**1.16183216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02424433**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	971,257	2,137,063	1,283,191	860,088	0	5,251,599
1a	Audit Adjustments						
2	Cost Per Diem	41.9405	92.2818	55.4103	**37.1400**		226.7726
3	Cost Per Diem Inflated	43.5455	94.5191	57.5307			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.5455**	**94.5191**	**57.5307**	**37.1400**		232.7353
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.5691		57.7201			
7	Provider Target Rate	**50.8151**		**59.1710**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**44.0747**		**57.0064**			
10b	Base for line 10a	42.9940		55.6086			
11	Lesser of 5,7,8,10, 10a	**43.5455**	**94.5191**	**55.1439**	**13.6500**		206.8585
12/13	Medicaid Adjustment Rate		0.7144	0.4168			
14	Prospective Per Diem 11	**43.5455**	**95.2335**	**55.5607**	**13.6500**		**207.9897**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324124-00 - 2011/01

228.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Madison Pointe Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**3,699,727**
FRVS Base Asset:	**2,077,025**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**2,525,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.6337**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.6337**	**%**
Interest Only:	**False**	
Yearly Payment:	**382,045**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,959,782**	**9.7731**
20% ROE(2):	**739,945**	**0.5798**
Insurance Cost(3):	**103,456**	**2.5338**
Taxes Cost(3):	**55,574**	**1.3611**
Home Office(3):	**14,458**	**0.3541**
Replacement(3&4):	**952**	**0.0000**
Total FRVS PD:		**14.6019**

(1) 80% Capital ($2,959,782) amortized at 11.6337% for 20 years Principal & Interest of $382,045 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $9.7731

(2) 20% ROE ($739,945) times the ROE factor (0.030630) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $0.5798

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**119**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,391,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.5455**	**43.5455**	**0.3799**	**43.1656**	
Patient Care					
Direct Care	**95.2335**	**95.2335**	**0.8308**	**94.4027**	
Indirect Care	**55.5607**	**55.5607**	**0.4847**	**55.0760**	
Property	**13.6500**	**14.6019**	**0.1274**	**14.4745**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.1818**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**207.9897**	**208.9416**	**1.8228**	**228.8977**	

***Medicaid Trend Adjustment :**

0 324132-00 - 2011/01

231.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Shore Acres Rehabilitation & Health Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4500 Indianapolis Street, NE		**03/01/2009-02/28/2010**		Number of Beds:	**109**	Superior:	**0**
St. Petersburg FL 33703		Days In CR	**365**	Maximum:	**39,785**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2010/07**	Max Annualized:	**39,785**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**37,162**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,129**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**28,703**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/1/1971**						
Acquired Date:	**3/1/1971**						
Entered Medicaid	**3/1/1971**						
Med # Active Date:	**9/1/2007**						
Previous Med #	**309290**						

Medicaid Utilization	**77.23750%**
Occupancy:	**93.40706%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.40987%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19701332**
Semester Index:	**1.24282006**
Cost:	**1.03826753**
Target:	**1.01759574**
DC FY Index:	**1.16183216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02424433**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,285,655	2,659,962	1,642,435	696,048	0	6,284,100
1a	Audit Adjustments						
2	Cost Per Diem	44.7917	92.6719	57.2217	**24.2500**		218.9353
3	Cost Per Diem Inflated	46.5058	94.9187	59.4114			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.5058**	**94.9187**	**59.4114**	**24.2500**		225.0859
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.4607		58.5032			
7	Provider Target Rate	**54.8045**		**59.9738**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**46.2892**		**56.6246**			
10b	Base for line 10a	45.1542		55.2361			
11	Lesser of 5,7,8,10, 10a	**46.2892**	**94.9187**	**55.1439**	**13.6500**		210.0018
12/13	Medicaid Adjustment Rate		2.9085	1.6897			
14	Prospective Per Diem 11	**46.2892**	**97.8272**	**56.8336**	**13.6500**		**214.6000**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324132-00 - 2011/01

231.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Shore Acres Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**1,954,965**
FRVS Base Asset:	**1,206,806**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**2,400,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.7500**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**9.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**178,015**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,563,972**	**4.9716**
20% ROE(2):	**390,993**	**0.3345**
Insurance Cost(3):	**101,550**	**2.7326**
Taxes Cost(3):	**43,285**	**1.1648**
Home Office(3):	**13,159**	**0.3541**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**9.5576**

(1) 80% Capital ($1,563,972) amortized at 9.7500% for 20 years Principal & Interest of $178,015 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = $4.9716

(2) 20% ROE ($390,993) times the ROE factor (0.030630) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = $0.3345

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**109**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,106,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.2892**	**46.2892**	**0.4038**	**45.8854**	
Patient Care					
Direct Care	**97.8272**	**97.8272**	**0.8534**	**96.9738**	
Indirect Care	**56.8336**	**56.8336**	**0.4958**	**56.3378**	
Property	**13.6500**	**9.5576**	**0.0834**	**9.4742**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.7244**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**214.6000**	**210.5076**	**1.8364**	**231.9927**	

***Medicaid Trend Adjustment :**

0 324141-00 - 2011/01

230.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Woodbridge Rehabilitation & Health Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
8720 Jackson Springs Road		**03/01/2009-02/28/2010**		Number of Beds:	**120**	Superior:	**0**
Tampa FL 33615		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**40,582**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,289**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**26,658**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/1/1982**						
Acquired Date:	**12/1/1982**						
Entered Medicaid	**12/1/1982**						
Med # Active Date:	**9/1/2007**						
Previous Med #	**309052**						

Medicaid Utilization	**65.68922%**
Occupancy:	**92.65297%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.46199%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19701332**
Semester Index:	**1.24282006**
Cost:	**1.03826753**
Target:	**1.01759574**
DC FY Index:	**1.16183216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02424433**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,176,664	2,393,022	1,521,950	761,886	0	5,853,522
1a	Audit Adjustments						
2	Cost Per Diem	44.1392	89.7675	57.0917	**28.5800**		219.5784
3	Cost Per Diem Inflated	45.8283	91.9439	59.2765			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.8283**	**91.9439**	**59.2765**	**28.5800**		225.6287
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.5947		59.7274			
7	Provider Target Rate	**49.8162**		**61.2288**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**45.6795**		**57.0064**			
10b	Base for line 10a	44.5594		55.6086			
11	Lesser of 5,7,8,10, 10a	**45.6795**	**91.9439**	**55.1439**	**13.6500**		206.4173
12/13	Medicaid Adjustment Rate		1.6228	0.9733			
14	Prospective Per Diem 11	**45.6795**	**93.5667**	**56.1172**	**13.6500**		**209.0134**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324141-00 - 2011/01

230.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Woodbridge Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/07**
Indexed Asset Value	**3,819,017**
FRVS Base Asset:	**2,176,171**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information

Amount:	**4,400,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.6700**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**11.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**384,684**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**3,055,214**	**9.7586**
20% ROE(2):	**763,803**	**0.5935**
Insurance Cost(3):	**105,677**	**2.6040**
Taxes Cost(3):	**52,587**	**1.2958**
Home Office(3):	**14,370**	**0.3541**
Replacement(3&4):	**6,463**	**0.0000**
Total FRVS PD:		**14.6060**

(1) 80% Capital ($3,055,214) amortized at 11.2500% for 20 years Principal & Interest of $384,684 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.7586
(2) 20% ROE ($763,803) times the ROE factor (0.030630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5935
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.6795**	**45.6795**	**0.3985**	**45.2810**	
Patient Care					
Direct Care	**93.5667**	**93.5667**	**0.8162**	**92.7505**	
Indirect Care	**56.1172**	**56.1172**	**0.4895**	**55.6277**	
Property	**13.6500**	**14.6060**	**0.1274**	**14.4786**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.5199**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**209.0134**	**209.9694**	**1.8316**	**230.2548**	

***Medicaid Trend Adjustment :**

0 324159-00 - 2011/01

223.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Ocoee Health Care Facility

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1556 Maguire Road		**01/01/2009-12/31/2009**		Number of Beds:	**120**	Superior:	**0**
Ocoee FL 34761		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**36,542**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,990**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**24,513**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1990**						
Acquired Date:	**8/1/1990**						
Entered Medicaid	**8/16/1990**						
Med # Active Date:	**11/1/2007**						
Previous Med #	**312002**						

Medicaid Utilization	**67.08171%**
Occupancy:	**83.42922%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**104.86802%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	857,363	2,367,912	1,084,712	527,275	0	4,837,262
1a	Audit Adjustments						
2	Cost Per Diem	34.9758	96.5982	44.2505	**21.5100**		197.3345
3	Cost Per Diem Inflated	36.4096	99.1392	46.0645			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.4096**	**99.1392**	**46.0645**	**21.5100**		203.1233
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	36.6441		48.0807			
7	Provider Target Rate	**37.5652**		**49.2893**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**40.8744**		**50.3720**			
10b	Base for line 10a	39.8721		49.1369			
11	Lesser of 5,7,8,10, 10a	**36.4096**	**95.7090**	**46.0645**	**13.6500**		191.8331
12/13	Medicaid Adjustment Rate		1.8392	0.8852			
14	Prospective Per Diem 11	**36.4096**	**97.5482**	**46.9497**	**13.6500**		**194.5575**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324159-00 - 2011/01

223.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Ocoee Health Care Facility

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/16/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/07**
Indexed Asset Value	**5,895,186**
FRVS Base Asset:	**3,620,880**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**3,420,145.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.0000**	**%**
Chase Rate:	**10.5000**	**%**
Amortization Rate:	**12.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**623,146**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,716,149**	**15.8079**
20% ROE(2):	**1,179,037**	**0.8725**
Insurance Cost(3):	**40,270**	**1.1020**
Taxes Cost(3):	**86,754**	**2.3741**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**109,006**	**0.0000**
Total FRVS PD:		**20.1565**

(1) 80% Capital ($4,716,149) amortized at 12.0000% for 20 years Principal & Interest of $623,146 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.8079

(2) 20% ROE ($1,179,037) times the ROE factor (0.029170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8725

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,620,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.4096**	**36.4096**	**0.3176**	**36.0920**	
Patient Care					
Direct Care	**97.5482**	**97.5482**	**0.8510**	**96.6972**	
Indirect Care	**46.9497**	**46.9497**	**0.4096**	**46.5401**	
Property	**13.6500**	**20.1565**	**0.1758**	**19.9807**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.2587**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**194.5575**	**201.0640**	**1.7540**	**223.1658**	

***Medicaid Trend Adjustment :**

0 324167-00 - 2011/01

251.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Palmetto Rehabilitation and Health Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
6750 West 22nd Court		**03/01/2009-02/28/2010**		Number of Beds:	**90**	Superior:	**0**
Hialeah FL 33016		Days In CR	**365**	Maximum:	**32,850**	Standard:	**181**
County: **Dade[13]**		First Used:	**2011/01**	Max Annualized:	**32,850**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2011/01**	Total Patient:	**31,490**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**15,931**		
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**13,462**		
Class at 1/94: **South Small [3]**							
Operating Ex **> 18 months [1]**							
Open Date: **7/1/1987**							
Acquired Date: **7/1/1987**							
Entered Medicaid **9/2/1987**							
Med # Active Date: **9/1/2007**							
Previous Med # **309125**							

Medicaid Utilization	**42.75008%**
Occupancy:	**95.85997%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.49309%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19701332**
Semester Index:	**1.24282006**
Cost:	**1.03826753**
Target:	**1.01759574**
DC FY Index:	**1.16183216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02424433**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	663,960	1,249,928	1,086,629	660,850	0	3,661,367
1a	Audit Adjustments						
2	Cost Per Diem	49.3211	92.8486	80.7182	**49.0900**		271.9779
3	Cost Per Diem Inflated	51.2085	95.0997	83.8071			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.2085**	**95.0997**	**83.8071**	**49.0900**		279.2053
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.9073		83.4409			
7	Provider Target Rate	**58.3378**		**85.5383**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation	**52.8570**		**71.0580**			
10b	Base for line 10a	51.5609		69.3156			
11	Lesser of 5,7,8,10, 10a	**51.2085**	**95.0997**	**70.2905**	**13.6500**		230.2487
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.2085**	**95.0997**	**70.2905**	**13.6500**		**230.2487**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324167-00 - 2011/01

251.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Palmetto Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/2/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**4,380,829**
FRVS Base Asset:	**3,246,544**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**5,400,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.7500**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**9.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**398,908**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,504,663**	**13.4926**
20% ROE(2):	**876,166**	**0.9077**
Insurance Cost(3):	**77,579**	**2.4636**
Taxes Cost(3):	**100,879**	**3.2035**
Home Office(3):	**11,151**	**0.3541**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**20.4215**

(1) 80% Capital ($3,504,663) amortized at 9.7500% for 20 years Principal & Interest of $398,908 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $13.4926

(2) 20% ROE ($876,166) times the ROE factor (0.030630) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $0.9077

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**90**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,648,070**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.2085**	**51.2085**	**0.4467**	**50.7618**	
Patient Care					
Direct Care	**95.0997**	**95.0997**	**0.8296**	**94.2701**	
Indirect Care	**70.2905**	**70.2905**	**0.6132**	**69.6773**	
Property	**13.6500**	**20.4215**	**0.1781**	**20.2434**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$9.3038**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**230.2487**	**237.0202**	**2.0676**	**251.8535**	

***Medicaid Trend Adjustment :**

0 324175-00 - 2011/01

232.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Courtvards of Orlando

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1900 Mercy Drive		**03/01/2009-02/28/2010**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32808		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**41,657**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,437**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**31,601**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/1/1983**						
Acquired Date:	**4/1/1983**						
Entered Medicaid	**4/1/1983**						
Med # Active Date:	**9/1/2007**						
Previous Med #	**308803**						

Medicaid Utilization	**75.86000%**
Occupancy:	**95.10731%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.54702%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19701332**
Semester Index:	**1.24282006**
Cost:	**1.03826753**
Target:	**1.01759574**
DC FY Index:	**1.16183216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02424433**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,444,902	2,930,197	1,738,900	941,394	0	7,055,393
1a	Audit Adjustments						
2	Cost Per Diem	45.7233	92.7248	55.0267	**29.7900**		223.2648
3	Cost Per Diem Inflated	47.4730	94.9729	57.1324			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.4730**	**94.9729**	**57.1324**	**29.7900**		229.3683
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.6228		57.3359			
7	Provider Target Rate	**46.7696**		**58.7771**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**45.7119**		**56.9662**			
10b	Base for line 10a	44.5910		55.5694			
11	Lesser of 5,7,8,10, 10a	**45.7119**	**94.9729**	**55.1439**	**13.6500**		209.4787
12/13	Medicaid Adjustment Rate		2.7630	1.6043			
14	Prospective Per Diem 11	**45.7119**	**97.7359**	**56.7482**	**13.6500**		**213.8460**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324175-00 - 2011/01

232.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Courtvards of Orlando

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**3,397,458**
FRVS Base Asset:	**1,913,236**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**3,055,432.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0940**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**8.0940**	**%**
Interest Only:	**False**	
Yearly Payment:	**274,721**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,717,966**	**6.9691**
20% ROE(2):	**679,492**	**0.5280**
Insurance Cost(3):	**104,305**	**2.5039**
Taxes Cost(3):	**43,942**	**1.0549**
Home Office(3):	**14,751**	**0.3541**
Replacement(3&4):	**24,886**	**0.0000**
Total FRVS PD:		**11.4100**

(1) 80% Capital ($2,717,966) amortized at 8.0940% for 20 years Principal & Interest of $274,721 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.9691
(2) 20% ROE ($679,492) times the ROE factor (0.030630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5280
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.7119**	**45.7119**	**0.3988**	**45.3131**	
Patient Care					
Direct Care	**97.7359**	**97.7359**	**0.8526**	**96.8833**	
Indirect Care	**56.7482**	**56.7482**	**0.4950**	**56.2532**	
Property	**13.6500**	**11.4100**	**0.0995**	**11.3105**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.0163**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**213.8460**	**211.6060**	**1.8459**	**232.3735**	

***Medicaid Trend Adjustment :**

0 324213-00 - 2011/01

197.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Roval Care of Avon Park

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1213 W. Stratford Rd.		**06/01/2009-05/31/2010**		Number of Beds:	**90**	Superior:	**0**
Avon Park FL 33825		Days In CR	**365**	Maximum:	**32,850**	Standard:	**181**
County:	**Highlands[28]**	First Used:	**2011/01**	Max Annualized:	**32,850**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**29,355**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,077**	**Inflation**	
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**18,899**	FY Index:	**1.20371855**
Class at 1/94:	**South Small [3]**	Medicaid Utilization			**64.38086%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**89.36073%**	Cost:	**1.03248393**
Open Date:	**3/9/1976**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**3/9/1976**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16533216**
Entered Medicaid	**5/1/1984**	Low Occupancy Adjustment Factor:			**112.32375%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**12/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02116808**
Previous Med #	**310590**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	783,532	1,404,680	841,426	364,373	0	3,394,011
1a	Audit Adjustments						
2	Cost Per Diem	41.4589	74.3256	44.5222	**19.2800**		179.5867
3	Cost Per Diem Inflated	42.8056	75.8989	45.9685			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.8056**	**75.8989**	**45.9685**	**19.2800**		183.9530
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.5519		51.4890			
7	Provider Target Rate	**46.6969**		**53.6513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.1046**	**96.8004**	**71.5350**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.6607		62.4710			
10	Target Rate Class Ceiling	**54.6049**		**64.3815**			
10a	New Provider Target Limitation	**45.5197**		**55.3317**			
10b	Base for line 10a	44.4035		53.9749			
11	Lesser of 5,7,8,10, 10a	**42.8056**	**75.8989**	**45.9685**	**13.6500**		178.3230
12/13	Medicaid Adjustment Rate		1.2279	0.7437			
14	Prospective Per Diem 11	**42.8056**	**77.1268**	**46.7122**	**13.6500**		**180.2946**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324213-00 - 2011/01

197.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Roval Care of Avon Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1976/01**
Indexed Asset Value	**2,280,550**
FRVS Base Asset:	**1,076,683**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**7.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**204,074**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,824,440**	**6.9026**
20% ROE(2):	**456,110**	**0.4918**
Insurance Cost(3):	**46,962**	**1.5998**
Taxes Cost(3):	**27,549**	**0.9385**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**97,989**	**0.0000**
Total FRVS PD:		**9.9327**

(1) 80% Capital ($1,824,440) amortized at 9.5000% for 20 years Principal & Interest of $204,074 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $6.9026
(2) 20% ROE ($456,110) times the ROE factor (0.031880) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $0.4918
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**90**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,565,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.8056**	**42.8056**	**0.3734**	**42.4322**	
Patient Care					
Direct Care	**77.1268**	**77.1268**	**0.6728**	**76.4540**	
Indirect Care	**46.7122**	**46.7122**	**0.4075**	**46.3047**	
Property	**13.6500**	**9.9327**	**0.0866**	**9.8461**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.9319**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**180.2946**	**176.5773**	**1.5403**	**197.5660**	

***Medicaid Trend Adjustment :**

0 324230-00 - 2011/01

210.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Seminole Nursing Pavilion

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
10800 Temple Terrace		**06/01/2009-05/31/2010**		Number of Beds:	**120**	Superior:	**0**
Seminole FL 33772		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**41,265**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,811**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**14,583**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1982**						
Acquired Date:	**7/1/1982**						
Entered Medicaid	**7/1/1982**						
Med # Active Date:	**7/20/2007**						
Previous Med #	**206814**						

Medicaid Utilization	**35.33988%**
Occupancy:	**94.21233%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.42207%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20371855**
Semester Index:	**1.24282006**
Cost:	**1.03248393**
Target:	**1.01759574**
DC FY Index:	**1.16533216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02116808**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	658,385	1,288,332	790,513	230,266	0	2,967,496
1a	Audit Adjustments						
2	Cost Per Diem	45.1474	88.3448	54.2078	**15.7900**		203.4900
3	Cost Per Diem Inflated	46.6140	90.2149	55.9687			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.6140**	**90.2149**	**55.9687**	**15.7900**		208.5876
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.8146		60.6956			
7	Provider Target Rate	**54.1422**		**62.2213**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**47.2903**		**57.0064**			
10b	Base for line 10a	46.1307		55.6086			
11	Lesser of 5,7,8,10, 10a	**46.6140**	**90.2149**	**55.1439**	**13.6500**		205.6228
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.6140**	**90.2149**	**55.1439**	**13.6500**		**205.6228**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324230-00 - 2011/01

210.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Seminole Nursing Pavilion

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/07**
Indexed Asset Value	**4,858,272**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information

Amount:	**5,600,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.7700**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**5.7700**	**%**
Interest Only:	**False**	
Yearly Payment:	**327,980**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**3,886,618**	**8.3201**
20% ROE(2):	**971,654**	**0.7858**
Insurance Cost(3):	**11,839**	**0.2869**
Taxes Cost(3):	**52,418**	**1.2703**
Home Office(3):	**87,609**	**2.1231**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.7862**

(1) 80% Capital ($3,886,618) amortized at 5.7700% for 20 years Principal & Interest of $327,980 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.3201
(2) 20% ROE ($971,654) times the ROE factor (0.031880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7858
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.6140**	**46.6140**	**0.4066**	**46.2074**	
Patient Care					
Direct Care	**90.2149**	**90.2149**	**0.7870**	**89.4279**	
Indirect Care	**55.1439**	**55.1439**	**0.4810**	**54.6629**	
Property	**13.6500**	**12.7862**	**0.1115**	**12.6747**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**205.6228**	**204.7590**	**1.7861**	**210.5700**	

***Medicaid Trend Adjustment :**

0 324248-00 - 2011/01

188.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Freedom Square Nursing Center

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
10801 Johnson Blvd.		**04/01/2007-03/31/2008**		Number of Beds:	**116**	Superior:	**0**
Seminole Fl 33772		Days In CR	**366**	Maximum:	**42,456**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2007/07**	Max Annualized:	**42,340**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**39,527**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,153**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**13,299**	FY Index:	**1.13089575**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**33.64536%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**93.10109%**	Cost:	**1.00000000**
Open Date:	**9/14/1988**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**9/14/1988**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.11050000**
Entered Medicaid	**2/19/2002**	Low Occupancy Adjustment Factor:			**117.02527%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**7/20/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**253715**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	570,527	1,056,695	651,041	149,348	0	2,427,611
1a	Audit Adjustments						
2	Cost Per Diem	42.9000	79.4567	48.9541	**11.2300**		182.5408
3	Cost Per Diem Inflated	42.9000	79.4567	48.9541			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.9000**	**79.4567**	**48.9541**	**11.2300**		182.5408
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation	**49.2990**		**55.0638**			
10b	Base for line 10a	48.0902		53.7136			
11	Lesser of 5,7,8,10, 10a	**42.9000**	**79.4567**	**48.9541**	**11.2300**		182.5408
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.9000**	**79.4567**	**48.9541**	**11.2300**		**182.5408**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 324248-00 - 2011/01

188.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Freedom Square Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/19/2002**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/07**
Indexed Asset Value	**3,597,585**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.047500**

Mortgage Information		
Amount:	**7,700,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.7700**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**5.7700**	**%**
Interest Only:	**False**	
Yearly Payment:	**242,872**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,878,068**	**6.3736**
20% ROE(2):	**719,517**	**0.8969**
Insurance Cost(3):	**11,515**	**0.2913**
Taxes Cost(3):	**109,628**	**2.7735**
Home Office(3):	**49,740**	**1.2584**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**11.5937**

(1) 80% Capital ($2,878,068) amortized at 5.7700% for 20 years Principal & Interest of $242,872 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $6.3736

(2) 20% ROE ($719,517) times the ROE factor (0.047500) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.8969

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1988**	Used Per Bed Standard:	**29,662**
Comparison Bed	**116**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,440,792**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.9000**	**42.9000**	**0.3742**	**42.5258**	
Patient Care					
Direct Care	**79.4567**	**79.4567**	**0.6931**	**78.7636**	
Indirect Care	**48.9541**	**48.9541**	**0.4270**	**48.5271**	
Property	**11.2300**	**11.5937**	**0.1011**	**11.4926**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**182.5408**	**182.9045**	**1.5954**	**188.9062**	

***Medicaid Trend Adjustment :**

0 324345-00 - 2011/01

209.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heritage Park Care and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2302 59th Street West		**10/01/2008-09/30/2009**		Number of Beds:	**120**	Superior:	**0**
Bradenton FL 34209		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Manatee[41]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**41,356**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,230**	Inflation	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**20,965**	FY Index:	**1.18857853**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**50.69397%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**94.42009%**	Cost:	**1.04563563**
Open Date:	**1/1/1985**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/1/1985**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15550000**
Entered Medicaid	**1/23/1986**	Low Occupancy Adjustment Factor:			**118.68322%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**11/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02985720**
Previous Med #	**258814**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	793,834	1,844,878	864,912	891,432	0	4,395,056
1a	Audit Adjustments						
2	Cost Per Diem	37.8647	87.9980	41.2550	**42.5200**		209.6377
3	Cost Per Diem Inflated	39.5927	90.6254	43.1377			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.5927**	**90.6254**	**43.1377**	**42.5200**		215.8758
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.3643		44.9838			
7	Provider Target Rate	**39.3287**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.3287**	**90.6254**	**43.1377**	**13.6500**		186.7418
12/13	Medicaid Adjustment Rate		0.0708	0.0337			
14	Prospective Per Diem 11	**39.3287**	**90.6962**	**43.1714**	**13.6500**		**186.8463**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324345-00 - 2011/01

209.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Heritage Park Care and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/31/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**5,183,392**
FRVS Base Asset:	**3,352,680**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**4,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.2500**	**%**
Chase Rate:	**7.5000**	**%**
Amortization Rate:	**9.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**455,741**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,146,714**	**11.5612**
20% ROE(2):	**1,036,678**	**0.7916**
Insurance Cost(3):	**29,149**	**0.7048**
Taxes Cost(3):	**100,484**	**2.4297**
Home Office(3):	**46,643**	**1.1278**
Replacement(3&4):	**24,068**	**0.0000**
Total FRVS PD:		**16.6151**

(1) 80% Capital ($4,146,714) amortized at 9.2500% for 20 years Principal & Interest of $455,741 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.5612
(2) 20% ROE ($1,036,678) times the ROE factor (0.030100) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7916
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1984**	Used Per Bed Standard:	**27,939**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,352,680**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.3287**	**39.3287**	**0.3431**	**38.9856**	
Patient Care					
Direct Care	**90.6962**	**90.6962**	**0.7912**	**89.9050**	
Indirect Care	**43.1714**	**43.1714**	**0.3766**	**42.7948**	
Property	**13.6500**	**16.6151**	**0.1449**	**16.4702**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.7168**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**186.8463**	**189.8114**	**1.6558**	**209.4695**	

***Medicaid Trend Adjustment :**

0 324353-00 - 2011/01

208.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Washington Rehabilitation and Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
879 Usery Road/Post Office Bo		**08/01/2009-07/31/2010**		Number of Beds:	**180**	Superior:	**0**
Chipley FL 32428		Days In CR	**365**	Maximum:	**65,700**	Standard:	**168**
County:	**Washington[67]**	First Used:	**2011/01**	Max Annualized:	**65,700**	Conditional:	**13**
Region:	**North [1]** Area: **2**	Last Used:	**2011/01**	Total Patient:	**53,965**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,483**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**44,465**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1982**						
Acquired Date:	**1/1/1982**						
Entered Medicaid	**6/1/1982**						
Med # Active Date:	**11/1/2007**						
Previous Med #	**312339**						

Medicaid Utilization	**82.39600%**
Occupancy:	**82.13851%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**103.24563%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,998,675	3,371,132	1,909,377	1,437,109	0	8,716,293
1a	Audit Adjustments						
2	Cost Per Diem	44.9494	75.8154	42.9411	**32.3200**		196.0259
3	Cost Per Diem Inflated	46.2015	77.2546	44.1372			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.2015**	**77.2546**	**44.1372**	**32.3200**		199.9133
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.0361		52.3054			
7	Provider Target Rate	**57.4447**		**53.6202**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**77.2546**	**44.1372**	**13.6500**		180.2881
12/13	Medicaid Adjustment Rate		2.6134	1.4931			
14	Prospective Per Diem 11	**45.2463**	**79.8680**	**45.6303**	**13.6500**		**184.3946**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324353-00 - 2011/01

208.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Washington Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/31/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**5,982,347**
FRVS Base Asset:	**1,915,339**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**3,760,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.2740**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**13.2740**	**%**
Interest Only:	**False**	
Yearly Payment:	**684,084**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,785,878**	**11.5692**
20% ROE(2):	**1,196,469**	**0.6281**
Insurance Cost(3):	**42,349**	**0.7847**
Taxes Cost(3):	**49,785**	**0.9225**
Home Office(3):	**40,734**	**0.7548**
Replacement(3&4):	**63,339**	**0.0000**
Total FRVS PD:		**14.6593**

(1) 80% Capital ($4,785,878) amortized at 13.2740% for 20 years Principal & Interest of $684,084 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $11.5692
(2) 20% ROE ($1,196,469) times the ROE factor (0.031040) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.6281
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**79.8680**	**79.8680**	**0.6967**	**79.1713**	
Indirect Care	**45.6303**	**45.6303**	**0.3981**	**45.2322**	
Property	**13.6500**	**14.6593**	**0.1279**	**14.5314**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9168**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**184.3946**	**185.4039**	**1.6174**	**208.3004**	

***Medicaid Trend Adjustment :**

0 324361-00 - 2011/01

196.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Chautauqua Rehabilitation and Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
785 South 2nd Street	**08/01/2008-07/31/2009**	Number of Beds: **180**	Superior: **0**
Defuniak Springs FL 32435	Days In CR **365**	Maximum: **65,700**	Standard: **181**
County: **Walton[66]**	First Used: **2010/07**	Max Annualized: **65,700**	Conditional: **0**
Region: **North [1]** Area: **1**	Last Used: **2011/01**	Total Patient: **46,189**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **9,237**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **31,897**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **3/1/1979**			
Acquired Date: **3/1/1979**			
Entered Medicaid **1/1/1980**			
Med # Active Date: **11/1/2007**			
Previous Med # **312291**			

Medicaid Utilization	**69.05757%**
Occupancy:	**70.30289%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**88.36862%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18536552**
Semester Index:	**1.24282006**
Cost:	**1.04846989**
Target:	**1.01759574**
DC FY Index:	**1.15216426**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.03283884**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,221,879	2,434,905	1,283,425	899,814	0	5,840,023
1a	Audit Adjustments						
2	Cost Per Diem	38.3070	76.3365	40.2365	**28.2100**		183.0900
3	Cost Per Diem Inflated	40.1637	78.8433	42.1868			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.1637**	**78.8433**	**42.1868**	**28.2100**		189.4038
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.5678		52.4495			
7	Provider Target Rate	**50.8138**		**53.7679**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.1637**	**78.8433**	**42.1868**	**13.6500**		174.8438
12/13	Medicaid Adjustment Rate		1.6904	0.9045			
14	Prospective Per Diem 11	**40.1637**	**80.5337**	**43.0913**	**13.6500**		**177.4387**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324361-00 - 2011/01

196.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Chautauqua Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/01**
Indexed Asset Value	**5,713,550**
FRVS Base Asset:	**1,743,133**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**1,395,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.9040**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.9040**	**%**
Interest Only:	**False**	
Yearly Payment:	**490,119**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,570,840**	**8.2888**
20% ROE(2):	**1,142,710**	**0.6020**
Insurance Cost(3):	**34,228**	**0.7410**
Taxes Cost(3):	**25,068**	**0.5427**
Home Office(3):	**46,587**	**1.0086**
Replacement(3&4):	**142,121**	**0.0000**
Total FRVS PD:		**11.1831**

(1) 80% Capital ($4,570,840) amortized at 8.9040% for 20 years Principal & Interest of $490,119 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $8.2888
(2) 20% ROE ($1,142,710) times the ROE factor (0.031150) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.6020
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.1637**	**40.1637**	**0.3504**	**39.8133**	
Patient Care					
Direct Care	**80.5337**	**80.5337**	**0.7025**	**79.8312**	
Indirect Care	**43.0913**	**43.0913**	**0.3759**	**42.7154**	
Property	**13.6500**	**11.1831**	**0.0976**	**11.0855**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.0643**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**177.4387**	**174.9718**	**1.5264**	**196.1068**	

***Medicaid Trend Adjustment :**

0 324370-00 - 2011/01

210.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Signature HealthCARE of College Park

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
13755 Golf Club Parkway	**10/01/2009-09/30/2010**	Number of Beds: **107**	Superior: **0**
Fort Myers FL 33919-5146	Days In CR **365**	Maximum: **39,055**	Standard: **181**
County: **Lee[36]**	First Used: **2011/01**	Max Annualized: **39,055**	Conditional: **0**
Region: **South[2]** Area: **8**	Last Used: **2011/01**	Total Patient: **27,354**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **3,158**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **15,848**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **4/1/1981**			
Acquired Date: **4/1/1981**			
Entered Medicaid **4/1/1981**			
Med # Active Date: **11/1/2007**			
Previous Med # **258253**			

Medicaid Utilization	**57.93668%**
Occupancy:	**70.03969%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**88.03778%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21484990**
Semester Index:	**1.24282006**
Cost:	**1.02302355**
Target:	**1.01759574**
DC FY Index:	**1.17050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01665955**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	731,259	1,314,766	726,075	470,210	0	3,242,310
1a	Audit Adjustments						
2	Cost Per Diem	46.1420	82.9610	45.8149	**29.6700**		204.5879
3	Cost Per Diem Inflated	47.2044	84.3431	46.8697			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.2044**	**84.3431**	**46.8697**	**29.6700**		208.0872
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.0043		46.7809			
7	Provider Target Rate	**44.0853**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.0853**	**84.3431**	**46.8697**	**13.6500**		188.9481
12/13	Medicaid Adjustment Rate		0.7531	0.4185			
14	Prospective Per Diem 11	**44.0853**	**85.0962**	**47.2882**	**13.6500**		**190.1197**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324370-00 - 2011/01

210.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Signature HealthCARE of College Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/31/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/01**
Indexed Asset Value	**2,956,132**
FRVS Base Asset:	**1,699,288**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029580**

Mortgage Information		
Amount:	**3,825,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**211,585**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,364,906**	**6.0196**
20% ROE(2):	**591,226**	**0.4975**
Insurance Cost(3):	**29,349**	**1.0729**
Taxes Cost(3):	**77,175**	**2.8213**
Home Office(3):	**22,467**	**0.8213**
Replacement(3&4):	**30,148**	**0.0000**
Total FRVS PD:		**11.2326**

(1) 80% Capital ($2,364,906) amortized at 6.5000% for 20 years Principal & Interest of $211,585 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $6.0196
(2) 20% ROE ($591,226) times the ROE factor (0.029580) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $0.4975
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**107**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,049,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.0853**	**44.0853**	**0.3846**	**43.7007**	
Patient Care					
Direct Care	**85.0962**	**85.0962**	**0.7423**	**84.3539**	
Indirect Care	**47.2882**	**47.2882**	**0.4125**	**46.8757**	
Property	**13.6500**	**11.2326**	**0.0980**	**11.1346**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6561**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**190.1197**	**187.7023**	**1.6374**	**210.3181**	

***Medicaid Trend Adjustment :**

0 324388-00 - 2011/01

195.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Signature HealthCARE of Gainesville

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4000 South West 20th Avenue		**10/01/2008-09/30/2009**		Number of Beds:	**120**	Superior:	**0**
Gainesville FL 32607		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Alachua[1]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**34,642**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,025**	Inflation	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**24,176**	FY Index:	**1.18857853**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**69.78812%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**79.09132%**	Cost:	**1.04563563**
Open Date:	**5/1/1980**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**5/1/1980**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15550000**
Entered Medicaid	**5/1/1980**	Low Occupancy Adjustment Factor:			**99.41541%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**11/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02985720**
Previous Med #	**266639**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	990,755	1,791,712	1,077,536	700,862	0	4,560,865
1a	Audit Adjustments						
2	Cost Per Diem	40.9809	74.1112	44.5705	**28.9900**		188.6526
3	Cost Per Diem Inflated	42.8511	76.3240	46.6045			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.8511**	**76.3240**	**46.6045**	**28.9900**		194.7696
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8323		43.1867			
7	Provider Target Rate	**38.7833**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.7833**	**76.3240**	**44.2723**	**13.6500**		173.0296
12/13	Medicaid Adjustment Rate		1.6991	0.9856			
14	Prospective Per Diem 11	**38.7833**	**78.0231**	**45.2579**	**13.6500**		**175.7143**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324388-00 - 2011/01

195.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Signature HealthCARE of Gainesville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/8/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/01**
Indexed Asset Value	**3,218,426**
FRVS Base Asset:	**1,076,349**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**2,349,600.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**308,468**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,574,741**	**7.8252**
20% ROE(2):	**643,685**	**0.4915**
Insurance Cost(3):	**24,980**	**0.7211**
Taxes Cost(3):	**70,955**	**2.0482**
Home Office(3):	**35,950**	**1.0378**
Replacement(3&4):	**169,765**	**0.0000**
Total FRVS PD:		**12.1238**

(1) 80% Capital ($2,574,741) amortized at 10.5000% for 20 years Principal & Interest of $308,468 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.8252
(2) 20% ROE ($643,685) times the ROE factor (0.030100) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4915
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**93**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,650,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.7833**	**38.7833**	**0.3383**	**38.4450**	
Patient Care					
Direct Care	**78.0231**	**78.0231**	**0.6806**	**77.3425**	
Indirect Care	**45.2579**	**45.2579**	**0.3948**	**44.8631**	
Property	**13.6500**	**12.1238**	**0.1058**	**12.0180**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.5551**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**175.7143**	**174.1881**	**1.5195**	**195.8208**	

***Medicaid Trend Adjustment :**

0 324396-00 - 2011/01

210.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Signature Healthcare of North Florida

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1083 Sanders Avenue		**08/01/2009-07/31/2010**		Number of Beds:	**180**	Superior:	**0**
Graceville FL 32440		Days In CR	**365**	Maximum:	**65,700**	Standard:	**129**
County: **Jackson[32]**		First Used:	**2011/01**	Max Annualized:	**65,700**	Conditional:	**52**
Region: **North [1]**	Area: **2**	Last Used:	**2011/01**	Total Patient:	**51,243**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**7,949**	Inflation	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**38,078**	FY Index:	**1.20913928**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**74.30869%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**77.99543%**	Cost:	**1.02785517**
Open Date:	**12/1/1979**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**12/1/1979**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16783181**
Entered Medicaid	**7/1/1980**	Low Occupancy Adjustment Factor:			**98.03791%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**11/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.01898235**
Previous Med #	**312304**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,738,360	3,091,880	1,743,016	1,002,975	0	7,576,231
1a	Audit Adjustments						
2	Cost Per Diem	45.6526	81.1986	45.7749	**26.3400**		198.9661
3	Cost Per Diem Inflated	46.9243	82.7399	47.0500			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.9243**	**82.7399**	**47.0500**	**26.3400**		203.0542
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.4400		52.2482			
7	Provider Target Rate	**66.0598**		**53.5616**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**82.7399**	**47.0500**	**13.6500**		188.6862
12/13	Medicaid Adjustment Rate		1.6127	0.9170			
14	Prospective Per Diem 11	**45.2463**	**84.3526**	**47.9670**	**13.6500**		**191.2159**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324396-00 - 2011/01

210.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Signature Healthcare of North Florida

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/28/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/07**
Indexed Asset Value	**5,523,307**
FRVS Base Asset:	**1,657,362**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information

Amount:	**1,245,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0260**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**9.0260**	**%**
Interest Only:	**False**	
Yearly Payment:	**477,956**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,418,646**	**8.0831**
20% ROE(2):	**1,104,661**	**0.5799**
Insurance Cost(3):	**41,908**	**0.8178**
Taxes Cost(3):	**36,877**	**0.7196**
Home Office(3):	**38,531**	**0.7519**
Replacement(3&4):	**55,943**	**0.0000**
Total FRVS PD:		**10.9523**

(1) 80% Capital ($4,418,646) amortized at 9.0260% for 20 years Principal & Interest of $477,956 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $8.0831

(2) 20% ROE ($1,104,661) times the ROE factor (0.031040) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.5799

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**84.3526**	**84.3526**	**0.7358**	**83.6168**	
Indirect Care	**47.9670**	**47.9670**	**0.4184**	**47.5486**	
Property	**13.6500**	**10.9523**	**0.0955**	**10.8568**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.9090**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**191.2159**	**188.5182**	**1.6444**	**210.3799**	

***Medicaid Trend Adjustment :**

0 324400-00 - 2011/01

193.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Signature HealthCARE Center of Waterford

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
8333 W. Okeechobee Road		**08/01/2009-07/31/2010**		Number of Beds:	**214**	Superior:	**0**
Hialeah Gardens FL 33016		Days In CR	**365**	Maximum:	**78,110**	Standard:	**181**
County: **Dade[13]**		First Used:	**2011/01**	Max Annualized:	**78,110**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2011/01**	Total Patient:	**74,557**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**15,250**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**57,986**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date:	**2/27/1987**						
Acquired Date:	**2/27/1987**						
Entered Medicaid	**2/27/1987**						
Med # Active Date:	**11/1/2007**						
Previous Med #	**312347**						

Medicaid Utilization	**77.77405%**
Occupancy:	**95.45129%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.97939%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,370,679	4,542,687	2,282,206	2,101,993	0	11,297,565
1a	Audit Adjustments						
2	Cost Per Diem	40.8836	78.3411	39.3579	**36.2500**		194.8326
3	Cost Per Diem Inflated	42.0224	79.8282	40.4542			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.0224**	**79.8282**	**40.4542**	**36.2500**		198.5548
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.6600		58.5275			
7	Provider Target Rate	**58.0842**		**59.9987**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.0224**	**79.8282**	**40.4542**	**13.6500**		175.9548
12/13	Medicaid Adjustment Rate		2.4943	1.2640			
14	Prospective Per Diem 11	**42.0224**	**82.3225**	**41.7182**	**13.6500**		**179.7131**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324400-00 - 2011/01

193.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Signature HealthCARE Center of Waterford

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/01**
Indexed Asset Value	**8,834,601**
FRVS Base Asset:	**4,589,120**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**7,645,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.6100**	**%**
Chase Rate:	**11.2500**	**%**
Amortization Rate:	**12.6100**	**%**
Interest Only:	**False**	
Yearly Payment:	**970,170**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,067,681**	**13.8006**
20% ROE(2):	**1,766,920**	**0.7802**
Insurance Cost(3):	**70,476**	**0.9453**
Taxes Cost(3):	**138,361**	**1.8558**
Home Office(3):	**53,700**	**0.7203**
Replacement(3&4):	**101,397**	**0.0000**
Total FRVS PD:		**18.1022**

(1) 80% Capital ($7,067,681) amortized at 12.6100% for 20 years Principal & Interest of $970,170 divided by annual available days (78,110) divided by Occup. Adj. (0.9000) = $13.8006
(2) 20% ROE ($1,766,920) times the ROE factor (0.031040) divided by annual available days (78,110) divided by Occup. Adj. (0.9000) = $0.7802
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**160**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,589,120**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.0224**	**42.0224**	**0.3666**	**41.6558**	
Patient Care					
Direct Care	**82.3225**	**82.3225**	**0.7181**	**81.6044**	
Indirect Care	**41.7182**	**41.7182**	**0.3639**	**41.3543**	
Property	**13.6500**	**18.1022**	**0.1579**	**17.9443**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.1023**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**179.7131**	**184.1653**	**1.6065**	**193.2582**	

***Medicaid Trend Adjustment :**

0 324418-00 - 2011/01

222.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Signature Healthcare of Brookwood Gardens

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1990 S. Canal Drive		**08/01/2008-07/31/2009**		Number of Beds:	**120**	Superior:	**0**
Homestead FL 33035		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Dade[13]**		First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2011/01**	Total Patient:	**39,841**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**6,282**	Inflation	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**27,427**	FY Index:	**1.18536552**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**68.84114%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**90.96119%**	Cost:	**1.04846989**
Open Date: **3/1/1987**		Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date: **3/1/1987**		Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15216426**
Entered Medicaid **3/1/1987**		Low Occupancy Adjustment Factor:			**114.33548%**	**DC Sem Index:**	**1.19000000**
Med # Active Date: **11/1/2007**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03283884**
Previous Med # **312321**						**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,263,247	2,086,248	1,310,607	1,186,766	0	5,846,868
1a	Audit Adjustments						
2	Cost Per Diem	46.0585	76.0655	47.7853	**43.2700**		213.1793
3	Cost Per Diem Inflated	48.2910	78.5634	50.1014			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.2910**	**78.5634**	**50.1014**	**43.2700**		220.2258
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.3887		56.8145			
7	Provider Target Rate	**66.0072**		**58.2426**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.2910**	**78.5634**	**50.1014**	**13.6500**		190.6058
12/13	Medicaid Adjustment Rate		1.6653	1.0620			
14	Prospective Per Diem 11	**48.2910**	**80.2287**	**51.1634**	**13.6500**		**193.3331**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324418-00 - 2011/01

222.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Signature Healthcare of Brookwood Gardens

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/01**
Indexed Asset Value	**5,346,050**
FRVS Base Asset:	**3,441,840**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031150**

Mortgage Information		
Amount:	**5,075,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.9500**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**12.9500**	**%**
Interest Only:	**False**	
Yearly Payment:	**599,450**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,276,840**	**15.2067**
20% ROE(2):	**1,069,210**	**0.8449**
Insurance Cost(3):	**49,209**	**1.2351**
Taxes Cost(3):	**119,459**	**2.9984**
Home Office(3):	**45,869**	**1.1513**
Replacement(3&4):	**32,666**	**0.0000**
Total FRVS PD:		**21.4364**

(1) 80% Capital ($4,276,840) amortized at 12.9500% for 20 years Principal & Interest of $599,450 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.2067

(2) 20% ROE ($1,069,210) times the ROE factor (0.031150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8449

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,441,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.2910**	**48.2910**	**0.4213**	**47.8697**	
Patient Care					
Direct Care	**80.2287**	**80.2287**	**0.6999**	**79.5288**	
Indirect Care	**51.1634**	**51.1634**	**0.4463**	**50.7171**	
Property	**13.6500**	**21.4364**	**0.1870**	**21.2494**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8609**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**193.3331**	**201.1195**	**1.7545**	**222.8230**	

***Medicaid Trend Adjustment :**

0 324426-00 - 2011/01

193.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Signature Healthcare at the Courtyard

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2600 Forest Glen Trail		**08/01/2009-07/31/2010**		Number of Beds:	**120**	Superior:	**0**
Marianna FL 32446		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Jackson[32]**		First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2011/01**	Total Patient:	**42,520**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**5,683**	Inflation	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**29,287**	FY Index:	**1.20913928**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**68.87817%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**97.07763%**	Cost:	**1.02785517**
Open Date:	**8/27/1997**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**8/27/1997**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16783181**
Entered Medicaid	**8/27/1997**	Low Occupancy Adjustment Factor:			**122.02365%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**11/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.01898235**
Previous Med #	**312495**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,202,514	2,007,636	1,154,795	716,653	0	5,081,598
1a	Audit Adjustments						
2	Cost Per Diem	41.0597	68.5504	39.4303	**24.4700**		173.5104
3	Cost Per Diem Inflated	42.2034	69.8516	40.5286			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.2034**	**69.8516**	**40.5286**	**24.4700**		177.0536
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.8111		52.4711			
7	Provider Target Rate	**57.2140**		**53.7901**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.2034**	**69.8516**	**40.5286**	**13.6500**		166.2336
12/13	Medicaid Adjustment Rate		1.4835	0.8607			
14	Prospective Per Diem 11	**42.2034**	**71.3351**	**41.3893**	**13.6500**		**168.5778**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324426-00 - 2011/01

193.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Signature Healthcare at the Courtyard

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/27/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/07**
Indexed Asset Value	**5,270,710**
FRVS Base Asset:	**4,444,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**4,200,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**505,168**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,216,568**	**12.8150**
20% ROE(2):	**1,054,142**	**0.8301**
Insurance Cost(3):	**35,241**	**0.8288**
Taxes Cost(3):	**37,232**	**0.8756**
Home Office(3):	**28,547**	**0.6714**
Replacement(3&4):	**21,268**	**0.0000**
Total FRVS PD:		**16.0209**

(1) 80% Capital ($4,216,568) amortized at 10.5000% for 20 years Principal & Interest of $505,168 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.8150
(2) 20% ROE ($1,054,142) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8301
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1997**	Used Per Bed Standard:	**37,041**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,444,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.2034**	**42.2034**	**0.3682**	**41.8352**	
Patient Care					
Direct Care	**71.3351**	**71.3351**	**0.6223**	**70.7128**	
Indirect Care	**41.3893**	**41.3893**	**0.3611**	**41.0282**	
Property	**13.6500**	**16.0209**	**0.1398**	**15.8811**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3133**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**168.5778**	**170.9487**	**1.4914**	**193.3677**	

***Medicaid Trend Adjustment :**

0 324434-00 - 2011/01

204.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Signature Healthcare of Orange Park

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2029 Professional Center Driv	**10/01/2009-09/30/2010**	Number of Beds: **105**	Superior: **0**
Orange Park FL 32073	Days In CR **365**	Maximum: **38,325**	Standard: **181**
County: **Clay[10]**	First Used: **2011/01**	Max Annualized: **38,325**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2011/01**	Total Patient: **35,049**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **7,320**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **25,417**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **10/1/1980**			
Acquired Date: **10/1/1980**			
Entered Medicaid **10/1/1980**			
Med # Active Date: **11/1/2007**			
Previous Med # **258211**			

Medicaid Utilization	**72.51847%**
Occupancy:	**91.45206%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**114.95248%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21484990**
Semester Index:	**1.24282006**
Cost:	**1.02302355**
Target:	**1.01759574**
DC FY Index:	**1.17050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01665955**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,149,447	2,173,232	1,151,419	510,373	0	4,984,471
1a	Audit Adjustments						
2	Cost Per Diem	45.2236	85.5031	45.3011	**20.0800**		196.1078
3	Cost Per Diem Inflated	46.2648	86.9275	46.3441			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.2648**	**86.9275**	**46.3441**	**20.0800**		199.6164
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.9927		43.1867			
7	Provider Target Rate	**39.9729**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.9729**	**86.9275**	**44.2723**	**13.6500**		184.8227
12/13	Medicaid Adjustment Rate		2.2022	1.1216			
14	Prospective Per Diem 11	**39.9729**	**89.1297**	**45.3939**	**13.6500**		**188.1465**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324434-00 - 2011/01

204.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Signature Healthcare of Orange Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/1/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/07**
Indexed Asset Value	**2,860,360**
FRVS Base Asset:	**1,610,843**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029580**

Mortgage Information		
Amount:	**3,425,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**204,730**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,288,288**	**5.9355**
20% ROE(2):	**572,072**	**0.4906**
Insurance Cost(3):	**20,360**	**0.5809**
Taxes Cost(3):	**53,417**	**1.5241**
Home Office(3):	**27,220**	**0.7766**
Replacement(3&4):	**182,525**	**0.0000**
Total FRVS PD:		**9.3077**

(1) 80% Capital ($2,288,288) amortized at 6.5000% for 20 years Principal & Interest of $204,730 divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = $5.9355
(2) 20% ROE ($572,072) times the ROE factor (0.029580) divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = $0.4906
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**105**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,992,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.9729**	**39.9729**	**0.3487**	**39.6242**	
Patient Care					
Direct Care	**89.1297**	**89.1297**	**0.7775**	**88.3522**	
Indirect Care	**45.3939**	**45.3939**	**0.3960**	**44.9979**	
Property	**13.6500**	**9.3077**	**0.0812**	**9.2265**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.8973**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**188.1465**	**183.8042**	**1.6034**	**204.6952**	

***Medicaid Trend Adjustment :**

0 324442-00 - 2011/01

211.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Signature Healthcare of Ormond

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
103 N. Clyde Morris Blvd.		**10/01/2008-09/30/2009**		Number of Beds:	**60**	Superior:	**0**
Ormond Beach FL 32074		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Volusia[64]**	First Used:	**2010/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**18,971**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,809**	Inflation	
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**8,310**	FY Index:	**1.18857853**
Class at 1/94:	**North Small [1]**	Medicaid Utilization			**43.80370%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**86.62557%**	Cost:	**1.04563563**
Open Date:	**2/1/1984**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**5/20/1988**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15550000**
Entered Medicaid	**5/20/1988**	Low Occupancy Adjustment Factor:			**108.88573%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**11/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02985720**
Previous Med #	**255475**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	457,362	682,494	507,876	219,883	0	1,867,615
1a	Audit Adjustments						
2	Cost Per Diem	55.0375	82.1292	61.1162	**26.4600**		224.7430
3	Cost Per Diem Inflated	57.5492	84.5813	63.9053			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.5492**	**84.5813**	**63.9053**	**26.4600**		232.4958
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.3167		50.6569			
7	Provider Target Rate	**45.4307**		**51.9303**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.4307**	**84.5813**	**51.9303**	**13.6500**		195.5923
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.4307**	**84.5813**	**51.9303**	**13.6500**		**195.5923**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324442-00 - 2011/01

211.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Signature Healthcare of Ormond

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/20/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**2,479,738**
FRVS Base Asset:	**1,623,720**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**4.7500**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**4.7500**	**%**
Interest Only:	**True**	
Yearly Payment:	**92,915**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,983,790**	**4.7141**
20% ROE(2):	**495,948**	**0.7574**
Insurance Cost(3):	**11,463**	**0.6042**
Taxes Cost(3):	**43,307**	**2.2828**
Home Office(3):	**23,715**	**1.2501**
Replacement(3&4):	**22,971**	**0.0000**
Total FRVS PD:		**9.6086**

(1) 80% Capital ($1,983,790) amortized at 4.7500% for 20 years Interest of $92,915 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $4.7141
(2) 20% ROE ($495,948) times the ROE factor (0.030100) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.7574
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1983**	Used Per Bed Standard:	**27,062**
Comparison Bed	**60**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**1,623,720**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.4307**	**45.4307**	**0.3963**	**45.0344**	
Patient Care					
Direct Care	**84.5813**	**84.5813**	**0.7378**	**83.8435**	
Indirect Care	**51.9303**	**51.9303**	**0.4530**	**51.4773**	
Property	**13.6500**	**9.6086**	**0.0838**	**9.5248**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.0567**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**195.5923**	**191.5509**	**1.6709**	**211.5338**	

***Medicaid Trend Adjustment :**

0 324451-00 - 2011/01

203.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Anchor Care & Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1515 Port Malabar Blvd. NE	**10/01/2008-09/30/2009**	Number of Beds: **120**	Superior: **0**
Palm Bay FL 32905	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Brevard[5]**	First Used: **2010/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **7**	Last Used: **2011/01**	Total Patient: **40,969**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **5,866**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **27,307**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **1/1/1984**			
Acquired Date: **2/1/1984**			
Entered Medicaid **2/1/1984**			
Med # Active Date: **11/1/2007**			
Previous Med # **258229**			

Medicaid Utilization	**66.65284%**
Occupancy:	**93.53653%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.57261%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,050,457	2,417,754	1,030,112	755,858	0	5,254,181
1a	Audit Adjustments						
2	Cost Per Diem	38.4684	88.5397	37.7234	**27.6800**		192.4115
3	Cost Per Diem Inflated	40.2239	91.1832	39.4449			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.2239**	**91.1832**	**39.4449**	**27.6800**		198.5320
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.9048		44.9838			
7	Provider Target Rate	**38.8576**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.8576**	**91.1832**	**39.4449**	**13.6500**		183.1357
12/13	Medicaid Adjustment Rate		1.7083	0.7390			
14	Prospective Per Diem 11	**38.8576**	**92.8915**	**40.1839**	**13.6500**		**185.5830**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324451-00 - 2011/01

203.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Anchor Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/31/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**3,222,490**
FRVS Base Asset:	**1,787,493**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**230,650**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,577,992**	**5.8511**
20% ROE(2):	**644,498**	**0.4921**
Insurance Cost(3):	**28,196**	**0.6882**
Taxes Cost(3):	**55,361**	**1.3513**
Home Office(3):	**41,495**	**1.0128**
Replacement(3&4):	**22,730**	**0.0000**
Total FRVS PD:		**9.3955**

(1) 80% Capital ($2,577,992) amortized at 6.5000% for 20 years Principal & Interest of $230,650 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.8511
(2) 20% ROE ($644,498) times the ROE factor (0.030100) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4921
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.8576**	**38.8576**	**0.3390**	**38.5186**	
Patient Care					
Direct Care	**92.8915**	**92.8915**	**0.8103**	**92.0812**	
Indirect Care	**40.1839**	**40.1839**	**0.3505**	**39.8334**	
Property	**13.6500**	**9.3955**	**0.0820**	**9.3135**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.1339**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**185.5830**	**181.3285**	**1.5818**	**203.4777**	

***Medicaid Trend Adjustment :**

0 324469-00 - 2011/01

194.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Pinellas Park Care and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
8701 49th Street North		**10/01/2009-09/30/2010**		Number of Beds:	**120**	Superior:	**0**
Pinellas Park FL 33782		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**41,201**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,386**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**26,723**	FY Index:	**1.21484990**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**64.86008%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**94.06621%**	Cost:	**1.02302355**
Open Date:	**9/1/1982**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**9/1/1982**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.17050000**
Entered Medicaid	**9/1/1982**	Low Occupancy Adjustment Factor:			**118.23839%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**11/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.01665955**
Previous Med #	**266655**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,129,639	1,962,409	921,952	847,921	0	4,861,921
1a	Audit Adjustments						
2	Cost Per Diem	42.2722	73.4352	34.5003	**31.7300**		181.9377
3	Cost Per Diem Inflated	43.2455	74.6586	35.2946			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.2455**	**74.6586**	**35.2946**	**31.7300**		184.9287
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.8360		44.9838			
7	Provider Target Rate	**42.8876**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.8876**	**74.6586**	**35.2946**	**13.6500**		166.4908
12/13	Medicaid Adjustment Rate		1.2481	0.5900			
14	Prospective Per Diem 11	**42.8876**	**75.9067**	**35.8846**	**13.6500**		**168.3289**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324469-00 - 2011/01

194.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Pinellas Park Care and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/07**
Indexed Asset Value	**5,142,857**
FRVS Base Asset:	**3,261,497**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029580**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.5000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**13.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**596,098**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,114,286**	**15.1217**
20% ROE(2):	**1,028,571**	**0.7718**
Insurance Cost(3):	**27,388**	**0.6647**
Taxes Cost(3):	**59,332**	**1.4401**
Home Office(3):	**29,672**	**0.7202**
Replacement(3&4):	**53,932**	**0.0000**
Total FRVS PD:		**18.7185**

(1) 80% Capital ($4,114,286) amortized at 13.5000% for 20 years Principal & Interest of $596,098 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.1217
(2) 20% ROE ($1,028,571) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7718
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.8876**	**42.8876**	**0.3741**	**42.5135**	
Patient Care					
Direct Care	**75.9067**	**75.9067**	**0.6622**	**75.2445**	
Indirect Care	**35.8846**	**35.8846**	**0.3130**	**35.5716**	
Property	**13.6500**	**18.7185**	**0.1633**	**18.5552**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.4544**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**168.3289**	**173.3974**	**1.5126**	**194.9363**	

***Medicaid Trend Adjustment :**

0 324477-00 - 2011/01

217.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Signature Healthcare of Port Charlotte

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4033 Beaver Lane		**10/01/2008-09/30/2009**		Number of Beds:	**164**	Superior:	**0**
Port Charlotte FL 33952		Days In CR	**365**	Maximum:	**59,860**	Standard:	**181**
County:	**Charlotte[8]**	First Used:	**2010/07**	Max Annualized:	**59,860**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**45,308**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,245**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**25,854**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/1/1980**						
Acquired Date:	**3/1/1980**						
Entered Medicaid	**3/1/1980**						
Med # Active Date:	**11/1/2007**						
Previous Med #	**258237**						

Medicaid Utilization	**57.06277%**
Occupancy:	**75.68994%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**95.13998%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,029,116	2,471,918	1,187,330	770,449	0	5,458,813
1a	Audit Adjustments						
2	Cost Per Diem	39.8049	95.6107	45.9244	**29.8000**		211.1400
3	Cost Per Diem Inflated	41.6214	98.4654	48.0202			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.6214**	**98.4654**	**48.0202**	**29.8000**		217.9070
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.1478		54.8917			
7	Provider Target Rate	**47.3078**		**56.2715**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.6214**	**96.5967**	**48.0202**	**13.6500**		199.8883
12/13	Medicaid Adjustment Rate		0.7675	0.3816			
14	Prospective Per Diem 11	**41.6214**	**97.3642**	**48.4018**	**13.6500**		**201.0374**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324477-00 - 2011/01

217.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Signature Healthcare of Port Charlotte

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/31/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/01**
Indexed Asset Value	**4,517,173**
FRVS Base Asset:	**2,619,548**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**5,435,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**323,317**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,613,738**	**6.0014**
20% ROE(2):	**903,435**	**0.5048**
Insurance Cost(3):	**28,728**	**0.6341**
Taxes Cost(3):	**87,320**	**1.9273**
Home Office(3):	**55,515**	**1.2253**
Replacement(3&4):	**25,781**	**0.0000**
Total FRVS PD:		**10.2929**

(1) 80% Capital ($3,613,738) amortized at 6.5000% for 20 years Principal & Interest of $323,317 divided by annual available days (59,860) divided by Occup. Adj. (0.9000) = $6.0014

(2) 20% ROE ($903,435) times the ROE factor (0.030100) divided by annual available days (59,860) divided by Occup. Adj. (0.9000) = $0.5048

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**164**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,674,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.6214**	**41.6214**	**0.3631**	**41.2583**	
Patient Care					
Direct Care	**97.3642**	**97.3642**	**0.8493**	**96.5149**	
Indirect Care	**48.4018**	**48.4018**	**0.4222**	**47.9796**	
Property	**13.6500**	**10.2929**	**0.0898**	**10.2031**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.7410**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**201.0374**	**197.6803**	**1.7244**	**217.2940**	

***Medicaid Trend Adjustment :**

0 324485-00 - 2011/01

195.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

The Bridge at Bay St. Joe

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
220 9th Street		**10/01/2008-09/30/2009**		Number of Beds:	**120**	Superior:	**0**
Port St. Joe FL 32456		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Gulf[23]**		First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2011/01**	Total Patient:	**37,569**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**4,844**	Inflation	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**29,207**	FY Index:	**1.18857853**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**77.74229%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**85.77397%**	Cost:	**1.04563563**
Open Date:	**5/1/1983**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**5/1/1983**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15550000**
Entered Medicaid	**5/1/1983**	Low Occupancy Adjustment Factor:			**107.81530%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**11/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02985720**
Previous Med #	**266621**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,100,387	2,451,530	1,114,551	719,368	0	5,385,836
1a	Audit Adjustments						
2	Cost Per Diem	37.6755	83.9364	38.1604	**24.6300**		184.4023
3	Cost Per Diem Inflated	39.3948	86.4425	39.9019			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.3948**	**86.4425**	**39.9019**	**24.6300**		190.3692
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1628**	**86.4425**	**39.9019**	**13.6500**		176.1572
12/13	Medicaid Adjustment Rate		2.6979	1.2453			
14	Prospective Per Diem 11	**36.1628**	**89.1404**	**41.1472**	**13.6500**		**180.1004**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324485-00 - 2011/01

195.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

The Bridge at Bay St. Joe

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**3,179,040**
FRVS Base Asset:	**1,859,117**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**4.0000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**4.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**100,187**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,543,232**	**2.5415**
20% ROE(2):	**635,808**	**0.4855**
Insurance Cost(3):	**24,542**	**0.6533**
Taxes Cost(3):	**64,851**	**1.7262**
Home Office(3):	**35,206**	**0.9371**
Replacement(3&4):	**6,493**	**0.0000**
Total FRVS PD:		**6.3436**

(1) 80% Capital ($2,543,232) amortized at 4.0000% for 20 years Interest of $100,187 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $2.5415
(2) 20% ROE ($635,808) times the ROE factor (0.030100) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4855
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1628**	**36.1628**	**0.3155**	**35.8473**	
Patient Care					
Direct Care	**89.1404**	**89.1404**	**0.7776**	**88.3628**	
Indirect Care	**41.1472**	**41.1472**	**0.3589**	**40.7883**	
Property	**13.6500**	**6.3436**	**0.0553**	**6.2883**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.4021**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**180.1004**	**172.7940**	**1.5073**	**195.2859**	

***Medicaid Trend Adjustment :**

0 324493-00 - 2011/01

202.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Kenilworth Care and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3011 Kenilworth Blvd.		**10/01/2008-09/30/2009**		Number of Beds:	**104**	Superior:	**0**
Sebring FL 33870		Days In CR	**365**	Maximum:	**37,960**	Standard:	**150**
County:	**Highlands[28]**	First Used:	**2010/07**	Max Annualized:	**37,960**	Conditional:	**31**
Region:	**Central[3]** Area: **6**	Last Used:	**2011/01**	Total Patient:	**34,238**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,945**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**18,683**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1979**						
Acquired Date:	**7/1/1979**						
Entered Medicaid	**7/1/1979**						
Med # Active Date:	**11/1/2007**						
Previous Med #	**258261**						

Medicaid Utilization	**54.56802%**
Occupancy:	**90.19494%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.37233%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	681,324	1,622,481	786,586	626,815	0	3,717,206
1a	Audit Adjustments						
2	Cost Per Diem	36.4676	86.8426	42.1017	**33.5500**		198.9619
3	Cost Per Diem Inflated	38.1318	89.4355	44.0230			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.1318**	**89.4355**	**44.0230**	**33.5500**		205.1403
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.8510		48.7536			
7	Provider Target Rate	**39.8276**		**49.9791**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1318**	**89.4355**	**44.0230**	**13.6500**		185.2403
12/13	Medicaid Adjustment Rate		0.3809	0.1875			
14	Prospective Per Diem 11	**38.1318**	**89.8164**	**44.2105**	**13.6500**		**185.8087**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324493-00 - 2011/01

202.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Kenilworth Care and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/1/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/07**
Indexed Asset Value	**2,333,287**
FRVS Base Asset:	**1,315,960**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**1,100,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**190,859**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,866,630**	**5.5866**
20% ROE(2):	**466,657**	**0.4111**
Insurance Cost(3):	**28,424**	**0.8302**
Taxes Cost(3):	**60,251**	**1.7598**
Home Office(3):	**37,029**	**1.0815**
Replacement(3&4):	**109,642**	**0.0000**
Total FRVS PD:		**9.6692**

(1) 80% Capital ($1,866,630) amortized at 8.2500% for 20 years Principal & Interest of $190,859 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $5.5866

(2) 20% ROE ($466,657) times the ROE factor (0.030100) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $0.4111

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**104**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,964,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1318**	**38.1318**	**0.3326**	**37.7992**	
Patient Care					
Direct Care	**89.8164**	**89.8164**	**0.7835**	**89.0329**	
Indirect Care	**44.2105**	**44.2105**	**0.3857**	**43.8248**	
Property	**13.6500**	**9.6692**	**0.0843**	**9.5849**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.4605**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**185.8087**	**181.8279**	**1.5861**	**202.2994**	

***Medicaid Trend Adjustment :**

0 324507-00 - 2011/01

216.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Peninsula Care and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
900 Beckett Way		**10/01/2008-09/30/2009**		Number of Beds:	**120**	Superior:	**0**
Tarpon Springs FL 34689		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Pinellas[52]**		First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2011/01**	Total Patient:	**40,727**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**7,766**	Inflation	
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**26,160**	FY Index:	**1.18857853**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**64.23257%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**92.98402%**	Cost:	**1.04563563**
Open Date:	**1/1/1984**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/1/1984**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15550000**
Entered Medicaid	**1/1/1984**	Low Occupancy Adjustment Factor:			**116.87812%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**11/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02985720**
Previous Med #	**266647**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,031,267	2,219,212	1,076,147	888,132	0	5,214,758
1a	Audit Adjustments						
2	Cost Per Diem	39.4215	84.8323	41.1371	**33.9500**		199.3409
3	Cost Per Diem Inflated	41.2205	87.3652	43.0144			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.2205**	**87.3652**	**43.0144**	**33.9500**		205.5501
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.1450		44.9838			
7	Provider Target Rate	**41.1541**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.1541**	**87.3652**	**43.0144**	**13.6500**		185.1837
12/13	Medicaid Adjustment Rate		1.3989	0.6887			
14	Prospective Per Diem 11	**41.1541**	**88.7641**	**43.7031**	**13.6500**		**187.2713**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324507-00 - 2011/01

216.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Peninsula Care and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**3/1/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**5,618,427**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**3,750,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**14.2000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**14.2000**	**%**
Interest Only:	**False**	
Yearly Payment:	**678,566**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,494,742**	**17.2137**
20% ROE(2):	**1,123,685**	**0.8580**
Insurance Cost(3):	**25,112**	**0.6166**
Taxes Cost(3):	**65,319**	**1.6038**
Home Office(3):	**42,680**	**1.0480**
Replacement(3&4):	**145,090**	**0.0000**
Total FRVS PD:		**21.3401**

(1) 80% Capital ($4,494,742) amortized at 14.2000% for 20 years Principal & Interest of $678,566 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $17.2137

(2) 20% ROE ($1,123,685) times the ROE factor (0.030100) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8580

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.1541**	**41.1541**	**0.3590**	**40.7951**	
Patient Care					
Direct Care	**88.7641**	**88.7641**	**0.7743**	**87.9898**	
Indirect Care	**43.7031**	**43.7031**	**0.3812**	**43.3219**	
Property	**13.6500**	**21.3401**	**0.1862**	**21.1539**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.2394**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**187.2713**	**194.9614**	**1.7007**	**216.0972**	

***Medicaid Trend Adjustment :**

0 324515-00 - 2011/01

203.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Winter Park Care and Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2970 Scarlet Road		**10/01/2008-09/30/2009**		Number of Beds:	**103**	Superior:	**0**
Winter Park FL 32792		Days In CR	**365**	Maximum:	**37,595**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2010/07**	Max Annualized:	**37,595**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**31,755**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,891**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**21,579**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1979**						
Acquired Date:	**9/1/1979**						
Entered Medicaid	**9/1/1979**						
Med # Active Date:	**11/1/2007**						
Previous Med #	**258245**						

Medicaid Utilization	**67.95465%**
Occupancy:	**84.46602%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**106.17125%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	915,700	1,721,242	893,103	500,633	0	4,030,678
1a	Audit Adjustments						
2	Cost Per Diem	42.4348	79.7647	41.3876	**23.2000**		186.7871
3	Cost Per Diem Inflated	44.3713	82.1463	43.2763			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.3713**	**82.1463**	**43.2763**	**23.2000**		192.9939
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.2819		49.3245			
7	Provider Target Rate	**46.4201**		**50.5644**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.3713**	**82.1463**	**43.2763**	**13.6500**		183.4439
12/13	Medicaid Adjustment Rate		1.6593	0.8741			
14	Prospective Per Diem 11	**44.3713**	**83.8056**	**44.1504**	**13.6500**		**185.9773**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324515-00 - 2011/01

203.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Winter Park Care and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/31/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/07**
Indexed Asset Value	**2,101,964**
FRVS Base Asset:	**1,171,640**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**3,750,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**171,937**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,681,571**	**5.0816**
20% ROE(2):	**420,393**	**0.3740**
Insurance Cost(3):	**32,109**	**1.0111**
Taxes Cost(3):	**85,104**	**2.6800**
Home Office(3):	**32,031**	**1.0087**
Replacement(3&4):	**90,611**	**0.0000**
Total FRVS PD:		**10.1554**

(1) 80% Capital ($1,681,571) amortized at 8.2500% for 20 years Principal & Interest of $171,937 divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = $5.0816

(2) 20% ROE ($420,393) times the ROE factor (0.030100) divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = $0.3740

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**103**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,935,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.3713**	**44.3713**	**0.3871**	**43.9842**	
Patient Care					
Direct Care	**83.8056**	**83.8056**	**0.7311**	**83.0745**	
Indirect Care	**44.1504**	**44.1504**	**0.3851**	**43.7653**	
Property	**13.6500**	**10.1554**	**0.0886**	**10.0668**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.7438**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**185.9773**	**182.4827**	**1.5919**	**203.2317**	

***Medicaid Trend Adjustment :**

0 324566-00 - 2011/01

215.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Southern Oaks Rehabilitation and Nursing Center

Type of Cost Report:Interim Change of Ownership [1] - Budget Type of Cost:Estimated[1] Type of Rate:Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
600 West Gregory Street		**12/01/2007-11/30/2008**		Number of Beds:	**210**	Superior:	**0**
Pensacola FL 32501		Days In CR	**366**	Maximum:	**76,860**	Standard:	**181**
County: **Escambia[17]**		First Used:	**2007/07**	Max Annualized:	**76,650**	Conditional:	**0**
Region: **North [1]**	Area: **1**	Last Used:	**2011/01**	Total Patient:	**59,166**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**6,547**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**46,316**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**10/1/1978**						
Acquired Date:	**10/1/1978**						
Entered Medicaid	**10/1/1978**						
Med # Active Date:	**12/31/2007**						
Previous Med #	**260631**						

Medicaid Utilization	**78.28145%**
Occupancy:	**76.97892%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**96.76019%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.16484995**
Semester Index:	**1.24282006**
Cost:	**1.00000000**
Target:	**1.01759574**
DC FY Index:	**1.13265957**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.00000000**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,981,292	4,309,236	2,341,768	735,961	0	9,368,257
1a	Audit Adjustments						
2	Cost Per Diem	42.7777	93.0399	50.5607	**15.8900**		202.2683
3	Cost Per Diem Inflated	42.7777	93.0399	50.5607			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.7777**	**93.0399**	**50.5607**	**15.8900**		202.2683
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation	**46.7744**		**48.8630**			
10b	Base for line 10a	45.6275		47.6649			
11	Lesser of 5,7,8,10, 10a	**42.7777**	**93.0399**	**48.8630**	**13.6500**		198.3306
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.7777**	**93.0399**	**48.8630**	**13.6500**		**198.3306**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.

0 324566-00 - 2011/01

215.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Southern Oaks Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**11/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1978/07**
Indexed Asset Value	**4,944,174**
FRVS Base Asset:	**2,938,978**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.043130**

Mortgage Information		
Amount:	**3,485,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.2500**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**319,834**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,955,339**	**4.6363**
20% ROE(2):	**988,835**	**0.6182**
Insurance Cost(3):	**85,000**	**1.4366**
Taxes Cost(3):	**75,000**	**1.2676**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**7.9587**

(1) 80% Capital ($3,955,339) amortized at 5.2500% for 20 years Principal & Interest of $319,834 divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = $4.6363
(2) 20% ROE ($988,835) times the ROE factor (0.043130) divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = $0.6182
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**210**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,985,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.7777**	**42.7777**	**0.3732**	**42.4045**	
Patient Care					
Direct Care	**93.0399**	**93.0399**	**0.8116**	**92.2283**	
Indirect Care	**48.8630**	**48.8630**	**0.4263**	**48.4367**	
Property	**13.6500**	**7.9587**	**0.0694**	**7.8893**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.7464**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**198.3306**	**192.6393**	**1.6805**	**215.3023**	

***Medicaid Trend Adjustment :**

0 324612-00 - 2011/01

164.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

RiverWood Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
40 Acme Street		**01/01/2009-12/31/2009**		Number of Beds:	**119**	Superior:	**0**
Jacksonville FL 32211		Days In CR	**365**	Maximum:	**43,435**	Standard:	**118**
County:	**Duval[16]**	First Used:	**2010/07**	Max Annualized:	**43,435**	Conditional:	**63**
Region:	**North [1]** Area: **4**	Last Used:	**2011/01**	Total Patient:	**42,149**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,045**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**35,230**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/13/1970**						
Acquired Date:	**8/13/1996**						
Entered Medicaid	**4/1/1997**						
Med # Active Date:	**10/4/2007**						
Previous Med #	**250970**						

Medicaid Utilization	**83.58443%**
Occupancy:	**97.03925%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**121.97542%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.24282006**
Cost:	**1.04099417**
Target:	**1.01759574**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02630444**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,078,825	2,443,264	881,378	426,283	0	4,829,750
1a	Audit Adjustments						
2	Cost Per Diem	30.6223	69.3518	25.0178	**12.1000**		137.0919
3	Cost Per Diem Inflated	31.8776	71.1761	26.0434			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**31.8776**	**71.1761**	**26.0434**	**12.1000**		141.1971
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	35.2761		43.1867			
7	Provider Target Rate	**36.1628**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**31.8776**	**71.1761**	**26.0434**	**12.1000**		141.1971
12/13	Medicaid Adjustment Rate		1.7532	0.6415			
14	Prospective Per Diem 11	**31.8776**	**72.9293**	**26.6849**	**12.1000**		**143.5918**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324612-00 - 2011/01

164.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

RiverWood Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/07**
Indexed Asset Value	**4,223,556**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**284,622**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,378,845**	**7.2809**
20% ROE(2):	**844,711**	**0.6303**
Insurance Cost(3):	**16,431**	**0.3898**
Taxes Cost(3):	**19,077**	**0.4526**
Home Office(3):	**6,335**	**0.1503**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**8.9039**

(1) 80% Capital ($3,378,845) amortized at 8.5000% for 20 years Interest of $284,622 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $7.2809
(2) 20% ROE ($844,711) times the ROE factor (0.029170) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $0.6303
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1996**	Used Per Bed Standard:	**36,047**
Comparison Bed	**119**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,289,593**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**31.8776**	**31.8776**	**0.2781**	**31.5995**	
Patient Care					
Direct Care	**72.9293**	**72.9293**	**0.6362**	**72.2931**	
Indirect Care	**26.6849**	**26.6849**	**0.2328**	**26.4521**	
Property	**12.1000**	**8.9039**	**0.0777**	**8.8262**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.4697**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**143.5918**	**140.3957**	**1.2248**	**164.2377**	

***Medicaid Trend Adjustment :**

0 325031-00 - 2011/01

260.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Terraces of Lake Worth Rehab and Health Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1711 6th Avenue South		**03/01/2009-02/28/2010**		Number of Beds:	**99**	Superior:	**0**
Lake Worth FL 33460		Days In CR	**365**	Maximum:	**36,135**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2010/07**	Max Annualized:	**36,135**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**33,535**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,301**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**26,903**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1977**						
Acquired Date:	**7/1/1977**						
Entered Medicaid	**1/1/1979**						
Med # Active Date:	**8/1/2007**						
Previous Med #	**309303**						

Medicaid Utilization	**80.22365%**
Occupancy:	**92.80476%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.65279%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19701332**
Semester Index:	**1.24282006**
Cost:	**1.03826753**
Target:	**1.01759574**
DC FY Index:	**1.16183216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02424433**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,398,849	2,483,277	1,724,261	768,888	0	6,375,275
1a	Audit Adjustments						
2	Cost Per Diem	51.9960	92.3048	64.0918	**28.5800**		236.9726
3	Cost Per Diem Inflated	53.9858	94.5427	66.5444			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.9858**	**94.5427**	**66.5444**	**28.5800**		243.6529
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.8231		71.4454			
7	Provider Target Rate	**63.3771**		**73.2413**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation	**52.1525**		**66.4383**			
10b	Base for line 10a	50.8737		64.8092			
11	Lesser of 5,7,8,10, 10a	**52.1525**	**94.5427**	**66.4383**	**13.6500**		226.7835
12/13	Medicaid Adjustment Rate		3.2146	2.2590			
14	Prospective Per Diem 11	**52.1525**	**97.7573**	**68.6973**	**13.6500**		**232.2571**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325031-00 - 2011/01

260.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Terraces of Lake Worth Rehab and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/1/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1977/07**
Indexed Asset Value	**4,683,036**
FRVS Base Asset:	**1,103,813**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**2,768,698.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.3000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.3000**	**%**
Interest Only:	**False**	
Yearly Payment:	**442,820**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,746,429**	**13.6162**
20% ROE(2):	**936,607**	**0.8821**
Insurance Cost(3):	**88,783**	**2.6475**
Taxes Cost(3):	**61,071**	**1.8211**
Home Office(3):	**11,875**	**0.3541**
Replacement(3&4):	**21,588**	**0.0000**
Total FRVS PD:		**19.3210**

(1) 80% Capital ($3,746,429) amortized at 10.3000% for 20 years Principal & Interest of $442,820 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $13.6162
(2) 20% ROE ($936,607) times the ROE factor (0.030630) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $0.8821
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**99**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,821,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.1525**	**52.1525**	**0.4549**	**51.6976**	
Patient Care					
Direct Care	**97.7573**	**97.7573**	**0.8528**	**96.9045**	
Indirect Care	**68.6973**	**68.6973**	**0.5993**	**68.0980**	
Property	**13.6500**	**19.3210**	**0.1685**	**19.1525**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9765**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**232.2571**	**237.9281**	**2.0755**	**260.4262**	

***Medicaid Trend Adjustment :**

0 325040-00 - 2011/01

223.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Arbor Village Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
490 South Old Wire Road		**03/01/2009-02/28/2010**		Number of Beds:	**210**	Superior:	**0**
Wildwood FL 34785		Days In CR	**365**	Maximum:	**76,650**	Standard:	**181**
County:	**Sumter[60]**	First Used:	**2011/01**	Max Annualized:	**76,650**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**72,465**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**20,955**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**42,733**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/1/1982**						
Acquired Date:	**5/1/1982**						
Entered Medicaid	**5/1/1982**						
Med # Active Date:	**8/1/2007**						
Previous Med #	**283142**						

Medicaid Utilization	**58.97054%**
Occupancy:	**94.54012%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.83408%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19701332**
Semester Index:	**1.24282006**
Cost:	**1.03826753**
Target:	**1.01759574**
DC FY Index:	**1.16183216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02424433**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,703,509	3,931,777	2,209,339	1,719,149	0	9,563,774
1a	Audit Adjustments						
2	Cost Per Diem	39.8640	92.0080	51.7010	**40.2300**		223.8030
3	Cost Per Diem Inflated	41.3895	94.2387	53.6795			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.3895**	**94.2387**	**53.6795**	**40.2300**		229.5377
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.9872		54.5898			
7	Provider Target Rate	**47.1432**		**55.9620**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation	**41.0271**		**53.1226**			
10b	Base for line 10a	40.0211		51.8200			
11	Lesser of 5,7,8,10, 10a	**41.0271**	**94.2387**	**53.1226**	**13.6500**		202.0384
12/13	Medicaid Adjustment Rate		0.9510	0.5361			
14	Prospective Per Diem 11	**41.0271**	**95.1897**	**53.6587**	**13.6500**		**203.5255**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325040-00 - 2011/01

223.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Arbor Village Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**8,373,137**
FRVS Base Asset:	**2,419,633**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**6,300,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0000**	**%**
Chase Rate:	**5.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**684,908**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,698,510**	**9.9284**
20% ROE(2):	**1,674,627**	**0.7436**
Insurance Cost(3):	**180,636**	**2.4927**
Taxes Cost(3):	**70,670**	**0.9752**
Home Office(3):	**25,660**	**0.3541**
Replacement(3&4):	**8,257**	**0.0000**
Total FRVS PD:		**14.4940**

(1) 80% Capital ($6,698,510) amortized at 8.2500% for 20 years Principal & Interest of $684,908 divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = $9.9284
(2) 20% ROE ($1,674,627) times the ROE factor (0.030630) divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = $0.7436
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.0271**	**41.0271**	**0.3579**	**40.6692**	
Patient Care					
Direct Care	**95.1897**	**95.1897**	**0.8304**	**94.3593**	
Indirect Care	**53.6587**	**53.6587**	**0.4681**	**53.1906**	
Property	**13.6500**	**14.4940**	**0.1264**	**14.3676**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.3849**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**203.5255**	**204.3695**	**1.7828**	**223.5687**	

***Medicaid Trend Adjustment :**

0 325163-00 - 2011/01

258.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

North Lake Rehabilitation and Health Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
750 Bayberry Drive		**03/01/2009-02/28/2010**		Number of Beds:	**85**	Superior:	**0**
Lake Park FL 33403		Days In CR	**365**	Maximum:	**31,025**	Standard:	**181**
County: **Palm Beach[50]**		First Used:	**2010/07**	Max Annualized:	**31,025**	Conditional:	**0**
Region: **South[2]**	Area: **9**	Last Used:	**2011/01**	Total Patient:	**27,324**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**1,615**	**Inflation**	
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**23,115**	FY Index:	**1.19701332**
Class at 1/94: **South Small [3]**		Medicaid Utilization			**84.59596%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**88.07091%**	Cost:	**1.03826753**
Open Date:	**1/1/1970**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/1/1970**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16183216**
Entered Medicaid	**1/1/1970**	Low Occupancy Adjustment Factor:			**110.70248%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**9/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02424433**
Previous Med #	**309281**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,233,820	2,160,353	1,615,376	528,871	0	5,538,420
1a	Audit Adjustments						
2	Cost Per Diem	53.3775	93.4611	69.8843	**22.8800**		239.6029
3	Cost Per Diem Inflated	55.4201	95.7270	72.5586			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.4201**	**95.7270**	**72.5586**	**22.8800**		246.5857
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.9199		74.6341			
7	Provider Target Rate	**65.5266**		**76.5102**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation	**55.5834**		**67.7822**			
10b	Base for line 10a	54.2205		66.1202			
11	Lesser of 5,7,8,10, 10a	**55.4201**	**95.7270**	**67.7822**	**13.6500**		232.5793
12/13	Medicaid Adjustment Rate		3.7257	2.6381			
14	Prospective Per Diem 11	**55.4201**	**99.4527**	**70.4203**	**13.6500**		**238.9431**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325163-00 - 2011/01

258.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

North Lake Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**1,385,980**
FRVS Base Asset:	**480,912**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030630**

Mortgage Information		
Amount:	**500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**8.7500**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**124,024**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,108,784**	**4.4417**
20% ROE(2):	**277,196**	**0.3041**
Insurance Cost(3):	**75,582**	**2.7661**
Taxes Cost(3):	**53,612**	**1.9621**
Home Office(3):	**9,676**	**0.3541**
Replacement(3&4):	**9,639**	**0.0000**
Total FRVS PD:		**9.8281**

(1) 80% Capital ($1,108,784) amortized at 9.5000% for 20 years Principal & Interest of $124,024 divided by annual available days (31,025) divided by Occup. Adj. (0.9000) = $4.4417

(2) 20% ROE ($277,196) times the ROE factor (0.030630) divided by annual available days (31,025) divided by Occup. Adj. (0.9000) = $0.3041

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**85**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,422,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**55.4201**	**55.4201**	**0.4835**	**54.9366**	
Patient Care					
Direct Care	**99.4527**	**99.4527**	**0.8676**	**98.5851**	
Indirect Care	**70.4203**	**70.4203**	**0.6143**	**69.8060**	
Property	**13.6500**	**9.8281**	**0.0857**	**9.7424**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.7170**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**238.9431**	**235.1212**	**2.0511**	**258.3842**	

***Medicaid Trend Adjustment :**

0 325236-00 - 2011/01

202.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heartland Health Care Center - Jacksonville

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
8495 Normandy Blvd		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32221		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Duval[16]**		First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**42,100**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**18,157**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**17,724**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**1/12/1990**						
Acquired Date:	**1/12/1990**						
Entered Medicaid	**1/12/1990**						
Med # Active Date:	**12/20/2007**						
Previous Med #	**201511**						

Medicaid Utilization	**42.09976%**
Occupancy:	**96.11872%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**120.81834%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	963,810	1,412,794	815,647	241,401	154,145	3,587,797
1a	Audit Adjustments						
2	Cost Per Diem	54.3788	79.7108	46.0194	**13.6200**	**8.6970**	202.4260
3	Cost Per Diem Inflated	56.0254	81.3166	47.4128			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.0254**	**81.3166**	**47.4128**	**13.6200**	**8.6970**	207.0718
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.5530		44.6122			
7	Provider Target Rate	**60.0248**		**45.7336**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**81.3166**	**45.7336**	**13.6200**	**8.6970**	194.6135
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.2463**	**81.3166**	**45.7336**	**13.6200**	**8.6970**	**194.6135**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325236-00 - 2011/01

202.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Heartland Health Care Center - Jacksonville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/12/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/01**
Indexed Asset Value	**5,811,855**
FRVS Base Asset:	**3,602,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**3,600,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0150**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**6.0150**	**%**
Interest Only:	**False**	
Yearly Payment:	**400,207**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,649,484**	**10.1524**
20% ROE(2):	**1,162,371**	**0.9306**
Insurance Cost(3):	**3,632**	**0.0863**
Taxes Cost(3):	**62,118**	**1.4755**
Home Office(3):	**33,375**	**0.7928**
Replacement(3&4):	**28,214**	**0.0000**
Total FRVS PD:		**13.4376**

(1) 80% Capital ($4,649,484) amortized at 6.0150% for 20 years Principal & Interest of $400,207 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.1524
(2) 20% ROE ($1,162,371) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9306
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**81.3166**	**81.3166**	**0.7094**	**80.6072**	
Indirect Care	**45.7336**	**45.7336**	**0.3990**	**45.3346**	
Property	**13.6200**	**13.4376**	**0.1172**	**13.3204**	
ROE	**8.6970**	**6.5560**	**0.0572**	**6.4988**	
ROE Adjustment	**-6.5560**	**-6.5560**	**-0.0572**	**-6.4988**	
Quality Assess-Medicaid Share				**$10.7089**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**188.0575**	**185.7341**	**1.6203**	**202.4198**	

***Medicaid Trend Adjustment :**

0 325244-00 - 2011/01

198.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heartland of Kendall

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
9400 SW 137th Avenue		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
Kendall FL 33186		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2011/01**	Total Patient:	**42,214**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**22,169**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**15,992**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/31/1989**						
Acquired Date:	**8/31/1989**						
Entered Medicaid	**8/31/1989**						
Med # Active Date:	**12/20/2007**						
Previous Med #	**211591**						

Medicaid Utilization	**37.88317%**
Occupancy:	**96.37899%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**121.14550%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	702,890	1,303,545	663,992	170,795	173,260	3,014,482
1a	Audit Adjustments						
2	Cost Per Diem	43.9526	81.5123	41.5203	**10.6800**	**10.8342**	188.4994
3	Cost Per Diem Inflated	45.2835	83.1544	42.7775			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.2835**	**83.1544**	**42.7775**	**10.6800**	**10.8342**	192.7296
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.4999		47.2201			
7	Provider Target Rate	**57.9201**		**48.4071**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2835**	**83.1544**	**42.7775**	**10.6800**	**10.8342**	192.7296
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.2835**	**83.1544**	**42.7775**	**10.6800**	**10.8342**	**192.7296**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325244-00 - 2011/01

198.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Heartland of Kendall

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**8/31/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/07**
Indexed Asset Value	**4,898,336**
FRVS Base Asset:	**3,578,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**3,215,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.7400**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**6.7400**	**%**
Interest Only:	**False**	
Yearly Payment:	**357,274**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,918,669**	**9.0633**
20% ROE(2):	**979,667**	**0.7843**
Insurance Cost(3):	**4,192**	**0.0993**
Taxes Cost(3):	**63,297**	**1.4994**
Home Office(3):	**21,708**	**0.5142**
Replacement(3&4):	**785,468**	**0.0000**
Total FRVS PD:		**11.9605**

(1) 80% Capital ($3,918,669) amortized at 6.7400% for 20 years Principal & Interest of $357,274 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.0633
(2) 20% ROE ($979,667) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7843
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,578,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2835**	**45.2835**	**0.3950**	**44.8885**	
Patient Care					
Direct Care	**83.1544**	**83.1544**	**0.7254**	**82.4290**	
Indirect Care	**42.7775**	**42.7775**	**0.3732**	**42.4043**	
Property	**10.6800**	**11.9605**	**0.1043**	**11.8562**	
ROE	**10.8342**	**9.0741**	**0.0792**	**8.9949**	
ROE Adjustment	**-9.0741**	**-9.0741**	**-0.0792**	**-8.9949**	
Quality Assess-Medicaid Share				**$8.9413**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**183.6555**	**183.1759**	**1.5979**	**198.1164**	

***Medicaid Trend Adjustment :**

0 325252-00 - 2011/01

211.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heartland of Miami Lakes

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5725 NW 186th Street	**10/01/2008-09/30/2009**	Number of Beds: **120**	Superior: **0**
Hialeah FL 33015	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Dade[13]**	First Used: **2010/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **South[2]** Area: **11**	Last Used: **2011/01**	Total Patient: **42,659**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **21,228**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **12,923**	
Class at 1/94: **South Large [4]**			
Operating Ex **> 18 months [1]**			
Open Date: **9/14/1990**			
Acquired Date: **9/14/1990**			
Entered Medicaid **9/14/1990**			
Med # Active Date: **12/20/2007**			
Previous Med # **202932**			

Medicaid Utilization	**30.29372%**
Occupancy:	**97.39498%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**122.42255%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	628,086	1,078,264	534,529	181,180	88,535	2,510,594
1a	Audit Adjustments						
2	Cost Per Diem	48.6022	83.4376	41.3626	**14.0200**	**6.8510**	194.2733
3	Cost Per Diem Inflated	50.8202	85.9288	43.2502			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.8202**	**85.9288**	**43.2502**	**14.0200**	**6.8510**	200.8702
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.0681		46.7838			
7	Provider Target Rate	**56.4523**		**47.9598**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**85.9288**	**43.2502**	**13.6500**	**6.8510**	200.0178
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.3378**	**85.9288**	**43.2502**	**13.6500**	**6.8510**	**200.0178**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325252-00 - 2011/01

211.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heartland of Miami Lakes

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/14/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/07**
Indexed Asset Value	**5,126,944**
FRVS Base Asset:	**3,620,880**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**3,600,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**491,389**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,101,555**	**12.4655**
20% ROE(2):	**1,025,389**	**0.7830**
Insurance Cost(3):	**4,826**	**0.1131**
Taxes Cost(3):	**117,211**	**2.7476**
Home Office(3):	**29,402**	**0.6892**
Replacement(3&4):	**667,255**	**0.0000**
Total FRVS PD:		**16.7984**

(1) 80% Capital ($4,101,555) amortized at 10.5000% for 20 years Principal & Interest of $491,389 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.4655

(2) 20% ROE ($1,025,389) times the ROE factor (0.030100) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7830

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,620,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**85.9288**	**85.9288**	**0.7496**	**85.1792**	
Indirect Care	**43.2502**	**43.2502**	**0.3773**	**42.8729**	
Property	**13.6500**	**16.7984**	**0.1465**	**16.6519**	
ROE	**6.8510**	**4.1769**	**0.0364**	**4.1405**	
ROE Adjustment	**-4.1769**	**-4.1769**	**-0.0364**	**-4.1405**	
Quality Assess-Medicaid Share				**$9.4598**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**195.8409**	**196.3152**	**1.7125**	**211.6596**	

***Medicaid Trend Adjustment :**

0 325261-00 - 2011/01

206.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heartland of Orange Park

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
570 Wells Road	**10/01/2009-09/30/2010**	Number of Beds: **120**	Superior: **0**
Orange Park FL 32073	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Clay[10]**	First Used: **2011/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2011/01**	Total Patient: **39,622**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **12,280**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **17,112**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **3/22/1990**			
Acquired Date: **3/22/1990**			
Entered Medicaid **4/26/1990**			
Med # Active Date: **12/20/2007**			
Previous Med # **202169**			

Medicaid Utilization	**43.18813%**
Occupancy:	**90.46119%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.70699%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21484990**
Semester Index:	**1.24282006**
Cost:	**1.02302355**
Target:	**1.01759574**
DC FY Index:	**1.17050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01665955**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	748,280	1,397,667	791,570	174,885	113,376	3,225,778
1a	Audit Adjustments						
2	Cost Per Diem	43.7284	81.6776	46.2582	**10.2200**	**6.6255**	188.5098
3	Cost Per Diem Inflated	44.7352	83.0383	47.3232			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.7352**	**83.0383**	**47.3232**	**10.2200**	**6.6255**	191.9422
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.9543		45.8962			
7	Provider Target Rate	**60.4362**		**47.0499**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.7352**	**83.0383**	**47.0499**	**10.2200**	**6.6255**	191.6689
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.7352**	**83.0383**	**47.0499**	**10.2200**	**6.6255**	**191.6689**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325261-00 - 2011/01

206.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heartland of Orange Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/26/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/01**
Indexed Asset Value	**4,924,466**
FRVS Base Asset:	**3,602,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029580**

Mortgage Information		
Amount:	**3,600,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.2600**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.2600**	**%**
Interest Only:	**False**	
Yearly Payment:	**373,936**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,939,573**	**9.4859**
20% ROE(2):	**984,893**	**0.7390**
Insurance Cost(3):	**2,715**	**0.0685**
Taxes Cost(3):	**76,307**	**1.9259**
Home Office(3):	**29,688**	**0.7493**
Replacement(3&4):	**201,072**	**0.0000**
Total FRVS PD:		**12.9686**

(1) 80% Capital ($3,939,573) amortized at 7.2600% for 20 years Principal & Interest of $373,936 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.4859

(2) 20% ROE ($984,893) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7390

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.7352**	**44.7352**	**0.3902**	**44.3450**	
Patient Care					
Direct Care	**83.0383**	**83.0383**	**0.7244**	**82.3139**	
Indirect Care	**47.0499**	**47.0499**	**0.4104**	**46.6395**	
Property	**10.2200**	**12.9686**	**0.1131**	**12.8555**	
ROE	**6.6255**	**5.5808**	**0.0487**	**5.5321**	
ROE Adjustment	**-5.5808**	**-5.5808**	**-0.0487**	**-5.5321**	
Quality Assess-Medicaid Share				**$12.9940**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**186.0881**	**187.7920**	**1.6381**	**206.7450**	

***Medicaid Trend Adjustment :**

0 325279-00 - 2011/01

207.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS Winter Park

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2075 Lochmond Drive		**10/01/2009-09/30/2010**		Number of Beds:	**138**	Superior:	**0**
Winter Park FL 32792		Days In CR	**365**	Maximum:	**50,370**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2011/01**	Max Annualized:	**50,370**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2011/01**	Total Patient:	**37,905**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,636**	Inflation	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**19,165**	FY Index:	**1.21484990**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**50.56061%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**75.25313%**	Cost:	**1.02302355**
Open Date:	**7/1/1977**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**7/1/1977**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.17050000**
Entered Medicaid	**7/1/1977**	Low Occupancy Adjustment Factor:			**94.59092%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**12/20/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.01665955**
Previous Med #	**204854**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,129,595	1,642,040	792,378	189,925	149,249	3,903,187
1a	Audit Adjustments						
2	Cost Per Diem	58.9405	85.6791	41.3451	**9.9100**	**7.7876**	203.6623
3	Cost Per Diem Inflated	60.2975	87.1065	42.2970			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**60.2975**	**87.1065**	**42.2970**	**9.9100**	**7.7876**	207.3986
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.2471		44.9838			
7	Provider Target Rate	**61.7615**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**87.1065**	**42.2970**	**9.9100**	**7.7876**	194.8932
12/13	Medicaid Adjustment Rate		0.0549	0.0267			
14	Prospective Per Diem 11	**47.7921**	**87.1614**	**42.3237**	**9.9100**	**7.7876**	**194.9748**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325279-00 - 2011/01

207.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

MCHS Winter Park

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1977/07**
Indexed Asset Value	**3,648,602**
FRVS Base Asset:	**2,386,545**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029580**

Mortgage Information		
Amount:	**2,068,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.5000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**7.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**282,172**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,918,882**	**6.2244**
20% ROE(2):	**729,720**	**0.4761**
Insurance Cost(3):	**1,226**	**0.0323**
Taxes Cost(3):	**50,416**	**1.3301**
Home Office(3):	**30,440**	**0.8031**
Replacement(3&4):	**850,823**	**0.0000**
Total FRVS PD:		**8.8660**

(1) 80% Capital ($2,918,882) amortized at 7.5000% for 20 years Principal & Interest of $282,172 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $6.2244
(2) 20% ROE ($729,720) times the ROE factor (0.029580) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $0.4761
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**138**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,933,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**87.1614**	**87.1614**	**0.7603**	**86.4011**	
Indirect Care	**42.3237**	**42.3237**	**0.3692**	**41.9545**	
Property	**9.9100**	**8.8660**	**0.0864**	**9.8236**	
ROE	**7.7876**	**6.9396**	**0.0679**	**7.7197**	
ROE Adjustment	**-6.9396**	**-6.9396**	**-0.0605**	**-6.8791**	
Quality Assess-Medicaid Share				**$13.5464**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**188.0352**	**186.1432**	**1.6402**	**207.5385**	

***Medicaid Trend Adjustment :**

0 325287-00 - 2011/01

195.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

South Jacksonville

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3648 University Boulevard		**06/01/2009-05/31/2010**		Number of Beds:	**117**	Superior:	**0**
Jacksonville FL 32216		Days In CR	**365**	Maximum:	**42,705**	Standard:	**181**
County: **Duval[16]**		First Used:	**2011/01**	Max Annualized:	**42,705**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**40,323**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**16,510**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**14,196**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date: **11/1/1981**							
Acquired Date: **11/1/1981**							
Entered Medicaid **7/1/1980**							
Med # Active Date: **12/20/2007**							
Previous Med # **205630**							

Medicaid Utilization	**35.20571%**
Occupancy:	**94.42220%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.68585%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20371855**
Semester Index:	**1.24282006**
Cost:	**1.03248393**
Target:	**1.01759574**
DC FY Index:	**1.16533216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02116808**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	527,179	1,144,899	630,827	165,525	107,076	2,575,506
1a	Audit Adjustments						
2	Cost Per Diem	37.1357	80.6494	44.4370	**11.6600**	**7.5427**	181.4248
3	Cost Per Diem Inflated	38.3420	82.3566	45.8805			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.3420**	**82.3566**	**45.8805**	**11.6600**	**7.5427**	185.7818
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.6895		43.1867			
7	Provider Target Rate	**54.0139**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.3420**	**82.3566**	**44.2723**	**11.6600**	**7.5427**	184.1736
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.3420**	**82.3566**	**44.2723**	**11.6600**	**7.5427**	**184.1736**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325287-00 - 2011/01

195.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

South Jacksonville

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**5,066,556**
FRVS Base Asset:	**2,155,424**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**1,521,100.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**453,379**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,053,245**	**11.7961**
20% ROE(2):	**1,013,311**	**0.8405**
Insurance Cost(3):	**3,368**	**0.0835**
Taxes Cost(3):	**68,370**	**1.6956**
Home Office(3):	**32,697**	**0.8109**
Replacement(3&4):	**330,636**	**0.0000**
Total FRVS PD:		**15.2266**

(1) 80% Capital ($4,053,245) amortized at 9.5000% for 20 years Principal & Interest of $453,379 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = $11.7961

(2) 20% ROE ($1,013,311) times the ROE factor (0.031880) divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = $0.8405

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**89**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,536,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.3420**	**38.3420**	**0.3345**	**38.0075**	
Patient Care					
Direct Care	**82.3566**	**82.3566**	**0.7184**	**81.6382**	
Indirect Care	**44.2723**	**44.2723**	**0.3862**	**43.8861**	
Property	**11.6600**	**15.2266**	**0.1017**	**11.5583**	
ROE	**7.5427**	**6.1333**	**0.0658**	**7.4769**	
ROE Adjustment	**-6.1333**	**-6.1333**	**-0.0535**	**-6.0798**	
Quality Assess-Medicaid Share				**$11.1202**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**178.0403**	**180.1975**	**1.5531**	**195.2045**	

***Medicaid Trend Adjustment :**

0 325295-00 - 2011/01

207.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heartland of Brooksville

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
575 Lamar Ave		**09/01/2009-08/31/2010**		Number of Beds:	**120**	Superior:	**0**
Brooksville FL 34601		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Hernando[27]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2011/01**	Total Patient:	**32,948**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,463**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**21,249**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1988**						
Acquired Date:	**1/1/1988**						
Entered Medicaid	**1/1/1988**						
Med # Active Date:	**12/20/2007**						
Previous Med #	**211575**						

Medicaid Utilization	**64.49253%**
Occupancy:	**75.22374%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**94.55398%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21199123**
Semester Index:	**1.24282006**
Cost:	**1.02543651**
Target:	**1.01759574**
DC FY Index:	**1.16916514**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01782029**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	960,574	1,709,053	1,022,931	203,778	155,933	4,052,269
1a	Audit Adjustments						
2	Cost Per Diem	45.2056	80.4298	48.1402	**9.5900**	**7.3384**	190.7040
3	Cost Per Diem Inflated	46.3555	81.8631	49.3647			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.3555**	**81.8631**	**49.3647**	**9.5900**	**7.3384**	194.5117
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.6062		43.1867			
7	Provider Target Rate	**58.0291**		**44.2723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**47.0352**	**94.8213**	**57.6994**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	44.4639		52.5706			
10	Target Rate Class Ceiling	**45.2463**		**53.4956**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2463**	**81.8631**	**44.2723**	**9.5900**	**7.3384**	188.3101
12/13	Medicaid Adjustment Rate		1.3347	0.7218			
14	Prospective Per Diem 11	**45.2463**	**83.1978**	**44.9941**	**9.5900**	**7.3384**	**190.3666**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325295-00 - 2011/01

207.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heartland of Brooksville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**5,646,697**
FRVS Base Asset:	**3,530,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030420**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0150**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**6.0150**	**%**
Interest Only:	**False**	
Yearly Payment:	**388,834**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,517,358**	**9.8639**
20% ROE(2):	**1,129,339**	**0.8715**
Insurance Cost(3):	**1,894**	**0.0575**
Taxes Cost(3):	**39,904**	**1.2111**
Home Office(3):	**23,495**	**0.7131**
Replacement(3&4):	**155,238**	**0.0000**
Total FRVS PD:		**12.7171**

(1) 80% Capital ($4,517,358) amortized at 6.0150% for 20 years Principal & Interest of $388,834 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.8639

(2) 20% ROE ($1,129,339) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8715

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,530,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2463**	**45.2463**	**0.3947**	**44.8516**	
Patient Care					
Direct Care	**83.1978**	**83.1978**	**0.7258**	**82.4720**	
Indirect Care	**44.9941**	**44.9941**	**0.3925**	**44.6016**	
Property	**9.5900**	**12.7171**	**0.1109**	**12.6062**	
ROE	**7.3384**	**6.5843**	**0.0574**	**6.5269**	
ROE Adjustment	**-6.5843**	**-6.5843**	**-0.0574**	**-6.5269**	
Quality Assess-Medicaid Share				**$15.1364**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**183.7823**	**186.1553**	**1.6239**	**207.2649**	

***Medicaid Trend Adjustment :**

0 325309-00 - 2011/01

200.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heartland of Boynton Beach

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3600 Old Boynton Beach		**07/01/2009-06/30/2010**		Number of Beds:	**120**	Superior:	**0**
Boynton Beach FL 33436		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**40,440**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,789**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**25,898**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/3/1991**						
Acquired Date:	**5/3/1991**						
Entered Medicaid	**1/16/1992**						
Med # Active Date:	**12/20/2007**						
Previous Med #	**204200**						

Medicaid Utilization	**64.04055%**
Occupancy:	**92.32877%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**116.05449%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20629404**
Semester Index:	**1.24282006**
Cost:	**1.03027953**
Target:	**1.01759574**
DC FY Index:	**1.16650000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02014574**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,408,373	1,990,075	873,421	310,776	211,530	4,794,175
1a	Audit Adjustments						
2	Cost Per Diem	54.3815	76.8428	33.7254	**12.0000**	**8.1678**	185.1175
3	Cost Per Diem Inflated	56.0281	78.3909	34.7466			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.0281**	**78.3909**	**34.7466**	**12.0000**	**8.1678**	189.3334
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.8844		46.7809			
7	Provider Target Rate	**57.2892**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**78.3909**	**34.7466**	**12.0000**	**8.1678**	183.6431
12/13	Medicaid Adjustment Rate		1.2382	0.5488			
14	Prospective Per Diem 11	**50.3378**	**79.6291**	**35.2954**	**12.0000**	**8.1678**	**185.4301**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325309-00 - 2011/01

200.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Heartland of Bovnton Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**1/16/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**4,932,231**
FRVS Base Asset:	**3,642,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**332,379**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,945,785**	**8.4317**
20% ROE(2):	**986,446**	**0.7898**
Insurance Cost(3):	**4,242**	**0.1049**
Taxes Cost(3):	**92,978**	**2.2992**
Home Office(3):	**23,728**	**0.5867**
Replacement(3&4):	**157,261**	**0.0000**
Total FRVS PD:		**12.2123**

(1) 80% Capital ($3,945,785) amortized at 8.5000% for 20 years Interest of $332,379 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.4317
(2) 20% ROE ($986,446) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7898
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**79.6291**	**79.6291**	**0.6946**	**78.9345**	
Indirect Care	**35.2954**	**35.2954**	**0.3079**	**34.9875**	
Property	**12.0000**	**12.2123**	**0.1065**	**12.1058**	
ROE	**8.1678**	**5.2683**	**0.0460**	**5.2223**	
ROE Adjustment	**-5.2683**	**-5.2683**	**-0.0460**	**-5.2223**	
Quality Assess-Medicaid Share				**$16.6001**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**180.1618**	**177.4746**	**1.5481**	**200.1237**	

***Medicaid Trend Adjustment :**

0 325325-00 - 2011/01

205.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heartland of Ft. Mvers

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1600 Matthew Drive		**10/01/2009-09/30/2010**		Number of Beds:	**120**	Superior:	**0**
Ft. Myers FL 33907		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Lee[36]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**42,171**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**18,319**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**16,688**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/29/1990**						
Acquired Date:	**10/29/1990**						
Entered Medicaid	**4/25/1991**						
Med # Active Date:	**12/20/2007**						
Previous Med #	**203491**						

Medicaid Utilization	**39.57222%**
Occupancy:	**96.28082%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**121.02209%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21484990**
Semester Index:	**1.24282006**
Cost:	**1.02302355**
Target:	**1.01759574**
DC FY Index:	**1.17050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01665955**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	873,818	1,495,236	588,392	225,622	126,226	3,309,294
1a	Audit Adjustments						
2	Cost Per Diem	52.3621	89.5995	35.2584	**13.5200**	**7.5639**	198.3039
3	Cost Per Diem Inflated	53.5677	91.0922	36.0702			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.5677**	**91.0922**	**36.0702**	**13.5200**	**7.5639**	201.8140
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.8094		46.7809			
7	Provider Target Rate	**59.2625**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**91.0922**	**36.0702**	**13.5200**	**7.5639**	198.5841
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.3378**	**91.0922**	**36.0702**	**13.5200**	**7.5639**	**198.5841**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325325-00 - 2011/01

205.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heartland of Ft. Mvers

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/25/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/07**
Indexed Asset Value	**4,416,154**
FRVS Base Asset:	**2,715,660**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029580**

Mortgage Information		
Amount:	**5,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0150**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**6.0150**	**%**
Interest Only:	**False**	
Yearly Payment:	**304,099**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,532,923**	**7.7143**
20% ROE(2):	**883,231**	**0.6628**
Insurance Cost(3):	**3,762**	**0.0892**
Taxes Cost(3):	**91,423**	**2.1679**
Home Office(3):	**31,821**	**0.7546**
Replacement(3&4):	**365,625**	**0.0000**
Total FRVS PD:		**11.3888**

(1) 80% Capital ($3,532,923) amortized at 6.0150% for 20 years Principal & Interest of $304,099 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.7143

(2) 20% ROE ($883,231) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6628

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**90**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,715,660**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**91.0922**	**91.0922**	**0.7946**	**90.2976**	
Indirect Care	**36.0702**	**36.0702**	**0.3147**	**35.7555**	
Property	**13.5200**	**11.3888**	**0.0993**	**11.2895**	
ROE	**7.5639**	**5.5772**	**0.0487**	**5.5285**	
ROE Adjustment	**-5.5772**	**-5.5772**	**-0.0487**	**-5.5285**	
Quality Assess-Medicaid Share				**$10.6503**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**193.0069**	**188.8890**	**1.6477**	**205.4887**	

***Medicaid Trend Adjustment :**

0 325333-00 - 2011/01

197.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heartland of Lauderhill

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2599 NW 55th Avenue		**08/01/2009-07/31/2010**		Number of Beds:	**109**	Superior:	**0**
Lauderhill FL 33313		Days In CR	**365**	Maximum:	**39,785**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2011/01**	Max Annualized:	**39,785**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2011/01**	Total Patient:	**38,465**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,442**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**27,737**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/13/1989**						
Acquired Date:	**4/13/1989**						
Entered Medicaid	**12/27/1989**						
Med # Active Date:	**12/20/2007**						
Previous Med #	**201570**						

Inflation	
FY Index:	**1.20913928**
Semester Index:	**1.24282006**
Cost:	**1.02785517**
Target:	**1.01759574**
DC FY Index:	**1.16783181**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01898235**
PS Target:	**1.02513678**

Medicaid Utilization		**72.10971%**
Occupancy:		**96.68217%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**121.52658%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,286,076	2,050,802	968,001	348,654	205,824	4,859,357
1a	Audit Adjustments						
2	Cost Per Diem	46.3668	73.9374	34.8993	**12.5700**	**7.4206**	175.1940
3	Cost Per Diem Inflated	47.6584	75.3409	35.8714			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.6584**	**75.3409**	**35.8714**	**12.5700**	**7.4206**	178.8613
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.5407		46.7809			
7	Provider Target Rate	**60.0122**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.6584**	**75.3409**	**35.8714**	**12.5700**	**7.4206**	178.8613
12/13	Medicaid Adjustment Rate		1.8740	0.8922			
14	Prospective Per Diem 11	**47.6584**	**77.2149**	**36.7636**	**12.5700**	**7.4206**	**181.6275**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325333-00 - 2011/01

197.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heartland of Lauderhill

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/27/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/01**
Indexed Asset Value	**4,577,023**
FRVS Base Asset:	**2,519,910**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031040**

Mortgage Information		
Amount:	**4,050,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0150**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**6.0150**	**%**
Interest Only:	**False**	
Yearly Payment:	**315,176**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,661,618**	**8.8022**
20% ROE(2):	**915,405**	**0.7935**
Insurance Cost(3):	**3,305**	**0.0859**
Taxes Cost(3):	**95,063**	**2.4714**
Home Office(3):	**22,359**	**0.5813**
Replacement(3&4):	**237,532**	**0.0000**
Total FRVS PD:		**12.7343**

(1) 80% Capital ($3,661,618) amortized at 6.0150% for 20 years Principal & Interest of $315,176 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = $8.8022

(2) 20% ROE ($915,405) times the ROE factor (0.031040) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = $0.7935

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1988**	Used Per Bed Standard:	**29,646**
Comparison Bed	**85**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,519,910**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.6584**	**47.6584**	**0.4157**	**47.2427**	
Patient Care					
Direct Care	**77.2149**	**77.2149**	**0.6736**	**76.5413**	
Indirect Care	**36.7636**	**36.7636**	**0.3207**	**36.4429**	
Property	**12.5700**	**12.7343**	**0.1111**	**12.6232**	
ROE	**7.4206**	**5.0347**	**0.0439**	**4.9908**	
ROE Adjustment	**-5.0347**	**-5.0347**	**-0.0439**	**-4.9908**	
Quality Assess-Medicaid Share				**$16.6555**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**176.5928**	**174.3712**	**1.5211**	**197.1027**	

***Medicaid Trend Adjustment :**

0 325341-00 - 2011/01

207.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heartland of Prosperity Oaks

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
11375 Prosperity Farms Road		**10/01/2008-09/30/2009**		Number of Beds:	**120**	Superior:	**0**
Palm Beach FL 33410		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**39,460**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,501**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**19,271**	FY Index:	**1.18857853**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**48.83680%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.09132%**	Cost:	**1.04563563**
Open Date:	**9/9/1991**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**9/9/1991**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15550000**
Entered Medicaid	**7/7/1992**	Low Occupancy Adjustment Factor:			**113.24208%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**12/20/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02985720**
Previous Med #	**205061**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	907,876	1,591,016	754,078	216,028	126,599	3,595,597
1a	Audit Adjustments						
2	Cost Per Diem	47.1110	82.5601	39.1302	**11.2100**	**6.5694**	186.5807
3	Cost Per Diem Inflated	49.2609	85.0251	40.9159			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.2609**	**85.0251**	**40.9159**	**11.2100**	**6.5694**	192.9813
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.8164		46.7809			
7	Provider Target Rate	**61.3200**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.2609**	**85.0251**	**40.9159**	**11.2100**	**6.5694**	192.9813
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.2609**	**85.0251**	**40.9159**	**11.2100**	**6.5694**	**192.9813**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325341-00 - 2011/01

207.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heartland of Prosperity Oaks

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/7/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/07**
Indexed Asset Value	**4,738,098**
FRVS Base Asset:	**3,663,600**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**5,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0150**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**6.0150**	**%**
Interest Only:	**False**	
Yearly Payment:	**326,268**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,790,478**	**8.2767**
20% ROE(2):	**947,620**	**0.7236**
Insurance Cost(3):	**3,469**	**0.0879**
Taxes Cost(3):	**89,845**	**2.2769**
Home Office(3):	**22,835**	**0.5787**
Replacement(3&4):	**140,387**	**0.0000**
Total FRVS PD:		**11.9438**

(1) 80% Capital ($3,790,478) amortized at 6.0150% for 20 years Principal & Interest of $326,268 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.2767

(2) 20% ROE ($947,620) times the ROE factor (0.030100) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7236

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1991**	Used Per Bed Standard:	**30,530**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,663,600**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.2609**	**49.2609**	**0.4297**	**48.8312**	
Patient Care					
Direct Care	**85.0251**	**85.0251**	**0.7417**	**84.2834**	
Indirect Care	**40.9159**	**40.9159**	**0.3569**	**40.5590**	
Property	**11.2100**	**11.9438**	**0.1042**	**11.8396**	
ROE	**6.5694**	**3.7703**	**0.0329**	**3.7374**	
ROE Adjustment	**-3.7703**	**-3.7703**	**-0.0329**	**-3.7374**	
Quality Assess-Medicaid Share				**$14.7734**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.2110**	**187.1457**	**1.6325**	**207.8837**	

***Medicaid Trend Adjustment :**

0 325350-00 - 2011/01

209.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heartland of Tamarac

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5901 NW 79th Avenue		**10/01/2009-09/30/2010**		Number of Beds:	**151**	Superior:	**0**
Tamarac FL 33321		Days In CR	**365**	Maximum:	**55,115**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2011/01**	Max Annualized:	**55,115**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2011/01**	Total Patient:	**49,951**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,199**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**24,488**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/1/1988**						
Acquired Date:	**7/1/1988**						
Entered Medicaid	**7/7/1988**						
Med # Active Date:	**12/20/2007**						
Previous Med #	**212857**						

Medicaid Utilization	**49.02404%**
Occupancy:	**90.63050%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**113.91981%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21484990**
Semester Index:	**1.24282006**
Cost:	**1.02302355**
Target:	**1.01759574**
DC FY Index:	**1.17050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01665955**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,193,204	1,985,867	1,078,109	347,485	219,490	4,824,155
1a	Audit Adjustments						
2	Cost Per Diem	48.7261	81.0955	44.0260	**14.1900**	**8.9632**	197.0008
3	Cost Per Diem Inflated	49.8479	82.4465	45.0396			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.8479**	**82.4465**	**45.0396**	**14.1900**	**8.9632**	200.4872
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.1320		46.7809			
7	Provider Target Rate	**62.6687**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8479**	**82.4465**	**45.0396**	**13.6500**	**8.9632**	199.9472
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.8479**	**82.4465**	**45.0396**	**13.6500**	**8.9632**	**199.9472**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325350-00 - 2011/01

209.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

Heartland of Tamarac

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/7/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/07**
Indexed Asset Value	**6,423,645**
FRVS Base Asset:	**2,971,723**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029580**

Mortgage Information		
Amount:	**1,952,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.1300**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**6.1300**	**%**
Interest Only:	**False**	
Yearly Payment:	**446,439**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,138,916**	**9.0002**
20% ROE(2):	**1,284,729**	**0.7661**
Insurance Cost(3):	**6,989**	**0.1399**
Taxes Cost(3):	**159,695**	**3.1970**
Home Office(3):	**35,388**	**0.7085**
Replacement(3&4):	**174,393**	**0.0000**
Total FRVS PD:		**13.8117**

(1) 80% Capital ($5,138,916) amortized at 6.1300% for 20 years Principal & Interest of $446,439 divided by annual available days (55,115) divided by Occup. Adj. (0.9000) = $9.0002
(2) 20% ROE ($1,284,729) times the ROE factor (0.029580) divided by annual available days (55,115) divided by Occup. Adj. (0.9000) = $0.7661
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**101**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,971,723**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8479**	**49.8479**	**0.4348**	**49.4131**	
Patient Care					
Direct Care	**82.4465**	**82.4465**	**0.7192**	**81.7273**	
Indirect Care	**45.0396**	**45.0396**	**0.3929**	**44.6467**	
Property	**13.6500**	**13.8117**	**0.1205**	**13.6912**	
ROE	**8.9632**	**6.2404**	**0.0544**	**6.1860**	
ROE Adjustment	**-6.2404**	**-6.2404**	**-0.0544**	**-6.1860**	
Quality Assess-Medicaid Share				**$12.7235**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**193.7068**	**191.1457**	**1.6674**	**209.7989**	

***Medicaid Trend Adjustment :**

0 325368-00 - 2011/01

213.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS- Boca Raton

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
375 N W Street		**06/01/2009-05/31/2010**		Number of Beds:	**180**	Superior:	**0**
Boca Raton FL 33431		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2011/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**55,983**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,743**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**34,586**	FY Index:	**1.20371855**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**61.77947%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**85.21004%**	Cost:	**1.03248393**
Open Date:	**9/1/1984**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**9/1/1984**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16533216**
Entered Medicaid	**9/1/1984**	Low Occupancy Adjustment Factor:			**107.10646%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**12/20/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02116808**
Previous Med #	**309770**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,584,491	2,815,838	1,441,392	592,458	319,811	6,753,990
1a	Audit Adjustments						
2	Cost Per Diem	45.8131	81.4155	41.6756	**17.1300**	**9.2468**	195.2810
3	Cost Per Diem Inflated	47.3013	83.1389	43.0294			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.3013**	**83.1389**	**43.0294**	**17.1300**	**9.2468**	199.8464
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.5538		46.7809			
7	Provider Target Rate	**63.1011**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.3013**	**83.1389**	**43.0294**	**13.6500**	**9.2468**	196.3664
12/13	Medicaid Adjustment Rate		1.1017	0.5702			
14	Prospective Per Diem 11	**47.3013**	**84.2406**	**43.5996**	**13.6500**	**9.2468**	**198.0383**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325368-00 - 2011/01

213.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

MCHS- Boca Raton

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**7,358,359**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**3,600,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.2000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**7.2000**	**%**
Interest Only:	**False**	
Yearly Payment:	**556,186**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,886,687**	**9.4062**
20% ROE(2):	**1,471,672**	**0.7935**
Insurance Cost(3):	**6,154**	**0.1099**
Taxes Cost(3):	**148,458**	**2.6518**
Home Office(3):	**39,668**	**0.7086**
Replacement(3&4):	**292,587**	**0.0000**
Total FRVS PD:		**13.6700**

(1) 80% Capital ($5,886,687) amortized at 7.2000% for 20 years Principal & Interest of $556,186 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.4062
(2) 20% ROE ($1,471,672) times the ROE factor (0.031880) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.7935
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.3013**	**47.3013**	**0.4126**	**46.8887**	
Patient Care					
Direct Care	**84.2406**	**84.2406**	**0.7349**	**83.5057**	
Indirect Care	**43.5996**	**43.5996**	**0.3803**	**43.2193**	
Property	**13.6500**	**13.6700**	**0.1191**	**13.5309**	
ROE	**9.2468**	**6.0098**	**0.0807**	**9.1661**	
ROE Adjustment	**-6.0098**	**-6.0098**	**-0.0524**	**-5.9574**	
Quality Assess-Medicaid Share				**$15.8893**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**192.0285**	**188.8115**	**1.6752**	**213.8397**	

***Medicaid Trend Adjustment :**

0 325376-00 - 2011/01

206.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS- Boynton Beach

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3001 S Congress Ave		**06/01/2009-05/31/2010**		Number of Beds:	**180**	Superior:	**0**
Boynton Beach FL 33426		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2011/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**57,941**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**18,679**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**30,657**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/1/1985**						
Acquired Date:	**3/1/1985**						
Entered Medicaid	**3/1/1985**						
Med # Active Date:	**12/20/2007**						
Previous Med #	**310182**						

Medicaid Utilization	**52.91072%**
Occupancy:	**88.19026%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**110.85250%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20371855**
Semester Index:	**1.24282006**
Cost:	**1.03248393**
Target:	**1.01759574**
DC FY Index:	**1.16533216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02116808**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,398,671	2,462,333	1,209,845	682,425	292,587	6,045,861
1a	Audit Adjustments						
2	Cost Per Diem	45.6232	80.3188	39.4639	**22.2600**	**9.5439**	197.2098
3	Cost Per Diem Inflated	47.1052	82.0190	40.7458			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.1052**	**82.0190**	**40.7458**	**22.2600**	**9.5439**	201.6739
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.2016		46.7809			
7	Provider Target Rate	**60.6897**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.1052**	**82.0190**	**40.7458**	**13.6500**	**9.5439**	193.0639
12/13	Medicaid Adjustment Rate		0.2686	0.1334			
14	Prospective Per Diem 11	**47.1052**	**82.2876**	**40.8792**	**13.6500**	**9.5439**	**193.4659**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325376-00 - 2011/01

206.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS- Boynton Beach

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**7,815,371**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**4,116,079.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.9200**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**6.9200**	**%**
Interest Only:	**False**	
Yearly Payment:	**578,091**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,252,297**	**9.7766**
20% ROE(2):	**1,563,074**	**0.8427**
Insurance Cost(3):	**5,029**	**0.0868**
Taxes Cost(3):	**163,737**	**2.8259**
Home Office(3):	**42,549**	**0.7344**
Replacement(3&4):	**97,840**	**0.0000**
Total FRVS PD:		**14.2664**

(1) 80% Capital ($6,252,297) amortized at 6.9200% for 20 years Principal & Interest of $578,091 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.7766

(2) 20% ROE ($1,563,074) times the ROE factor (0.031880) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.8427

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.1052**	**47.1052**	**0.4109**	**46.6943**	
Patient Care					
Direct Care	**82.2876**	**82.2876**	**0.7178**	**81.5698**	
Indirect Care	**40.8792**	**40.8792**	**0.3566**	**40.5226**	
Property	**13.6500**	**14.2664**	**0.1191**	**13.5309**	
ROE	**9.5439**	**5.9342**	**0.0833**	**9.4606**	
ROE Adjustment	**-5.9342**	**-5.9342**	**-0.0518**	**-5.8824**	
Quality Assess-Medicaid Share				**$12.7596**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**187.5317**	**184.5384**	**1.6359**	**206.2525**	

***Medicaid Trend Adjustment :**

0 325384-00 - 2011/01

216.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS - Ft. Myers

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
13881 Eagle Ridge Drive		**06/01/2009-05/31/2010**		Number of Beds:	**120**	Superior:	**0**
Ft. Myers Fl 33912		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Lee[36]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**40,882**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**18,305**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**13,845**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/16/1999**						
Acquired Date:	**12/16/1999**						
Entered Medicaid	**5/1/2000**						
Med # Active Date:	**12/20/2007**						
Previous Med #	**310174**						

Medicaid Utilization	**33.86576%**
Occupancy:	**93.33790%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**117.32293%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20371855**
Semester Index:	**1.24282006**
Cost:	**1.03248393**
Target:	**1.01759574**
DC FY Index:	**1.16533216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02116808**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	853,051	1,199,462	645,496	162,125	142,410	3,002,544
1a	Audit Adjustments						
2	Cost Per Diem	61.6144	86.6350	46.6230	**11.7100**	**10.2860**	216.8684
3	Cost Per Diem Inflated	63.6159	88.4689	48.1375			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**63.6159**	**88.4689**	**48.1375**	**11.7100**	**10.2860**	222.2183
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.6254		46.7809			
7	Provider Target Rate	**61.1242**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**88.4689**	**47.9568**	**11.7100**	**10.2860**	208.7595
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.3378**	**88.4689**	**47.9568**	**11.7100**	**10.2860**	**208.7595**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325384-00 - 2011/01

216.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS - Ft. Mvers

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/07**
Indexed Asset Value	**5,176,639**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**9.0000**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**9.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**369,571**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,141,311**	**9.3752**
20% ROE(2):	**1,035,328**	**0.8373**
Insurance Cost(3):	**5,864**	**0.1434**
Taxes Cost(3):	**73,313**	**1.7933**
Home Office(3):	**34,617**	**0.8468**
Replacement(3&4):	**103,430**	**0.0000**
Total FRVS PD:		**12.9960**

(1) 80% Capital ($4,141,311) amortized at 9.0000% for 20 years Interest of $369,571 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.3752

(2) 20% ROE ($1,035,328) times the ROE factor (0.031880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8373

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1999**	Used Per Bed Standard:	**38,846**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,661,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**88.4689**	**88.4689**	**0.7717**	**87.6972**	
Indirect Care	**47.9568**	**47.9568**	**0.4183**	**47.5385**	
Property	**11.7100**	**12.9960**	**0.1134**	**12.8826**	
ROE	**10.2860**	**6.4607**	**0.0564**	**6.4043**	
ROE Adjustment	**-6.4607**	**-6.4607**	**-0.0564**	**-6.4043**	
Quality Assess-Medicaid Share				**$10.3988**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**202.2988**	**199.7595**	**1.7425**	**216.0129**	

***Medicaid Trend Adjustment :**

0 325422-00 - 2011/01

219.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS - Lelv Palms

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
6135 Rattlesnake Hammock R		**10/01/2009-09/30/2010**		Number of Beds:	**117**	Superior:	**0**
Naples FL 34113		Days In CR	**365**	Maximum:	**42,705**	Standard:	**181**
County:	**Collier[11]**	First Used:	**2011/01**	Max Annualized:	**42,705**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**38,338**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,181**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**17,644**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/26/1984**						
Acquired Date:	**5/26/1984**						
Entered Medicaid	**5/26/1984**						
Med # Active Date:	**12/20/2007**						
Previous Med #	**319368**						

Medicaid Utilization	**46.02222%**
Occupancy:	**89.77403%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**112.84325%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.21484990**
Semester Index:	**1.24282006**
Cost:	**1.02302355**
Target:	**1.01759574**
DC FY Index:	**1.17050000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.01665955**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	918,976	1,507,706	833,085	384,463	175,781	3,820,011
1a	Audit Adjustments						
2	Cost Per Diem	52.0843	85.4515	47.2163	**21.7900**	**9.9627**	216.5048
3	Cost Per Diem Inflated	53.2835	86.8751	48.3034			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.2835**	**86.8751**	**48.3034**	**21.7900**	**9.9627**	220.2147
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.9952		46.7809			
7	Provider Target Rate	**69.7044**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**86.8751**	**47.9568**	**13.6500**	**9.9627**	208.7824
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.3378**	**86.8751**	**47.9568**	**13.6500**	**9.9627**	**208.7824**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325422-00 - 2011/01

219.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS - Lelv Palms

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**5,316,339**
FRVS Base Asset:	**2,764,500**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029580**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.7500**	**%**
Chase Rate:	**8.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**True**	
Yearly Payment:	**368,902**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,253,071**	**9.5982**
20% ROE(2):	**1,063,268**	**0.8183**
Insurance Cost(3):	**4,075**	**0.1063**
Taxes Cost(3):	**41,998**	**1.0955**
Home Office(3):	**34,993**	**0.9127**
Replacement(3&4):	**391,774**	**0.0000**
Total FRVS PD:		**12.5310**

(1) 80% Capital ($4,253,071) amortized at 8.7500% for 20 years Interest of $368,902 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = $9.5982

(2) 20% ROE ($1,063,268) times the ROE factor (0.029580) divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = $0.8183

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**97**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**2,764,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**86.8751**	**86.8751**	**0.7578**	**86.1173**	
Indirect Care	**47.9568**	**47.9568**	**0.4183**	**47.5385**	
Property	**13.6500**	**12.5310**	**0.1191**	**13.5309**	
ROE	**9.9627**	**6.2045**	**0.0869**	**9.8758**	
ROE Adjustment	**-6.2045**	**-6.2045**	**-0.0541**	**-6.1504**	
Quality Assess-Medicaid Share				**$10.8826**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**202.5779**	**197.7007**	**1.7671**	**219.2905**	

***Medicaid Trend Adjustment :**

0 325449-00 - 2011/01

200.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS - Naples

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3601 Lakewood Blvd		**06/01/2009-05/31/2010**		Number of Beds:	**120**	Superior:	**0**
Naples FL 34112		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Collier[11]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**38,262**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,538**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**22,895**	FY Index:	**1.20371855**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**59.83744%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**87.35616%**	Cost:	**1.03248393**
Open Date:	**4/1/1983**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**4/1/1983**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16533216**
Entered Medicaid	**4/1/1983**	Low Occupancy Adjustment Factor:			**109.80407%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**12/20/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02116808**
Previous Med #	**309958**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	733,824	1,936,807	1,095,427	260,087	161,979	4,188,124
1a	Audit Adjustments						
2	Cost Per Diem	32.0517	84.5952	47.8457	**11.3600**	**7.0749**	182.9275
3	Cost Per Diem Inflated	33.0929	86.3859	49.3999			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.0929**	**86.3859**	**49.3999**	**11.3600**	**7.0749**	187.3136
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.1903		46.7809			
7	Provider Target Rate	**61.7033**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.0929**	**86.3859**	**47.9568**	**11.3600**	**7.0749**	185.8705
12/13	Medicaid Adjustment Rate		0.9560	0.5307			
14	Prospective Per Diem 11	**33.0929**	**87.3419**	**48.4875**	**11.3600**	**7.0749**	**187.3572**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325449-00 - 2011/01

200.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS - Naples

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**5,846,797**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.5500**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**4.5500**	**%**
Interest Only:	**False**	
Yearly Payment:	**356,618**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,677,438**	**9.0466**
20% ROE(2):	**1,169,359**	**0.9457**
Insurance Cost(3):	**3,019**	**0.0789**
Taxes Cost(3):	**36,552**	**0.9553**
Home Office(3):	**28,987**	**0.7576**
Replacement(3&4):	**331,822**	**0.0000**
Total FRVS PD:		**11.7841**

(1) 80% Capital ($4,677,438) amortized at 4.5500% for 20 years Principal & Interest of $356,618 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.0466

(2) 20% ROE ($1,169,359) times the ROE factor (0.031880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.9457

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.0929**	**33.0929**	**0.2887**	**32.8042**	
Patient Care					
Direct Care	**87.3419**	**87.3419**	**0.7619**	**86.5800**	
Indirect Care	**48.4875**	**48.4875**	**0.4230**	**48.0645**	
Property	**11.3600**	**11.7841**	**0.0991**	**11.2609**	
ROE	**7.0749**	**5.8953**	**0.0617**	**7.0132**	
ROE Adjustment	**-5.8953**	**-5.8953**	**-0.0514**	**-5.8439**	
Quality Assess-Medicaid Share				**$12.6596**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**181.4619**	**180.7064**	**1.5830**	**200.1356**	

***Medicaid Trend Adjustment :**

0 325457-00 - 2011/01

212.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS- Plantation

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
6931 W Sunrise Blvd		**06/01/2009-05/31/2010**		Number of Beds:	**120**	Superior:	**0**
Plantation FL 33313		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2011/01**	Total Patient:	**41,748**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,346**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**18,111**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1985**						
Acquired Date:	**9/1/1985**						
Entered Medicaid	**9/1/1985**						
Med # Active Date:	**12/20/2007**						
Previous Med #	**309940**						

Medicaid Utilization	**43.38172%**
Occupancy:	**95.31507%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**119.80817%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20371855**
Semester Index:	**1.24282006**
Cost:	**1.03248393**
Target:	**1.01759574**
DC FY Index:	**1.16533216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02116808**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	820,694	1,463,907	856,649	268,224	157,178	3,566,652
1a	Audit Adjustments						
2	Cost Per Diem	45.3147	80.8297	47.2999	**14.8100**	**8.6786**	196.9329
3	Cost Per Diem Inflated	46.7867	82.5407	48.8364			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.7867**	**82.5407**	**48.8364**	**14.8100**	**8.6786**	201.6524
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	70.4220		46.7809			
7	Provider Target Rate	**72.1922**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.7867**	**82.5407**	**47.9568**	**13.6500**	**8.6786**	199.6128
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.7867**	**82.5407**	**47.9568**	**13.6500**	**8.6786**	**199.6128**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325457-00 - 2011/01

212.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS- Plantation

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**4,694,966**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.2000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**8.2000**	**%**
Interest Only:	**False**	
Yearly Payment:	**382,627**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,755,973**	**9.7064**
20% ROE(2):	**938,993**	**0.7594**
Insurance Cost(3):	**4,457**	**0.1068**
Taxes Cost(3):	**77,575**	**1.8582**
Home Office(3):	**32,318**	**0.7741**
Replacement(3&4):	**226,766**	**0.0000**
Total FRVS PD:		**13.2049**

(1) 80% Capital ($3,755,973) amortized at 8.2000% for 20 years Principal & Interest of $382,627 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.7064

(2) 20% ROE ($938,993) times the ROE factor (0.031880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7594

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.7867**	**46.7867**	**0.4081**	**46.3786**	
Patient Care					
Direct Care	**82.5407**	**82.5407**	**0.7200**	**81.8207**	
Indirect Care	**47.9568**	**47.9568**	**0.4183**	**47.5385**	
Property	**13.6500**	**13.2049**	**0.1191**	**13.5309**	
ROE	**8.6786**	**5.9430**	**0.0757**	**8.6029**	
ROE Adjustment	**-5.9430**	**-5.9430**	**-0.0518**	**-5.8912**	
Quality Assess-Medicaid Share				**$12.8104**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**193.6698**	**190.4891**	**1.6894**	**212.3879**	

***Medicaid Trend Adjustment :**

0 325465-00 - 2011/01

214.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS - Sarasota

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5511 Swift Road		**06/01/2009-05/31/2010**		Number of Beds:	**178**	Superior:	**0**
Sarasota FL 34231		Days In CR	**365**	Maximum:	**64,970**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2011/01**	Max Annualized:	**64,970**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**59,807**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,537**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**28,985**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/1/1983**						
Acquired Date:	**12/1/1983**						
Entered Medicaid	**9/1/1985**						
Med # Active Date:	**12/20/2007**						
Previous Med #	**310832**						

Medicaid Utilization	**48.46423%**
Occupancy:	**92.05325%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**115.70817%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20371855**
Semester Index:	**1.24282006**
Cost:	**1.03248393**
Target:	**1.01759574**
DC FY Index:	**1.16533216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02116808**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,326,021	2,657,281	1,077,925	375,935	242,905	5,680,067
1a	Audit Adjustments						
2	Cost Per Diem	45.7485	91.6778	37.1891	**12.9700**	**8.3804**	195.9658
3	Cost Per Diem Inflated	47.2346	93.6184	38.3971			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.2346**	**93.6184**	**38.3971**	**12.9700**	**8.3804**	200.6005
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.0864		46.7809			
7	Provider Target Rate	**54.4208**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.2346**	**93.6184**	**38.3971**	**12.9700**	**8.3804**	200.6005
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.2346**	**93.6184**	**38.3971**	**12.9700**	**8.3804**	**200.6005**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325465-00 - 2011/01

214.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS - Sarasota

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**12/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**6,896,469**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**3,390,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**706,042**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,517,175**	**12.0747**
20% ROE(2):	**1,379,294**	**0.7520**
Insurance Cost(3):	**3,945**	**0.0660**
Taxes Cost(3):	**54,160**	**0.9056**
Home Office(3):	**42,495**	**0.7105**
Replacement(3&4):	**1,502,361**	**0.0000**
Total FRVS PD:		**14.5088**

(1) 80% Capital ($5,517,175) amortized at 11.5000% for 20 years Principal & Interest of $706,042 divided by annual available days (64,970) divided by Occup. Adj. (0.9000) = $12.0747

(2) 20% ROE ($1,379,294) times the ROE factor (0.031880) divided by annual available days (64,970) divided by Occup. Adj. (0.9000) = $0.7520

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.2346**	**47.2346**	**0.4120**	**46.8226**	
Patient Care					
Direct Care	**93.6184**	**93.6184**	**0.8167**	**92.8017**	
Indirect Care	**38.3971**	**38.3971**	**0.3350**	**38.0621**	
Property	**12.9700**	**14.5088**	**0.1266**	**14.3822**	
ROE	**8.3804**	**7.0502**	**0.0615**	**6.9887**	
ROE Adjustment	**-7.0502**	**-7.0502**	**-0.0615**	**-6.9887**	
Quality Assess-Medicaid Share				**$14.8828**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**193.5503**	**193.7589**	**1.6903**	**214.5485**	

***Medicaid Trend Adjustment :**

0 325473-00 - 2011/01

211.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS Venice

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1450 E. Venice		**06/01/2009-05/31/2010**		Number of Beds:	**129**	Superior:	**0**
Venice FL 34292		Days In CR	**365**	Maximum:	**47,085**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2011/01**	Max Annualized:	**47,085**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**40,087**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,618**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**14,755**	FY Index:	**1.20371855**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**36.80744%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**85.13752%**	Cost:	**1.03248393**
Open Date:	**6/5/1997**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**6/5/1997**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16533216**
Entered Medicaid	**6/5/1997**	Low Occupancy Adjustment Factor:			**107.01530%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**12/20/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02116808**
Previous Med #	**309788**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	669,682	1,321,017	613,032	217,931	121,424	2,943,086
1a	Audit Adjustments						
2	Cost Per Diem	45.3868	89.5301	41.5474	**14.7700**	**8.2293**	199.4636
3	Cost Per Diem Inflated	46.8611	91.4253	42.8970			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.8611**	**91.4253**	**42.8970**	**14.7700**	**8.2293**	204.1827
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.9051		46.7809			
7	Provider Target Rate	**58.3355**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.8611**	**91.4253**	**42.8970**	**13.6500**	**8.2293**	203.0627
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.8611**	**91.4253**	**42.8970**	**13.6500**	**8.2293**	**203.0627**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325473-00 - 2011/01

211.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

MCHS Venice

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/5/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**5,396,293**
FRVS Base Asset:	**4,711,854**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**363,652**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,317,034**	**8.5815**
20% ROE(2):	**1,079,259**	**0.8119**
Insurance Cost(3):	**6,086**	**0.1518**
Taxes Cost(3):	**91,601**	**2.2851**
Home Office(3):	**30,182**	**0.7529**
Replacement(3&4):	**136,458**	**0.0000**
Total FRVS PD:		**12.5832**

(1) 80% Capital ($4,317,034) amortized at 8.5000% for 20 years Interest of $363,652 divided by annual available days (47,085) divided by Occup. Adj. (0.9000) = $8.5815
(2) 20% ROE ($1,079,259) times the ROE factor (0.031880) divided by annual available days (47,085) divided by Occup. Adj. (0.9000) = $0.8119
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**129**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,711,854**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.8611**	**46.8611**	**0.4088**	**46.4523**	
Patient Care					
Direct Care	**91.4253**	**91.4253**	**0.7975**	**90.6278**	
Indirect Care	**42.8970**	**42.8970**	**0.3742**	**42.5228**	
Property	**13.6500**	**12.5832**	**0.1098**	**12.4734**	
ROE	**8.2293**	**7.4558**	**0.0650**	**7.3908**	
ROE Adjustment	**-7.4558**	**-7.4558**	**-0.0650**	**-7.3908**	
Quality Assess-Medicaid Share				**$11.9635**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**195.6069**	**193.7666**	**1.6903**	**211.6369**	

***Medicaid Trend Adjustment :**

0 325481-00 - 2011/01

212.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS West Palm Beach

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2300 Village Blvd		**10/01/2008-09/30/2009**		Number of Beds:	**120**	Superior:	**0**
West Palm Beach FL 33409		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**38,618**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,725**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**16,207**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1996**						
Acquired Date:	**6/1/1996**						
Entered Medicaid	**6/1/1996**						
Med # Active Date:	**12/20/2007**						
Previous Med #	**309931**						

Medicaid Utilization	**41.96748%**
Occupancy:	**88.16895%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**110.82572%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.18857853**
Semester Index:	**1.24282006**
Cost:	**1.04563563**
Target:	**1.01759574**
DC FY Index:	**1.15550000**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02985720**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	791,350	1,320,504	703,324	257,205	131,683	3,204,066
1a	Audit Adjustments						
2	Cost Per Diem	48.8277	81.4774	43.3963	**15.8700**	**8.1251**	197.6965
3	Cost Per Diem Inflated	51.0560	83.9101	45.3767			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.0560**	**83.9101**	**45.3767**	**15.8700**	**8.1251**	204.3379
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.4315		48.8129			
7	Provider Target Rate	**64.0008**		**50.0399**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**83.9101**	**45.3767**	**13.6500**	**8.1251**	201.3997
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.3378**	**83.9101**	**45.3767**	**13.6500**	**8.1251**	**201.3997**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325481-00 - 2011/01

212.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS West Palm Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**6/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/01**
Indexed Asset Value	**5,096,441**
FRVS Base Asset:	**4,252,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**333,250**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,077,153**	**8.4538**
20% ROE(2):	**1,019,288**	**0.7783**
Insurance Cost(3):	**4,703**	**0.1218**
Taxes Cost(3):	**143,348**	**3.7119**
Home Office(3):	**24,011**	**0.6218**
Replacement(3&4):	**388,853**	**0.0000**
Total FRVS PD:		**13.6876**

(1) 80% Capital ($4,077,153) amortized at 8.2500% for 20 years Interest of $333,250 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.4538

(2) 20% ROE ($1,019,288) times the ROE factor (0.030100) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7783

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1995**	Used Per Bed Standard:	**35,436**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,252,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**83.9101**	**83.9101**	**0.7320**	**83.1781**	
Indirect Care	**45.3767**	**45.3767**	**0.3958**	**44.9809**	
Property	**13.6500**	**13.6876**	**0.1194**	**13.5682**	
ROE	**8.1251**	**6.1813**	**0.0539**	**6.1274**	
ROE Adjustment	**-6.1813**	**-6.1813**	**-0.0539**	**-6.1274**	
Quality Assess-Medicaid Share				**$13.6005**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**195.2184**	**193.3122**	**1.6863**	**212.8235**	

***Medicaid Trend Adjustment :**

0 325490-00 - 2011/01

221.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

North Sarasota

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3250 12th Street		**09/01/2009-08/31/2010**		Number of Beds:	**87**	Superior:	**0**
Sarasota FL 34237		Days In CR	**365**	Maximum:	**31,755**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2011/01**	Max Annualized:	**31,755**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2011/01**	Total Patient:	**26,421**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,340**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**15,038**		
Class at 1/94:	**South Small [3]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.21199123**
Open Date:	**10/1/1969**					Semester Index:	**1.24282006**
Acquired Date:	**10/1/1969**					Cost:	**1.02543651**
Entered Medicaid	**5/1/1970**					Target:	**1.01759574**
Med # Active Date:	**12/20/2007**					**DC FY Index:**	**1.16916514**
Previous Med #	**309923**					**DC Sem Index:**	**1.19000000**
						DC Inflation:	**1.01782029**
						PS Target:	**1.02513678**

Medicaid Utilization		**56.91685%**
Occupancy:		**83.20265%**
Statewide Low Occupancy Threshold:		**79.55640%**
Medicaid Low Occupancy Threshold:		**41.59470%**
Low Occupancy Adjustment Factor:		**104.58323%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	717,097	1,317,069	751,653	235,645	112,501	3,133,965
1a	Audit Adjustments						
2	Cost Per Diem	47.6857	87.5827	49.9836	**15.6700**	**7.4811**	208.4031
3	Cost Per Diem Inflated	48.8987	89.1434	51.2550			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.8987**	**89.1434**	**51.2550**	**15.6700**	**7.4811**	212.4482
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.9101		56.1408			
7	Provider Target Rate	**62.4412**		**58.5755**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.5230**	**102.1952**	**78.1006**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.7471		67.5479			
10	Target Rate Class Ceiling	**60.7984**		**70.2905**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.8987**	**89.1434**	**51.2550**	**13.6500**	**7.4811**	210.4282
12/13	Medicaid Adjustment Rate		0.6937	0.3988			
14	Prospective Per Diem 11	**48.8987**	**89.8371**	**51.6538**	**13.6500**	**7.4811**	**211.5207**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325490-00 - 2011/01

221.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

North Sarasota

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**2,218,483**
FRVS Base Asset:	**1,731,265**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030420**

Mortgage Information		
Amount:	**825,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**220,655**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,774,786**	**7.7207**
20% ROE(2):	**443,697**	**0.4723**
Insurance Cost(3):	**2,143**	**0.0811**
Taxes Cost(3):	**45,340**	**1.7161**
Home Office(3):	**20,383**	**0.7715**
Replacement(3&4):	**181,620**	**0.0000**
Total FRVS PD:		**10.7617**

(1) 80% Capital ($1,774,786) amortized at 12.5000% for 20 years Interest of $220,655 divided by annual available days (31,755) divided by Occup. Adj. (0.9000) = $7.7207

(2) 20% ROE ($443,697) times the ROE factor (0.030420) divided by annual available days (31,755) divided by Occup. Adj. (0.9000) = $0.4723

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**147**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,189,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.8987**	**48.8987**	**0.4266**	**48.4721**	
Patient Care					
Direct Care	**89.8371**	**89.8371**	**0.7837**	**89.0534**	
Indirect Care	**51.6538**	**51.6538**	**0.4506**	**51.2032**	
Property	**13.6500**	**10.7617**	**0.0939**	**10.6678**	
ROE	**7.4811**	**6.8062**	**0.0594**	**6.7468**	
ROE Adjustment	**-6.8062**	**-6.8062**	**-0.0594**	**-6.7468**	
Quality Assess-Medicaid Share				**$14.3115**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**204.7145**	**201.1513**	**1.7548**	**221.3051**	

***Medicaid Trend Adjustment :**

0 325520-00 - 2011/01

202.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS- Delray

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
16200 Jog Road		**05/01/2009-04/30/2010**		Number of Beds:	**120**	Superior:	**0**
Delray Beach FL 33446		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2011/01**	Total Patient:	**41,311**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**22,360**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**15,784**		
Class at 1/94:	**South Large [4]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.20114856**
Open Date:	**2/17/1999**					Semester Index:	**1.24282006**
Acquired Date:	**2/17/1999**					Cost:	**1.03469304**
Entered Medicaid	**2/17/1999**					Target:	**1.01759574**
Med # Active Date:	**12/20/2007**					**DC FY Index:**	**1.16416550**
Previous Med #	**309761**					**DC Sem Index:**	**1.19000000**
						DC Inflation:	**1.02219143**
						PS Target:	**1.02513678**

Medicaid Utilization	**38.20774%**
Occupancy:	**94.31735%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.55407%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	802,120	1,210,012	702,234	197,300	47,581	2,959,247
1a	Audit Adjustments						
2	Cost Per Diem	50.8186	76.6607	44.4902	**12.5000**	**3.0145**	187.4840
3	Cost Per Diem Inflated	52.5817	78.3619	46.0337			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.5817**	**78.3619**	**46.0337**	**12.5000**	**3.0145**	192.4918
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.2797		46.7809			
7	Provider Target Rate	**57.6944**		**47.9568**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.5098**	**96.5967**	**63.2210**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.4674		55.8104			
10	Target Rate Class Ceiling	**50.3378**		**56.8989**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3378**	**78.3619**	**46.0337**	**12.5000**	**3.0145**	190.2479
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.3378**	**78.3619**	**46.0337**	**12.5000**	**3.0145**	**190.2479**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325520-00 - 2011/01

202.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

MCHS- Delray

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/17/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/01**
Indexed Asset Value	**5,195,909**
FRVS Base Asset:	**4,594,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**7.7500**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**True**	
Yearly Payment:	**318,976**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,156,727**	**8.0917**
20% ROE(2):	**1,039,182**	**0.8320**
Insurance Cost(3):	**4,562**	**0.1104**
Taxes Cost(3):	**119,900**	**2.9024**
Home Office(3):	**33,376**	**0.8079**
Replacement(3&4):	**72,106**	**0.0000**
Total FRVS PD:		**12.7444**

(1) 80% Capital ($4,156,727) amortized at 7.7500% for 20 years Interest of $318,976 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.0917
(2) 20% ROE ($1,039,182) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8320
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1998**	Used Per Bed Standard:	**38,291**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**4,594,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3378**	**50.3378**	**0.4391**	**49.8987**	
Patient Care					
Direct Care	**78.3619**	**78.3619**	**0.6836**	**77.6783**	
Indirect Care	**46.0337**	**46.0337**	**0.4016**	**45.6321**	
Property	**12.5000**	**12.7444**	**0.1112**	**12.6332**	
ROE	**3.0145**	**0.4397**	**0.0038**	**0.4359**	
ROE Adjustment	**-0.4397**	**-0.4397**	**-0.0038**	**-0.4359**	
Quality Assess-Medicaid Share				**$8.6381**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**189.8082**	**187.4778**	**1.6355**	**202.0775**	

***Medicaid Trend Adjustment :**

0 325678-00 - 2011/01

212.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS - Carrollwood

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3030 W. Bearass Avenue		**06/01/2009-05/31/2010**		Number of Beds:	**120**	Superior:	**0**
Tampa FL 33618		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Hillsborough[29]**		First Used:	**2011/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **6**	Last Used:	**2011/01**	Total Patient:	**41,244**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**21,174**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**12,405**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**5/18/1990**						
Acquired Date:	**5/18/1990**						
Entered Medicaid	**7/20/1990**						
Med # Active Date:	**12/20/2007**						
Previous Med #	**319350**						

Medicaid Utilization	**30.07710%**
Occupancy:	**94.16438%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**118.36179%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20371855**
Semester Index:	**1.24282006**
Cost:	**1.03248393**
Target:	**1.01759574**
DC FY Index:	**1.16533216**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02116808**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	803,241	1,065,478	587,773	197,488	112,241	2,766,221
1a	Audit Adjustments						
2	Cost Per Diem	64.7514	85.8910	47.3819	**15.9200**	**9.0480**	222.9924
3	Cost Per Diem Inflated	66.8548	87.7091	48.9211			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**66.8548**	**87.7091**	**48.9211**	**15.9200**	**9.0480**	228.4530
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.6848		51.1578			
7	Provider Target Rate	**58.1097**		**52.4437**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**87.7091**	**48.9211**	**13.6500**	**9.0480**	207.1203
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.7921**	**87.7091**	**48.9211**	**13.6500**	**9.0480**	**207.1203**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325678-00 - 2011/01

212.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS - Carrollwood

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**7/20/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/01**
Indexed Asset Value	**5,048,547**
FRVS Base Asset:	**3,602,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**400,876**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,038,838**	**10.1694**
20% ROE(2):	**1,009,709**	**0.8166**
Insurance Cost(3):	**3,489**	**0.0846**
Taxes Cost(3):	**65,030**	**1.5767**
Home Office(3):	**36,360**	**0.8816**
Replacement(3&4):	**188,360**	**0.0000**
Total FRVS PD:		**13.5289**

(1) 80% Capital ($4,038,838) amortized at 10.0000% for 20 years Interest of $400,876 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.1694

(2) 20% ROE ($1,009,709) times the ROE factor (0.031880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8166

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**87.7091**	**87.7091**	**0.7651**	**86.9440**	
Indirect Care	**48.9211**	**48.9211**	**0.4268**	**48.4943**	
Property	**13.6500**	**13.5289**	**0.1180**	**13.4109**	
ROE	**9.0480**	**7.8851**	**0.0688**	**7.8163**	
ROE Adjustment	**-7.8851**	**-7.8851**	**-0.0688**	**-7.8163**	
Quality Assess-Medicaid Share				**$9.1630**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**199.2352**	**197.9512**	**1.7268**	**212.9845**	

***Medicaid Trend Adjustment :**

0 325686-00 - 2011/01

205.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS - Dunedin

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
870 Patricia Ave		**10/01/2008-09/30/2009**		Number of Beds:	**120**	Superior:	**181**
Dunedin FL 34698		Days In CR	**365**	Maximum:	**43,800**	Standard:	**0**
County:	**Pinellas[52]**	First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**39,338**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,837**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**17,229**	FY Index:	**1.18857853**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**43.79735%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**89.81279%**	Cost:	**1.04563563**
Open Date:	**4/18/1983**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**5/1/1996**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15550000**
Entered Medicaid	**5/1/1996**	Low Occupancy Adjustment Factor:			**112.89197%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**12/20/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02985720**
Previous Med #	**310191**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	993,821	1,406,369	754,302	273,252	116,158	3,543,902
1a	Audit Adjustments						
2	Cost Per Diem	57.6830	81.6280	43.7810	**15.8600**	**6.7420**	205.6940
3	Cost Per Diem Inflated	60.3154	84.0652	45.7790			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**60.3154**	**84.0652**	**45.7790**	**15.8600**	**6.7420**	212.7616
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.1273		46.5123			
7	Provider Target Rate	**59.5884**		**47.6815**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**84.0652**	**45.7790**	**13.6500**	**6.7420**	198.0283
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.7921**	**84.0652**	**45.7790**	**13.6500**	**6.7420**	**198.0283**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325686-00 - 2011/01

205.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

MCHS - Dunedin

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**5/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/01**
Indexed Asset Value	**3,562,321**
FRVS Base Asset:	**3,043,800**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**232,936**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,849,857**	**5.9091**
20% ROE(2):	**712,464**	**0.5440**
Insurance Cost(3):	**4,646**	**0.1181**
Taxes Cost(3):	**69,055**	**1.7554**
Home Office(3):	**24,825**	**0.6311**
Replacement(3&4):	**170,373**	**0.0000**
Total FRVS PD:		**8.9577**

(1) 80% Capital ($2,849,857) amortized at 8.2500% for 20 years Interest of $232,936 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.9091
(2) 20% ROE ($712,464) times the ROE factor (0.030100) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5440
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1982**	Used Per Bed Standard:	**25,365**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,043,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**84.0652**	**84.0652**	**0.7333**	**83.3319**	
Indirect Care	**45.7790**	**45.7790**	**0.3993**	**45.3797**	
Property	**13.6500**	**8.9577**	**0.0781**	**8.8796**	
ROE	**6.7420**	**5.3850**	**0.0470**	**5.3380**	
ROE Adjustment	**-5.3850**	**-5.3850**	**-0.0470**	**-5.3380**	
Quality Assess-Medicaid Share				**$13.1640**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**192.6433**	**186.5940**	**1.6276**	**205.7275**	

***Medicaid Trend Adjustment :**

0 325694-00 - 2011/01

209.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

MCHS - Palm Harbor

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2851 Tampa Rd		**06/01/2009-05/31/2010**		Number of Beds:	**180**	Superior:	**181**
Palm Harbor FL 34684		Days In CR	**365**	Maximum:	**65,700**	Standard:	**0**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2011/01**	Total Patient:	**57,396**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**20,701**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**21,873**	FY Index:	**1.20371855**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**38.10893%**	Semester Index:	**1.24282006**
Operating Ex	**> 18 months [1]**	Occupancy:			**87.36073%**	Cost:	**1.03248393**
Open Date:	**9/28/1990**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**9/28/1990**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.16533216**
Entered Medicaid	**9/28/1990**	Low Occupancy Adjustment Factor:			**109.80980%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**12/20/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02116808**
Previous Med #	**310395**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,127,451	1,889,324	905,872	281,506	199,449	4,403,602
1a	Audit Adjustments						
2	Cost Per Diem	51.5453	86.3770	41.4151	**12.8700**	**9.1185**	201.3259
3	Cost Per Diem Inflated	53.2197	88.2054	42.7604			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.2197**	**88.2054**	**42.7604**	**12.8700**	**9.1185**	206.1740
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.9865		44.9838			
7	Provider Target Rate	**53.2933**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**88.2054**	**42.7604**	**12.8700**	**9.1185**	200.7464
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.7921**	**88.2054**	**42.7604**	**12.8700**	**9.1185**	**200.7464**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325694-00 - 2011/01

209.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2011 through 06/30/2011

MCHS - Palm Harbor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**9/28/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/07**
Indexed Asset Value	**6,870,520**
FRVS Base Asset:	**5,431,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031880**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**545,548**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,496,416**	**9.2262**
20% ROE(2):	**1,374,104**	**0.7408**
Insurance Cost(3):	**6,619**	**0.1153**
Taxes Cost(3):	**98,321**	**1.7130**
Home Office(3):	**45,553**	**0.7937**
Replacement(3&4):	**612,909**	**0.0000**
Total FRVS PD:		**12.5890**

(1) 80% Capital ($5,496,416) amortized at 10.0000% for 20 years Interest of $545,548 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.2262
(2) 20% ROE ($1,374,104) times the ROE factor (0.031880) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.7408
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**180**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**5,431,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**88.2054**	**88.2054**	**0.7695**	**87.4359**	
Indirect Care	**42.7604**	**42.7604**	**0.3730**	**42.3874**	
Property	**12.8700**	**12.5890**	**0.1098**	**12.4792**	
ROE	**9.1185**	**7.7569**	**0.0677**	**7.6892**	
ROE Adjustment	**-7.7569**	**-7.7569**	**-0.0677**	**-7.6892**	
Quality Assess-Medicaid Share				**$12.0386**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**192.9895**	**191.3469**	**1.6692**	**209.3134**	

***Medicaid Trend Adjustment :**

0 325708-00 - 2011/01

197.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heartland of Zephyrhills

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
38220 Henry Drive		**10/01/2008-09/30/2009**		Number of Beds:	**120**	Superior:	**0**
Zephyrhills FL 33540		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Pasco[51]**		First Used:	**2010/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2011/01**	Total Patient:	**40,224**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**9,189**	Inflation	
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**22,995**	FY Index:	**1.18857853**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**57.16736%**	Semester Index:	**1.24282006**
Operating Ex **> 18 months [1]**		Occupancy:			**91.83562%**	Cost:	**1.04563563**
Open Date:	**1/25/1988**	Statewide Low Occupancy Threshold:			**79.55640%**	Target:	**1.01759574**
Acquired Date:	**1/25/1988**	Medicaid Low Occupancy Threshold:			**41.59470%**	**DC FY Index:**	**1.15550000**
Entered Medicaid	**2/4/1988**	Low Occupancy Adjustment Factor:			**115.43461%**	**DC Sem Index:**	**1.19000000**
Med # Active Date:	**12/20/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02985720**
Previous Med #	**211834**					**PS Target:**	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,198,230	1,674,461	890,507	226,271	124,239	4,113,708
1a	Audit Adjustments						
2	Cost Per Diem	52.1083	72.8185	38.7261	**9.8400**	**5.4029**	178.8958
3	Cost Per Diem Inflated	54.4863	74.9927	40.4934			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.4863**	**74.9927**	**40.4934**	**9.8400**	**5.4029**	185.2153
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.6269		44.9838			
7	Provider Target Rate	**53.9498**		**46.1145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.7725**	**95.7090**	**60.4602**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	46.9657		54.1904			
10	Target Rate Class Ceiling	**47.7921**		**55.1439**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7921**	**74.9927**	**40.4934**	**9.8400**	**5.4029**	178.5211
12/13	Medicaid Adjustment Rate		0.6047	0.3265			
14	Prospective Per Diem 11	**47.7921**	**75.5974**	**40.8199**	**9.8400**	**5.4029**	**179.4523**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325708-00 - 2011/01

197.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Heartland of Zephyrhills

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**2/4/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**5,490,817**
FRVS Base Asset:	**3,530,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.030100**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0150**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**6.0150**	**%**
Interest Only:	**False**	
Yearly Payment:	**378,100**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,392,654**	**9.5916**
20% ROE(2):	**1,098,163**	**0.8385**
Insurance Cost(3):	**2,875**	**0.0715**
Taxes Cost(3):	**64,843**	**1.6120**
Home Office(3):	**21,895**	**0.5443**
Replacement(3&4):	**158,757**	**0.0000**
Total FRVS PD:		**12.6579**

(1) 80% Capital ($4,392,654) amortized at 6.0150% for 20 years Principal & Interest of $378,100 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.5916

(2) 20% ROE ($1,098,163) times the ROE factor (0.030100) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8385

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**120**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**3,530,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7921**	**47.7921**	**0.4169**	**47.3752**	
Patient Care					
Direct Care	**75.5974**	**75.5974**	**0.6595**	**74.9379**	
Indirect Care	**40.8199**	**40.8199**	**0.3561**	**40.4638**	
Property	**9.8400**	**12.6579**	**0.1104**	**12.5475**	
ROE	**5.4029**	**4.4442**	**0.0388**	**4.4054**	
ROE Adjustment	**-4.4442**	**-4.4442**	**-0.0388**	**-4.4054**	
Quality Assess-Medicaid Share				**$14.5284**	
Supplemental Rate Add-on				**$7.5971**	
Totals	**175.0081**	**176.8673**	**1.5429**	**197.4499**	

***Medicaid Trend Adjustment :**

0 326011-00 - 2011/01

214.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Moosehaven, Inc.

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1701 Park Avenue		**05/01/2009-04/30/2010**		Number of Beds:	**36**	Superior:	**0**
Orange Park FL 32073		Days In CR	**365**	Maximum:	**13,140**	Standard:	**181**
County: **Clay[10]**		First Used:	**2011/01**	Max Annualized:	**13,140**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2011/01**	Total Patient:	**10,854**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**1,810**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**6,820**		
Class at 1/94: **North Small [1]**							
Operating Ex **> 18 months [1]**							
Open Date: **1/1/1922**							
Acquired Date: **1/1/1922**							
Entered Medicaid **4/17/2008**							
Med # Active Date: **4/17/2008**							
Previous Med #							

Medicaid Utilization	**62.83398%**
Occupancy:	**82.60274%**
Statewide Low Occupancy Threshold:	**79.55640%**
Medicaid Low Occupancy Threshold:	**41.59470%**
Low Occupancy Adjustment Factor:	**103.82916%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.20114856**
Semester Index:	**1.24282006**
Cost:	**1.03469304**
Target:	**1.01759574**
DC FY Index:	**1.16416550**
DC Sem Index:	**1.19000000**
DC Inflation:	**1.02219143**
PS Target:	**1.02513678**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	436,344	773,831	714,853	93,775	0	2,018,803
1a	Audit Adjustments						
2	Cost Per Diem	63.9801	113.4650	104.8172	**13.7500**		296.0123
3	Cost Per Diem Inflated	66.1998	115.9830	108.4536			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**66.1998**	**115.9830**	**108.4536**	**13.7500**		304.3864
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.6900		55.1496			
7	Provider Target Rate	**49.9139**		**56.5359**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**52.6861**	**91.4056**	**64.9694**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	47.5874		57.3943			
10	Target Rate Class Ceiling	**48.4247**		**58.4725**			
10a	New Provider Target Limitation	**47.5319**		**56.1937**			
10b	Base for line 10a	46.3664		54.8158			
11	Lesser of 5,7,8,10, 10a	**47.5319**	**91.4056**	**56.1937**	**13.6500**		208.7812
12/13	Medicaid Adjustment Rate		1.3197	0.8113			
14	Prospective Per Diem 11	**47.5319**	**92.7253**	**57.0050**	**13.6500**		**210.9122**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 326011-00 - 2011/01

214.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2011 through 06/30/2011

Moosehaven, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	**4/17/2008**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**1,729,607**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.031560**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**0.0000**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**True**	
Yearly Payment:	**106,180**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,383,686**	**8.9785**
20% ROE(2):	**345,921**	**0.9232**
Insurance Cost(3):	**18,287**	**1.6848**
Taxes Cost(3):	**1,953**	**0.1799**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**5,836**	**0.0000**
Total FRVS PD:		**11.7664**

(1) 80% Capital ($1,383,686) amortized at 7.7500% for 20 years Interest of $106,180 divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = $8.9785

(2) 20% ROE ($345,921) times the ROE factor (0.031560) divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = $0.9232

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1972**	Used Per Bed Standard:	**10,669**
Comparison Bed	**36**	Current RS PBS:	**49,149**
		Effective PBS Limitation	**384,084**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.5319**	**47.5319**	**0.4146**	**47.1173**	
Patient Care					
Direct Care	**92.7253**	**92.7253**	**0.8089**	**91.9164**	
Indirect Care	**57.0050**	**57.0050**	**0.4973**	**56.5077**	
Property	**13.6500**	**11.7664**	**0.1026**	**11.6638**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$7.5971**	
Totals	**210.9122**	**209.0286**	**1.8234**	**214.8023**	

***Medicaid Trend Adjustment :**