

Surrey Place Care Center			Provider Number:	0 001135-00
110 Southeast Lee Avenu	110 Southeast Lee Avenue		Date:	12/29/2011
Live Oak FL 32060			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 203.27	New Rate 205.35	Effective Date 1/1/2012
I	evel H: AIDS	349.47	352.96	1/1/2012
I	evel U: Fragile Under 21	466.80	471.42	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  The Rating Change The Rating Chang	n Interim Component
Distribution:  Contract Management Permanent File  For informate No Change in	ion Only		id Cost Reimbursement	•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Signature HealthCARE	E of Palm Beach		Provider Number:	0 001136-00
4405 Lakewood Road	1405 Lakewood Road		Date:	12/29/2011
Lake Worth FL 33461			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 204.84	New Rate 206.64	Effective Date 1/1/2012
	Level H: AIDS	351.04	354.25	1/1/2012
	Level U: Fragile Under 21	468.37	472.71	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  The Rating Change and Customary Limitation Change Change The Ration Change Change The Ration Change Change Change The Ration Change Change Change The Ration Change Change Change The Ration Change Change Change The Ration Change Chang	n Interim Component
Distribution:  Contract Managem  Permanent File  For inform  No Chang	nation Only		id Cost Reimbursement	•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Cross Pointe Care Center			Provider Number:	0 001281-00
440 Phippen-Waiters			Date:	12/29/2011
Dania Beach FL 3300	4		Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type:		Currer Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level	235.3	236.89	1/1/2012
	Level H: AIDS	381.5	2 384.50	1/1/2012
	Level U: Fragile Under 21	498.8	502.96	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	ith Interim Component
<b>Distribution:</b>	· / Ti - 1 A		Stephen Russell	
Contract Manage Permanent File	ment / Fiscal Agent	Med	icaid Cost Reimbursemen	nt Analysis
	mation Only	at w	hus Re	raell
No Chan	ge in Rate	my	my /w	<del></del>
Home Office:	1 - No Home Office			



The Crossings			Provider Number:	0 001291-00
4445 Pine Forest Dr.			Date:	12/29/2011
Lake Worth FL 33463			Fiscal Year End:	11/30/2008
			Audit Status:	Unaudited [3]
Provider Type:	Single Level	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	242.71		1/1/2012
	Level H: AIDS	388.91	391.34	1/1/2012
	Level U: Fragile Under 21	506.24	509.80	1/1/2012
Basis:  X Budget Unaudited c Field audite Field audite Desk audite Desk audit	d costs - interim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  are Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 11/01/1988	n Interim Component
<b>Distribution:</b>			Stephen Russell	
•	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis		
Permanent File	nation Only			
	ge in Rate	Sty.	low Ru	sell
Home Office:	1 - No Home Office			



Cross Terrace Rehabil	litation Center			Provider Number:	0 001300-00
1351 San Christopher	Drive			Date:	12/29/2011
Dunedin FL 34698				Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type:		<u>.</u>	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		205.25	206.48	1/1/2012
	Level H: AIDS		351.45	354.09	1/1/2012
	Level U: Fragile Under 21		468.78	472.55	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk Audite	ed costs - interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation The Rating Change The Rating Chan	n Interim Component
<u>Distribution:</u>	ment / Fiscal Agent			Stephen Russell	
Permanent File	mont / 1 iscai Agont		Medicaio	d Cost Reimbursement	Analysis
	mation Only		15.00	hus Ru	raell
No Chan	ge in Rate		ngen	ms / lin	,
Home Office:	1 - No Home Office				



The Crossroads				Provider Number:	0 001306-00
206 West Orange Street				Date:	12/29/2011
Davenport FL 33837				Fiscal Year End:	11/8/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		urrent Rate 32.12	New Rate 231.84	Effective Date  1/1/2012
runsing frome	Single Level		J2,12	231.04	1/1/2012
	Level H: AIDS	3	78.32	379.45	1/1/2012
	Level U: Fragile Under 21	4	95.65	497.91	1/1/2012
Basis:  X Budget Unaudited cos Field audited Field audit - is Desk audited Desk audit - Is	costs nterim portion costs	Changes:	Usual an Target R FRVS C Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change	n Interim Component
<b>Distribution:</b> Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File For informa No Change	tion Only			d Cost Reimbursement  Rus  Rus	
Home Office:	1 - No Home Office				



Florida Baptist Retirement Center		Provider Number:	0 001416-00
1006 33rd St.		Date:	12/29/2011
Vero Beach FL 32960		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 210.32	New Rate 189.70	Effective Date 1/1/2012
Level H: AIDS	356.52	337.31	1/1/2012
Level U: Fragile Under 21	473.85	455.77	1/1/2012
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:  Budget  X Unaudited costs  Field audit - interim portion  Desk audit - Interim Portion  Desk Audit - Prospective portion	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with  Trotal Prospective with  Trotal Prospective with  Trotal Prospective with  Trotal Prospective with	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only		Stephen Russell id Cost Reimbursement	· ·
No Change in Rate  Home Office: 1 - No Home Office			



Village Place Health and	d Rehab Center		Provider Number:	0 002400-00
2370 Harbor Blvd.			Date:	12/29/2011
Port Charlotte FL 33952	2		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:	Single Level	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	229.67		1/1/2012
	Level H: AIDS	375.87	378.10	1/1/2012
	Level U: Fragile Under 21	493.20	496.56	1/1/2012
				<u> </u>
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Usual Target FRVS  X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 09/22/1987	h Interim Component
Distribution:			Stephen Russell	
Contract Managem	ent / Fiscal Agent	Medicaid Cost Reimbursement Analysis		
Permanent File				-
For information No Change	•	Step	hus Ru	soll
Home Office:	Greystone Healthcare Manag 4042 Park Oaks Blvd, Suite Tampa FL 33610			



Trinity Regional Rehab Center				Provider Number:	0 003521-00
2144 Welbilt Boulevar	d			Date:	12/29/2011
Trinity FL 34655				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 216.15	New Rate 198.20	Effective Date  1/1/2012
G		_			
	Level H: AIDS	_	362.35	345.81	1/1/2012
	Level U: Fragile Under 21	_	479.68	464.27	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change d Customary Limitatio ate limitation change	n Interim Component
	nent / Fiscal Agent			Stephen Russell	
Permanent File	nation Only			d Cost Reimbursement	•
Home Office:	Traditions Management of F 24541 US Highway 19 Nort Clearwater FL 33763				



Braden River Care Ce	nter		Provider Number:	0 005021-00
2010 Manatee Avenue	•		Date:	12/29/2011
Bradenton FL 34208			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	190.00		1/1/2012
	Level H: AIDS	336.20	338.80	1/1/2012
	Level U: Fragile Under 21	453.53	457.26	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 08/01/1994	h Interim Component
	ment / Fiscal Agent		Stephen Russell	
Permanent File For inform	mation Only ge in Rate		aid Cost Reimbursement	-
Home Office:	1 - No Home Office			



Osceola Health Care Center		Provider Number:	0 005219-00
4201 W. New Nolte Rd.		Date:	12/29/2011
St. Cloud FL 34772		Fiscal Year End:	6/30/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 209.55	New Rate 211.99	Effective Date 1/1/2012
Level H: AIDS	355.75	359.60	1/1/2012
Level U: Fragile Under 21	473.08	478.06	1/1/2012
Interim  Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation The Rating Change The Rating Chan	n Interim Component
Desk Audit - Prospective portion		[2] as of 10/28/1991	
<u>Distribution:</u> Contract Management / Fiscal Agent		Stephen Russell	
Permanent File		d Cost Reimbursement	
For information Only No Change in Rate	Styp 1.	hus Ru	sall
Home Office: 1 - No Home Office			



Debary Manor			Provider Number:	0 005372-00
60 N. Highway 17-92			Date:	12/29/2011
Debary FL 32713	_		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	198.22	188.70	1/1/2012
	Level H: AIDS	344.42	336.31	1/1/2012
	Level U: Fragile Under 21	461.75	454.77	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Usual a Target FRVS  X Rate S	tive Total Prospective Prospective Adjusted Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 02/01/1998	n Interim Component
<b>Distribution:</b> Contract Managem	nent / Fiscal Agent		Stephen Russell	
Permanent File	ione, I isomi i igom		aid Cost Reimbursement	•
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Home Office:	Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	vices, LLC		



Flagler Pines				Provider Number:	0 005374-00
300 South Lemon Street				Date:	12/29/2011
Bunnell FL 32110				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 208.19	New Rate 202.26	Effective Date  1/1/2012
runsing frome	Single Level		200.17	202.20	1/1/2012
	Level H: AIDS		354.39	349.87	1/1/2012
	Level U: Fragile Under 21		471.72	468.33	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I Desk Audit - I	costs nterim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b> Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File	1 150ul / 150llt		Medicaio	d Cost Reimbursement	Analysis
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Home Office:	Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	rvices, LLC			



Longwood Health Care			Provider Number:	0 005379-00
1520 South Grant Street			Date:	12/29/2011
Longwood FL 32750			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.79		1/1/2012
	Level H: AIDS	347.99	345.48	1/1/2012
	Level U: Fragile Under 21	465.32	463.94	1/1/2012
Basis:  Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	costs interim portion	Usual a Target FRVS  X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  are Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 01/29/1998	n Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	ation Only		Stephen Russell  aid Cost Reimbursement  Ann Russell	•
Home Office:	Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	rices, LLC		



The Rehabilitation Center	er of Winter Park			Provider Number:	0 005380-00
1700 Monroe Avenue				Date:	12/29/2011
Maitland FL 32751				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curr Ra <b>226</b>	te	New Rate 221.64	Effective Date 1/1/2012
	Level H: AIDS	372	.43	369.25	1/1/2012
	Level U: Fragile Under 21	489	.76	487.71	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	costs nterim portion	Changes:	eensure ual and rget Rat RVS Cha	otal Prospective rospective Adjusted otal Prospective with Rating Change Customary Limitation change	n Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	ntion Only			Stephen Russell  Cost Reimbursement  Russell  Russell	•
Home Office:	Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	vices, LLC			



Brynwood Center				Provider Number:	0 005381-00
1656 South Jefferson Street				Date:	12/29/2011
Monticello FL 32344				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New <u>Rate</u> 192.81	Effective Date  1/1/2012
Tursing Home	Single Level	_	211.90		1/1/2012
	Level H: AIDS	_	358.10	340.42	1/1/2012
	Level U: Fragile Under 21	-	475.43	458.88	1/1/2012
Rate Type :					
In Se	otal Interim terim Component ettlement based on costs ior Provider Prospective data	Changes	<u> </u>	Total Prospective Prospective Adjusted Total Prospective with	
X Unaudited confidence of Field audited Desk audited Desk audited	d costs interim portion	X	Usual an Target R FRVS C	d Customary Limitation ate limitation change	on
<b>Distribution:</b>				Stephen Russell	
Contract Managem	nent / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File For inform No Chang	nation Only e in Rate	<u></u>		hus Ru	•
Home Office:	Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	rvices, LLC			



Nursing Pavilion at Chip	pola Retirement Center		Provider Number:	0 005383-00
4294 3rd Avenue			Date:	12/29/2011
Marianna FL 32446			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 200.11	New Rate 199.34	Effective Date 1/1/2012
	Level H: AIDS	346.31	346.95	1/1/2012
	Level U: Fragile Under 21	463.64	465.41	1/1/2012
Basis:  Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	costs interim portion	Usual ar Target R FRVS C X Rate Sei	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Cate limitation change	n Interim Component
Distribution:  Contract Management File  For information No Change	ation Only		Stephen Russell d Cost Reimbursement	•
Home Office:	Pensacola Administrative Serva 2 North Palafox Street Pensacola Fl 32502	ices, LLC		



Glencove Nursing Pavilio	on			Provider Number:	0 005384-00
1027 East Highway Business 98				Date:	12/29/2011
Panama City FL 32401				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	- -	Current Rate 216.89	New Rate <b>209.95</b>	Effective Date 1/1/2012
I	Level H: AIDS		363.09	357.56	1/1/2012
I	Level U: Fragile Under 21	•	480.42	476.02	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs nterim portion costs	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management File  For informate No Change	tion Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	vices, LLC			



Panama City Nursing Cer	nter			Provider Number:	0 005385-00
924 West 13th Street				Date:	12/29/2011
Panama City FL 32401				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 207.58	New Rate 197.35	Effective Date 1/1/2012
L	evel H: AIDS		353.78	344.96	1/1/2012
L	evel U: Fragile Under 21		471.11	463.42	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited co Desk audit - In	osts terim portion osts	Change X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informate No Change in	ion Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Pensacola Administrative Sec 2 North Palafox Street Pensacola Fl 32502	ervices, LLC			



Riverchase Care Center				Provider Number:	0 005386-00
1017 Strong Road				Date:	12/29/2011
Quincy FL 32351				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		200.57	<u> 198.46</u> _	1/1/2012
	Level H: AIDS		346.77	346.07	1/1/2012
	Level U: Fragile Under 21		464.10	464.53	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs nterim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b> Contract Manageme	ant / Fiscal Agant			Stephen Russell	
Permanent File	int / 1 iscai Agent		Medicaio	d Cost Reimbursement	Analysis
For informa No Change	•		styen	hus Ru	ssell
Home Office:	Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	rvices, LLC			



Suwannee Health Care C	Center			Provider Number:	0 005387-00
1620 Helvenston Streets	E			Date:	12/29/2011
Live Oak FL 32064				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 213.80	New Rate 201.75	Effective Date  1/1/2012
rursing frome	Single Level		213.00		1/1/2012
1	Level H: AIDS		360.00	349.36	1/1/2012
]	Level U: Fragile Under 21		477.33	467.82	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited co	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b> Contract Manageme	ent / Fiscal Agent		Medicaio	Stephen Russell	Analysis
Permanent File For informa No Change	•			mes Rus	•
Home Office:	Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	ervices, LLC			



Berkshire Manor			Provider Number	r: 0 005388-00	
1255 NE 135th Street			Date	e: 12/29/2011	
North Miami FL 3316	51		Fiscal Year End	: 12/31/2010	
			Audit Status	s: Unaudited [3]	
Provider Type:		Currer Rate	Rate	Effective Date	
<b>Nursing Home</b>	Single Level	228.2	229.72	1/1/2012	
	Level H: AIDS	374.4	377.33	1/1/2012	
	Level U: Fragile Under 21	491.7	495.79	1/1/2012	
Basis:  Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	Changes:  Lice Usu Targ FRV	Prospective Adjust	with Interim Component ation	
<u>Distribution:</u>			Stephen Russel	1	
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis			
Permanent File	mation Only			•	
	inge in Rate	Sty	chus Re	wolls	
Home Office:	Pensacola Administrative S  2 North Palafox Street	ervices, LLC			
	Pensacola Fl 32502				



Carnegie Gardens Nu	ursing Center			Provider Number:	0 005519-00	
1415 South Hickory		_ _		Date:	12/29/2011	
Melbourne FL 32901		_		Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
<b>Provider Type:</b>						
			Current	New	Effective	
Name a Home	Cincle I aval		Rate	Rate	Date	
<b>Nursing Home</b>	Single Level		213.81	<u> 197.89</u> _	1/1/2012	
	Level H: AIDS		360.01	345.50	1/1/2012	
	Level U: Fragile Under 21		477.34	463.96	1/1/2012	
Rate Type :						
Interim		X	Prospectiv	ve		
	Total Interim		_ X	Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with	n Interim Component	
	Prior Provider Prospective data			•	•	
Basis:		Change	ıç.			
Dasis.		Change	3.			
Budget			Licensur	e Rating Change		
X Unaudited	costs			nd Customary Limitation	on	
Field audi			Target Rate limitation change			
	t - interim portion	-	FRVS C	=		
Desk audi	-		<u> </u>	6		
	t - Interim Portion	X	Rate Ser	nester Change		
	it - Prospective portion			[2] as of 10/01/1985		
<b>Distribution:</b>				Stephen Russell		
Contract Manag	ement / Fiscal Agent		Madicai	d Cost Reimbursement	Anolygic	
Permanent File					•	
	rmation Only		Stere	hus Ru	sell	
No Cha	nge in Rate			. , , , ,		
Home Office:	Pensacola Administrative S	Services, LLC				
	2 North Palafox Street					
	Pensacola Fl 32502					
	1 1111111111111111111111111111111111111					



Fountainhead Care Cente	r		Provider Number:	0 005523-00
390 NE 135th Street			Date:	12/29/2011
North Miami FL 33161			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate <b>205.47</b>	New Rate 186.51	Effective Date 1/1/2012
I	Level H: AIDS	351.67	334.12	1/1/2012
I	evel U: Fragile Under 21	469.00	452.58	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 02/01/1998	n Interim Component
Distribution:  Contract Management File  For informate No Change in the Post No Change i	ion Only		Stephen Russell  raid Cost Reimbursement  Muss Russell	•
Home Office:	Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	rices, LLC		



Manor on the Green			Provider Number:	0 005543-00
324 Wilder Boulevard			Date:	12/29/2011
Daytona Beach FL 32114	4		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 220.87	New Rate <b>214.47</b>	Effective Date 1/1/2012
]	Level H: AIDS	367.07	362.08	1/1/2012
1	Level U: Fragile Under 21	484.40	480.54	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited co	costs nterim portion costs	Usual a Target FRVS  X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 07/19/2004	n Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell aid Cost Reimbursement	•
Home Office:	Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	vices, LLC		



Oakwood Garden of Del	and			Provider Number:	0 005547-00
451 South Amelia Avenu	ue			Date:	12/29/2011
Deland FL 32724				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:	Strada Larral		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		208.82		1/1/2012
	Level H: AIDS		355.02	349.01	1/1/2012
	Level U: Fragile Under 21		472.35	467.47	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b>				Stephen Russell	
Contract Manageme Permanent File	ent / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
For informa	tion Only		<i></i>	1 –	
No Change	•		ngen	en Ru	
Home Office:	Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	rvices, LLC			



Oaks Of Kissimmee			Provider Number:	0 005549-00
320 North Mitchell Aver	nue		Date:	12/29/2011
Kissimmee FL 34741			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 216.51	New Rate 213.34	Effective Date 1/1/2012
]	Level H: AIDS	362.71	360.95	1/1/2012
1	Level U: Fragile Under 21	480.04	479.41	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited co	costs nterim portion costs	Usual a Target I FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  The Rating Change The Rating Chang	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate			Stephen Russell id Cost Reimbursement	•
Home Office:	Pensacola Administrative Serva 2 North Palafox Street Pensacola Fl 32502	ices, LLC		



Avante at Ocala, Inc.			Provider Number:	0 005701-00
2021 SW 1 Avenue			Date:	12/29/2011
Ocala FL 34474			Fiscal Year End:	5/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Currer Rate <b>200.1</b>	Rate	Effective Date 1/1/2012
	Level H: AIDS	346.3	4 349.53	1/1/2012
	Level U: Fragile Under 21	463.6	467.99	1/1/2012
Basis:  Budget X Unaudited c Field audite Field audit Desk audite Desk audit	d costs - interim portion	Changes:  Lice Usu Targ FRV	Total Prospective Prospective Adjusted Total Prospective Adjusted Total Prospective wi  nsure Rating Change al and Customary Limitate tet Rate limitation change S Change Semester Change FRV [2] as of 04/01/1992	th Interim Component
Permanent File For inform	ment / Fiscal Agent nation Only ge in Rate		Stephen Russell icaid Cost Reimbursemen	•
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Sui Hollywood FL 33021-6744	540-N		



Palatka Health Care Cer	nter			Provider Number:	0 005811-00
110 Kay Larkin Dr.				Date:	12/29/2011
Palatka FL 32177				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		203.96	210.43	1/1/2012
	Level H: AIDS		350.16	358.04	1/1/2012
	Level U: Fragile Under 21		467.49	476.50	1/1/2012
Basis:  Budget X Unaudited completed audited Field audited Desk audited Desk audited Desk audited	costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b>				Stephen Russell	
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis			
Permanent File For informa	otion Only				
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			-		
Home Office:	1 - No Home Office				



Boynton Health Care Ce	nter			Provider Number:	0 005814-00
7900 Venture Center Wa	·			Date:	12/29/2011
Boynton Beach FL 3343	7			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 224.27	New Rate	Effective Date  1/1/2012
Nursing Home	Single Level	-	224.21		1/1/2012
	Level H: AIDS		370.47	370.53	1/1/2012
	Level U: Fragile Under 21		487.80	488.99	1/1/2012
					<del></del>
Basis:  Budget X Unaudited cos Field audited Field audit - is Desk audited Desk audit - Is	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b>				Stephen Russell	
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis			
Permanent File For informa	tion Only				•
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Home Office:	Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	rvices, LLC			



Accentia Health & Rehat	pilitation Center of Tampa B		Provider Number:	0 005826-00
1818 East Fletcher Avenu	ue		Date:	12/29/2011
Tampa FL 33612			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 202.04	New Rate 184.78	Effective Date 1/1/2012
I	Level H: AIDS	348.24	332.39	1/1/2012
I	Level U: Fragile Under 21	465.57		1/1/2012
Basis:  Budget X Unaudited cost Field audit - ir Desk audited cost Desk audit - In	costs nterim portion costs	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitation Rate limitation change Change Gemester Change RV [2] as of 09/01/1991	n Interim Component
Distribution:  Contract Manageme Permanent File For informat No Change	tion Only		Stephen Russell  raid Cost Reimbursement  Ann Russell	•
Home Office:	Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	vices, LLC		



Glen Oaks Health Care	Center			Provider Number:	0 005849-00
1100 Pine Street				Date:	12/29/2011
Clearwater FL 33756				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 235.05	New Rate	Effective Date  1/1/2012
Nursing Home	Single Level		233.03		1/1/2012
	Level H: AIDS		381.25	375.59	1/1/2012
	Level U: Fragile Under 21		498.58	494.05	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - i Desk audited Desk audit - I	costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
<b>Distribution:</b>				Stephen Russell	
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis			
Permanent File For information Only				1 –	
No Change	•		ngen	en Ru	
Home Office:	Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	rvices, LLC			



Heritage Park			Provider Number:	0 005850-00
37135 Coleman Avenue			Date:	12/29/2011
Dade City FL 33525			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 211.80	New Rate 201.55	Effective Date 1/1/2012
• • • • • • • • • • • • • • • • • • •				
	Level H: AIDS	358.00	349.16	1/1/2012
	Level U: Fragile Under 21	475.33	467.62	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audit - I Desk Audit - I	costs nterim portion	Usual a Target FRVS  X Rate So	tive Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 09/01/1997	n Interim Component
<b>Distribution:</b>	. / E' 1 A		Stephen Russell	
Contract Manageme Permanent File For informa No Change	ation Only		aid Cost Reimbursement	•
Home Office:	Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	vices, LLC		



Lake Eustis Care Center				Provider Number:	0 005851-00
411 W. Woodward Aven	ue			Date:	12/29/2011
Eustis FL 32726				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 213.92	New Rate 213.44	Effective Date 1/1/2012
Trusing IIome	single 20 (c)				1/1/2012
I	evel H: AIDS		360.12	361.05	1/1/2012
I	Level U: Fragile Under 21		477.45	479.51	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation ate limitation change Thange T	n Interim Component
Contract Management	nt / Fiscal Agent			Stephen Russell	
Permanent File For informat No Change	ion Only			d Cost Reimbursement	•
Home Office:	Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	rvices, LLC			



Lake Placid Health Care	Center		Pr	ovider Number:	0 006339-00
125 Tomoka Boulevard S	South			Date:	12/29/2011
Lake Placid FL 33852			F	iscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curr Ra <b>205</b>	te	New Rate 200.36	Effective Date 1/1/2012
I	Level H: AIDS	351	.70	347.97	1/1/2012
I	Level U: Fragile Under 21	469	.03	466.43	1/1/2012
Basis:  Budget X Unaudited cos Field audit - ir Desk audited co Desk audit - Ir	costs nterim portion costs	Changes:	Pros Tota Censure Ra ual and Cu rget Rate li RVS Chang te Semeste	ting Change istomary Limitati imitation change	h Interim Component  on
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate			edicaid Co	st Reimbursemen	t Analysis
Home Office:	Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	vices, LLC			



Windsor Manor			Provider Number:	0 006340-00
602 East Laura Street			Date:	12/29/2011
Starke FL 32091			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 209.74	New Rate 201.48	Effective Date 1/1/2012
	Level H: AIDS	355.94	349.09	1/1/2012
	Level U: Fragile Under 21	473.27	467.55	1/1/2012
Basis:  Budget X Unaudited compiled audited audited audited audited audited audited audited audited audited besk audited besk audited besk audited aud	d costs interim portion	Usual at Target I FRVS C	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change and Customary Limitation Rate limitation change	n Interim Component
Permanent File For inforn	Contract Management / Fiscal Agent		Stephen Russell ad Cost Reimbursement Aug. Russ	•
Home Office:	Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	rices, LLC		



Rehabilitation Center of	St. Pete			Provider Number:	0 006408-00	
435 42nd Avenue S				Date:	12/29/2011	
St. Petersburg FL 33705				Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type:		-	Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	-	213.99	215.89	1/1/2012	
1	Level H: AIDS		360.19	363.50	1/1/2012	
]	Level U: Fragile Under 21		477.52	481.96	1/1/2012	
Basis:  Budget X Unaudited cos Field audit - in Desk audited co	costs nterim portion costs	Change  X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation thange Thange Thange	n Interim Component	
<b>Distribution:</b>	( E 1 A			Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
For informa	tion Only			1 -		
No Change	•	ئىيىر	nzer	hus Ru		
Home Office:	1 - No Home Office					



Salerno Bay Manor			Provider Number:	0 006483-00
4801 S.E. Cove Road			Date:	12/29/2011
Stuart FL 34997			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Currer Rate <b>219.</b> 5	Rate	Effective Date 1/1/2012
1	Level H: AIDS	366.0	352.26	1/1/2012
1	Level U: Fragile Under 21	483.3	<del>-</del>	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited of Desk audit - Ir	costs nterim portion costs	Changes:  Lice Usu Targ FRV	Prospective Adjusted	ion
Distribution:  Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell licaid Cost Reimbursemen	•
Home Office:	Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	vices, LLC		



Royal Manor				Provider Number:	0 006489-00
600 Business Parkway				Date:	12/29/2011
Royal Palm Beach FL 33-	411			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	-	Current Rate 226.03	New Rate 208.60	Effective Date 1/1/2012
L	evel H: AIDS		372.23	356.21	1/1/2012
I	evel U: Fragile Under 21	•	489.56	474.67	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informate No Change in	ion Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	vices, LLC			



Oakbrook of LaBelle			Provider Number:	0 006767-00
250 Broward Avenue			Date:	12/29/2011
Labelle FL 33935			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren Rate 226.7	Rate	Effective Date 1/1/2012
Nursing Home	Single Level		220.11	1/1/2012
	Level H: AIDS	372.92	2 367.72	1/1/2012
	Level U: Fragile Under 21	490.23	486.18	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Usua Targe FRV  X Rate	Total Prospective Prospective Adjusted	h Interim Component
<b>Distribution:</b>	out / Figure 1 A growt		Stephen Russell	
Contract Managem Permanent File For information No Change	ation Only		caid Cost Reimbursemen	•
Home Office:	Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	vices, LLC		



Crosswinds Health &	Rehab Center		Provider Number:	0 007012-00
P.O. Box 445			Date:	12/29/2011
Greenville FL 33231			Fiscal Year End:	9/30/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 223.67	Rate	Effective
Tursing Home	Single Level	223.07		1/1/2012
	Level H: AIDS	369.87	374.96	1/1/2012
	Level U: Fragile Under 21	487.20	493.42	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk Audite	ed costs - interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted	h Interim Component
<b>Distribution:</b>	. / E' 1 A		Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medic	caid Cost Reimbursemen	t Analysis
	mation Only		1 -	
	ge in Rate	sty	hus Ru	yaci i
Home Office:	1 - No Home Office			



Cross Landings Healt	h & Rehab Center		Provider Number:	0 007014-00
1780 N. Jefferson St.			Date:	12/29/2011
Monticello FL 32344			Fiscal Year End:	9/30/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	221.47		1/1/2012
	Level H: AIDS	367.67	372.53	1/1/2012
	Level U: Fragile Under 21	485.00	490.99	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with  Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component
<b>Distribution:</b>	. (F: 1.4		Stephen Russell	
Permanent File	ment / Fiscal Agent	Medica	id Cost Reimbursement	Analysis
	mation Only	1.4	1 -	
	ge in Rate	Myer	hus Ru	sacci,
Home Office:	1 - No Home Office			



Woods of Manatee Sp	prings			Provider Number:	0 008793-00	
5627 9th Street East				Date:	12/29/2011	
Bradenton FL 34203				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	-	Current Rate 222.10	New Rate 223.04	Effective Date  1/1/2012	
Tital Sing Tronic	Single Devel	-			1/1/2012	
	Level H: AIDS		368.30	370.65	1/1/2012	
	Level U: Fragile Under 21		485.63	489.11	1/1/2012	
Rate Type :		X	Prospectiv	ve		
	Total Interim		<u>X</u>	Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	Interim Component	
I	Prior Provider Prospective data					
Basis:		Change	s:			
Budget			Licensur	e Rating Change		
<b>X</b> Unaudited				d Customary Limitation	on	
Field audit		Target Rate limitation change				
	: - interim portion		FRVS C	Change		
Desk audite			_ <sub>D . C</sub>			
	- Interim Portion t - Prospective portion	X		mester Change [2] as of 07/01/1987		
<b>Distribution:</b>				Stephen Russell		
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis				
Permanent File					-	
	rmation Only		step 1	leus Ru	sell	
No Char	nge in Rate	_		·		
Home Office:	Putnam Council, Inc.					
	16 Norcross Street					
	Roswell GA 30075					
	Roswell GA 300/3					



Courtyard Gardens R	ehabilitation Center			Provider Number:	0 010082-00
17781 Thelma Ave				Date:	12/29/2011
Jupiter FL 33458				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:	Cingle Level	_	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		212.55	215.05	1/1/2012
	Level H: AIDS	_	358.75	362.66	1/1/2012
	Level U: Fragile Under 21	_	476.08	481.12	1/1/2012
			_		
Basis:  Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change	n Interim Component
Distribution:				Stephen Russell	
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis			
Permanent File					-
	mation Only nge in Rate		tope	hus Ru	sell
	ige iii Nate				
Home Office:	1 - No Home Office				



HHCC - Sarasota			Provider Number:	0 010453-00		
5401 Sawyer Road			Date:	12/29/2011		
Sarasota FL 34233			Fiscal Year End:	12/31/2010		
			Audit Status:	Unaudited [3]		
Provider Type:	C' I I I	Current Rate	New Rate	Effective Date		
<b>Nursing Home</b>	Single Level	201.76		1/1/2012		
	Level H: AIDS	347.96	359.99	1/1/2012		
	Level U: Fragile Under 21	465.29	478.45	1/1/2012		
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Usual a Target FRVS	ive Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  are Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 07/10/2009	n Interim Component		
<b>Distribution:</b>	ant / Final A and		Stephen Russell			
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
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No Change	•	ngi	mes the			
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604					



Heartland Health & Rehal	o of Boca Raton		Provider Number:	0 011997-00
7225 Boca Del Mar Drive			Date:	12/29/2011
Boca Raton FL 33433			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home S	Single Level	Current Rate 200.82	New Rate 202.62	Effective Date 1/1/2012
				1/1/2012
L	evel H: AIDS	347.02	350.23	1/1/2012
L	evel U: Fragile Under 21	464.35	468.69	1/1/2012
Inter Settle Prior  Basis:  X Budget Unaudited costs Field audit - int Desk audited co Desk audit - Int Desk Audit - Pr	terim portion osts	Usual Target FRVS  X Rate S	tive Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 08/05/2009	n Interim Component
<u>Distribution:</u> Contract Managemen	at / Fiscal Agent		Stephen Russell	
Permanent File For informati No Change in	on Only		aid Cost Reimbursement	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Royal Palm Healtho	are & Rehabilitation Center			Provider Number:	0 011998-00
2180 10th Avenue		_ _		Date:	12/29/2011
Vero Beach FL 329	60	_		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>					
			Current	New	Effective
Name of House	Cinale I evel		Rate	Rate	Date
<b>Nursing Home</b>	Single Level		205.84	216.85	1/1/2012
	Level H: AIDS		352.04	364.46	1/1/2012
	Level U: Fragile Under 21		469.37	482.92	1/1/2012
Rate Type :					
Interir	n	X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Chang	ges:		
Budget				re Rating Change	
<u>X</u> Unaudite				nd Customary Limitation	on
Field aud				tate limitation change	
	lit - interim portion		FRVS C	Change	
Desk aud			p	. CI	
	it - Interim Portion lit - Prospective portion	<u> X</u>		mester Change [2] as of 03/07/2009	
Distribution	<del>_</del>			Stephen Russell	
	gement / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File					•
	ormation Only		Stepl	hus Ru	sell
No Ch	ange in Rate				
II Off	C II. 14				
Home Office:	Grace Healthcare, Inc Randy Martin				
	7201 Shallowford Rd, STE	200			
	Chattanooga TN 37421				



Gulf Shore Rehab & Nu	rsing			Provider Number:	0 014169-00
6767 86th Avenue North				Date:	12/29/2011
Pinellas Park FL 33782	_			Fiscal Year End:	1/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 220.66	New Rate 216.66	Effective Date  1/1/2012
	8				
	Level H: AIDS		366.86	364.27	1/1/2012
	Level U: Fragile Under 21		484.19	482.73	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	costs nterim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation ate limitation change Thange T	n Interim Component
Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File For informa No Change	ation Only			d Cost Reimbursement	•
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road # New City NY 10956	809			



St. James Health And Re			Provider Number:	0 015613-00
239 Crooked River Road	d		Date:	12/29/2011
Carrabelle FL 32322			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 228.22	New Rate 210.29	Effective Date  1/1/2012
Truising Home	bingle Devel			1/1/2012
	Level H: AIDS	374.42	357.90	1/1/2012
	Level U: Fragile Under 21	491.75	476.36	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audit - I Desk Audit - I	sts costs interim portion	Usual ar Target F FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change and Customary Limitation Rate limitation change	n Interim Component
<b>Distribution:</b> Contract Manageme	ent / Fiscal Agent		Stephen Russell	
Permanent File For informa No Change	ation Only		d Cost Reimbursement	•
Home Office:	Saber Healthcare Group, LLC 26691 Richmond Road Bedford Heights OH 44146			



Whitehall Boca Raton			Provider Number:	0 016016-00	
7300 Del Prado			Date:	12/29/2011	
Boca Raton FL 33433			Fiscal Year End:	10/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:	Circle I and	Current Rate	Rate	Effective Date	
<b>Nursing Home</b>	Single Level	215.21	216.96	1/1/2012	
	Level H: AIDS	361.41	364.57	1/1/2012	
	Level U: Fragile Under 21	478.74	483.03	1/1/2012	
Basis:  X Budget Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted	h Interim Component	
Distribution:			Stonhon Duggall		
Contract Manager	nent / Fiscal Agent	Stephen Russell			
Permanent File			caid Cost Reimbursemen		
For inform  No Chang	nation Only	Step	hus Ru	soll	
	in Nate				
Home Office:	1 - No Home Office				



Bayside Manor				Provider Number:	0 017221-00
4343 Langley Avenue				Date:	12/29/2011
Pensacola FL 32504-8511	1			Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 204.18	New Rate 206.05	Effective Date 1/1/2012
L	evel H: AIDS		350.38	353.66	1/1/2012
Ι	evel U: Fragile Under 21		467.71	472.12	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Change  X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informate No Change in	ion Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	rvices, LLC			



Margate Health Care Ce	nter			Provider Number:	0 017222-00
5951 Colonial Drive				Date:	12/29/2011
Margate FL 33063				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		216.45	218.41	1/1/2012
	Level H: AIDS		362.65	366.02	1/1/2012
	Level U: Fragile Under 21		479.98	484.48	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b> Contract Manageme	ant / Fiscal Agant			Stephen Russell	
Permanent File	ant / 17iscai Agent	Medicaid Cost Reimbursement Analysis			
For informa No Change	•		styer	hus Ru	ssell
Home Office:	Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	rvices, LLC			



Rosewood Manor				Provider Number:	0 017223-00
3107 North H Street				Date:	12/29/2011
Pensacola FL 32501				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	_	209.10	210.08	1/1/2012
	Level H: AIDS	<u>-</u>	355.30	357.69	1/1/2012
	Level U: Fragile Under 21		472.63	476.15	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	costs nterim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b>	( T 1 A			Stephen Russell	
Contract Manageme Permanent File	ent / Fiscai Agent	Medicaid Cost Reimbursement Analysis			
For informa	ation Only	,		1 -	
No Change	-	سنير	ryer.	hus Ru	sacri
Home Office:	1 - No Home Office				



Bay Breeze Nursing & R	Letirement Center		Provider Number:	0 017225-00
3387 Gulf Breeze Parkw	ay		Date:	12/29/2011
Gulf Breeze FL 32563			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 212.30	Rate	Effective Date 1/1/2012
1	Level H: AIDS	358.56	5 361.49	1/1/2012
1	Level U: Fragile Under 21	475.89	479.95	1/1/2012
Basis:  Budget X Unaudited cos Field audited of Field audited of Desk audited of Desk audited of	costs nterim portion costs	Usua Targe FRV:	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  assure Rating Change I and Customary Limitative Rate limitation change S Change  Semester Change RV [2] as of 06/30/1994	h Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell caid Cost Reimbursemen  Ann Rus	•
Home Office:	Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	vices, LLC		



Silvercrest Manor				Provider Number:	0 017230-00
103 Ruby Lane				Date:	12/29/2011
Crestview FL 32539				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 216.05	New Rate	Effective Date  1/1/2012
Nursing Home	Single Level		210.05	217.78	1/1/2012
]	Level H: AIDS		362.25	365.39	1/1/2012
]	Level U: Fragile Under 21		479.58	483.85	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited of Desk audit - Ir	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 08/01/1988	n Interim Component
Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File For informa No Change	tion Only			l Cost Reimbursement	•
Home Office:	Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	ervices, LLC			



Specialty Center of Pens	acola			Provider Number:	0 017236-00	
6984 Pine Forest Road				Date:	12/29/2011	
Pensacola FL 32526				Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 213.10	New Rate 214.65	Effective Date  1/1/2012	
Truising Home	bingle Level				1/1/2012	
	Level H: AIDS		359.30	362.26	1/1/2012	
	Level U: Fragile Under 21		476.63	480.72	1/1/2012	
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component	
<b>Distribution:</b> Contract Manageme	ant / Fiscal Agent			Stephen Russell		
Permanent File	ont / Piscai Agent	Medicaid Cost Reimbursement Analysis				
For informa No Change	•		sty	m, Ru	mell	
Home Office:	Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	ervices, LLC				



Grand Boulevard Health	n & Rehab. Center		Provider Number:	0 017242-00
138 Sandestin Lane			Date:	12/29/2011
Destin FL 32550			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type:	Charle I and	Curren Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level	222.8	<u>225.13</u>	1/1/2012
	Level H: AIDS	369.00	372.74	1/1/2012
	Level U: Fragile Under 21	486.3	3 491.20	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - I	costs interim portion costs Interim Portion	Usua Targe FRV X Rate	Total Prospective Prospective Adjusted Total Prospective wit  assure Rating Change I and Customary Limitati et Rate limitation change S Change Semester Change	ch Interim Component  on
Distribution:	Prospective portion	On F	RV [2] as of 02/24/1988	
Contract Managem	ent / Fiscal Agent		Stephen Russell	
Permanent File	-107 1 190 H 1 1 2 G 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		caid Cost Reimbursemen	•
For information No Change	•	Step	hus Ru	soll
Home Office:	Pensacola Administrative Ser 2 North Palafox Street Pensacola Fl 32502	vices, LLC		



Lake Bennett Health	and Rehabilitation		Provider Number:	0 017301-00
1901 Kelton Avenue			Date:	12/29/2011
Ocoee FL 34761			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type:	Cin ala Laval	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	216.70		1/1/2012
	Level H: AIDS	362.90	366.23	1/1/2012
	Level U: Fragile Under 21	480.23	484.69	1/1/2012
Basis:  Budget X Unaudited Field audi Field audi Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Tree Rating Change and Customary Limitation Rate limitation change Change Emester Change V [2] as of 09/08/1997	n Interim Component
	ement / Fiscal Agent		Stephen Russell	
Permanent File For info	rmation Only nge in Rate		id Cost Reimbursement	-
Home Office:	1 - No Home Office			



The Park Summit at Cor	ral Springs			Provider Number:	0 018066-00
8500 Royal Palm Blvd.				Date:	12/29/2011
Coral Springs FL 33065				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 210.10	New Rate 205.80	Effective Date 1/1/2012
runsing frome	omgie Level	=	210.10	203.00	1/1/2012
	Level H: AIDS		356.30	353.41	1/1/2012
	Level U: Fragile Under 21		473.63	471.87	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - Is	costs nterim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
	ent / Fiscal Agent			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For informa No Change	•	گےر ا	tyr	hus Ru	mell
Home Office:	FiveStar Quality Care Inc 400 Centre Street Newton MA 02458				



V6.998.1.2:RV35K

# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Bay Village of Sarasota				Provider Number:	0 018777-00
8400 Vamo Road				Date:	12/29/2011
Sarasota FL 34231-7899	)			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:	Single Level	R	rent	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		3.29	213.02	1/1/2012
	Level H: AIDS	35	9.49	360.63	1/1/2012
	Level U: Fragile Under 21	47	5.82	479.09	1/1/2012
Basis:  X Budget Unaudited cos Field audited Field audit - i Desk audited Desk audit - Is	costs nterim portion	Changes:	icensur sual an arget R RVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
<b>Distribution:</b>				Stephen Russell	
Contract Manageme	ent / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File	stion Only				
For informa No Change	•	St	n li	hus Ru	sell
Home Office:	1 - No Home Office				



Golfview Healthcare Cer	nter		Provider Number:	0 019085-00
3636 10th Avenue North			Date:	12/29/2011
St. Petersburg FL 33713			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 215.35	Rate	Effective Date 1/1/2012
I	Level H: AIDS	361.55	365.59	1/1/2012
1	Level U: Fragile Under 21	478.88	3 484.05	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited co Desk audit - Ir	costs nterim portion costs	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitative Rate limitation change Schange Semester Change RV [2] as of 12/15/1986	h Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell caid Cost Reimbursemen  Ann Rus	•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Southern Pines Healthcar	re Center		Provider Number:	0 019282-00
6140 Congress Street			Date:	12/29/2011
New Port Richey FL 3465	53		Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 195.93	New Rate <b>198.16</b>	Effective Date 1/1/2012
I	evel H: AIDS	342.13	345.77	1/1/2012
I	evel U: Fragile Under 21	459.46	464.23	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audit - In Desk Audit - P	costs aterim portion osts	Usual a Target FRVS  X Rate So	tive Total Prospective Prospective Adjusted Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 09/01/1987	n Interim Component
Distribution:  Contract Management Permanent File  For informate No Change in the Permanent Processing Process	ion Only		Stephen Russell aid Cost Reimbursement Ann Russell	•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Cedar Hills Healthcare	Center		Provider Number:	0 019284-00
2061 Hyde Park Rd			Date:	12/29/2011
Jacksonville FL 32210			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 195.71	New Rate 197.34	Effective Date 1/1/2012
	Level H: AIDS	341.91	344.95	1/1/2012
	Level U: Fragile Under 21	459.24	463.41	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Usual a Target FRVS  X Rate So	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 04/01/1993	n Interim Component
Distribution:  Contract Managem  Permanent File  For inform  No Change	ation Only		Stephen Russell aid Cost Reimbursement Ann Russell	•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Golfcrest Healthcare C	enter		Provider Number:	0 019287-00
600 North 17th Avenue	e		Date:	12/29/2011
Hollywood FL 33020	_		Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 204.86	New Rate 206.20	Effective Date  1/1/2012
	Level H: AIDS	351.06	353.81	1/1/2012
	Level U: Fragile Under 21	468.39	472.27	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change emester Change EV [2] as of 04/01/2003	n Interim Component
Permanent File	nent / Fiscal Agent nation Only ge in Rate		Stephen Russell aid Cost Reimbursement Ann Rus	•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Coastal Health and Rehab	ilitation Center			Provider Number:	0 021261-00
820 N Clyde Morris Blvd				Date:	12/29/2011
Daytona Beach FL 32117				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 211.82	New Rate 214.22	Effective Date  1/1/2012
- · · · · · · · · · · · · · · · · · · ·	<del>g</del>	•			
L	evel H: AIDS		358.02	361.83	1/1/2012
L	evel U: Fragile Under 21		475.35	480.29	1/1/2012
Basis:  Budget X Unaudited cost: Field audit - in Desk audited co	osts terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component
Distribution:				Stephen Russell	
Contract Managemer	nt / Fiscal Agent		36.00.0		
Permanent File For informati No Change i	•			d Cost Reimbursement	•
Home Office:	Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	ervices, LLC			



Carlton Shores Health an	nd Rehab Center			Provider Number:	0 022138-00
1350 South Nova Road				Date:	12/29/2011
Daytona Beach FL 32114	1			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 227.62	New Rate 230.81	Effective Date 1/1/2012
I	Level H: AIDS		373.82	378.42	1/1/2012
I	evel U: Fragile Under 21		491.15	496.88	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audit - In Desk Audit - P	costs aterim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b> Contract Management	nt / Fiscal Agent		Madiania	Stephen Russell  d Cost Reimbursement	Analysis
Permanent File For informat No Change i	•			nes Rus	•
Home Office:	Greystone Healthcare Manag 4042 Park Oaks Blvd, Suite Tampa FL 33610				



San Marco Terrace Rehab	ilitation and Care		Provider Number:	0 022293-00
189 San Marco Avenue			Date:	12/29/2011
St. Augustine FL 32084			Fiscal Year End:	5/31/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  S	Single Level	Current Rate 205.40	New Rate 207.57	Effective Date 1/1/2012
L	evel H: AIDS	351.60	355.18	1/1/2012
L	evel U: Fragile Under 21	468.93	473.64	1/1/2012
Basis:  X Budget Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int	osts – costs –	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informati  No Change in	on Only		Stephen Russell  Cost Reimbursement  Russell  Russell	•
Home Office:	Brooks Health System Bruce Blake 3599 University Blvd, South Jacksonville FL 32216			



Blountstown Health and R	Rehabilitation Center			Provider Number:	0 022987-00
16690 S.W. Chipola Road				Date:	12/29/2011
Blountstown FL 32424	_			Fiscal Year End:	3/31/2012
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  S	ingle Level	_	Current Rate 204.71	New Rate 204.45	Effective Date 1/1/2012
	8	_			
L	evel H: AIDS	_	350.91	352.06	1/1/2012
L	evel U: Fragile Under 21	_ _	468.24	470.52	1/1/2012
Basis:  X Budget Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int	eerim portion osts	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component
<u>Distribution:</u>				Stephen Russell	
Contract Managemen	t / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File For informati No Change is	-	<u>_</u>		lens Ru	•
Home Office:	1 - No Home Office				



The Home Association	, Inc.		Provider Number:	0 022994-00
1203 East 22nd Avenu	e		Date:	12/29/2011
Tampa FL 33605			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Currer Rate 211.7	Rate	Effective Date 1/1/2012
G	O .			
	Level H: AIDS	357.9	1 360.68	1/1/2012
	Level U: Fragile Under 21	475.2	479.14	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted Total Prospective wi  Insure Rating Change al and Customary Limitate Rate limitation change S Change Semester Change FRV [2] as of 10/01/1985	th Interim Component
	nent / Fiscal Agent		Stephen Russell	
Permanent File	nation Only		icaid Cost Reimbursemen	•
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619			



Okeechobee Health Ca	are Facility			Provider Number:	0 023067-00
1646 Highway 441 No	orth			Date:	12/29/2011
Okeechobee FL 34972				Fiscal Year End:	9/30/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	I	irrent Rate	New Rate 228.50	Effective Date 1/1/2012
S	O				
	Level H: AIDS	3′	73.94	376.11	1/1/2012
	Level U: Fragile Under 21	4	91.27	494.57	1/1/2012
Basis:  Budget X Unaudited c Field audite Field audite Desk audite Desk audit	d costs - interim portion	Changes:	Usual an Farget R FRVS C Rate Ser	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
	ment / Fiscal Agent			Stephen Russell	
Permanent File	nation Only			Cost Reimbursement	-
Home Office:	1 - No Home Office				



Astoria Health & Rehabil	litation Center			Provider Number:	0 023255-00
701 Overlook Drive				Date:	12/29/2011
Winter Haven FL 33844				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 233.65	New Rate 235.39	Effective Date 1/1/2012
I	Level H: AIDS		379.85	383.00	1/1/2012
I	Level U: Fragile Under 21	_	497.18	501.46	1/1/2012
Inte	costs nterim portion costs	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted a Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
	Prospective portion			[2] as of 06/03/2010	
Distribution:  Contract Management File  For informate No Change	tion Only	Stephen Russell  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis		· ·	
Home Office:	TLC Management 1800 North Wabash Ave Marion IN 46952				



Key West Convalescent C	'enter		Provider Number:	0 024167-00
5860 W. Junior College R	oad		Date:	12/29/2011
Key West FL 33040			Fiscal Year End:	9/30/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 184.40	New Rate <b>185.14</b>	Effective Date 1/1/2012
L	evel H: AIDS	330.60	332.75	1/1/2012
L	evel U: Fragile Under 21	447.93	451.21	1/1/2012
Basis:  X Budget Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int	terim portion osts	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 08/12/2010	n Interim Component
Distribution:  Contract Management Permanent File  For informati  No Change in	on Only		Stephen Russell aid Cost Reimbursement	•
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619			



West Broward Rehabilit			Provider Number:	0 026536-00		
7751 W. Broward Blvd.			Date:	12/29/2011		
Plantation FL 33324	_		Fiscal Year End:	6/30/2011		
			Audit Status:	Unaudited [3]		
Provider Type: Nursing Home	Single Level	Curren Rate 227.8	Rate	Effective Date 1/1/2012		
		·				
	Level H: AIDS	374.0	7 375.14	1/1/2012		
	Level U: Fragile Under 21	491.4	493.60	1/1/2012		
Basis:  X Budget Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Usua Targe FRV X Rate	Total Prospective Prospective Adjusted	ch Interim Component  on		
	ent / Fiscal Agent		Stephen Russell			
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
For information	ation Only	4	hus Ru	raell		
No Change	e in Rate	ng	mus /w	·		
Home Office:	1 - No Home Office					



Wuesthoff Progressi	ve Care Center		Provider Number:	0 028602-00		
8050 Spyglass Rd			Date:	12/29/2011		
Viera FL 32940			Fiscal Year End:	9/30/2011		
			Audit Status:	Unaudited [3]		
Provider Type:		Currer Rate	Rate	Effective Date		
<b>Nursing Home</b>	Single Level	204.1	5 204.47	1/1/2012		
	Level H: AIDS	350.3	5 352.08	1/1/2012		
	Level U: Fragile Under 21	467.6	8 470.54	1/1/2012		
Basis:  X Budget Unaudited Field audi Field audi Desk audi Desk audi Desk Aud	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  I costs Ited costs It - interim portion Ited costs I	Usua Targ FRV	Total Prospective Prospective Adjusted	ion		
Distribution:	=		Stephen Russell			
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
For info	ormation Only ange in Rate	Sty	hus Re	well		
Home Office:	1 - No Home Office					



The Health Center Of Wi	ndermere			Provider Number:	0 030479-00	
4875 Cason Cove Drive				Date:	12/29/2011	
Orlando FL 32811				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home	Single Level	R	rrent ate 3.44	New Rate	Effective Date 1/1/2012	
ivursing frome	Siligie Level		3.44	213.28	1/1/2012	
I	Level H: AIDS	35	9.64	360.89	1/1/2012	
I	Level U: Fragile Under 21	47	6.97	479.35	1/1/2012	
Inte Setti Prio  Basis:  X Budget Unaudited cost Field audited of Field audit - in Desk audited of Desk audit - In	costs nterim portion costs	Changes:	Jsual an Target R TRVS C	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change d Customary Limitatio ate limitation change	n Interim Component	
<b>Distribution:</b>				Stephen Russell		
Contract Manageme	nt / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
Permanent File For informat	ion Only				-	
No Change	•	-3t	p 1.	hus Ru	sacri	
Home Office:	1 - No Home Office					



The Health Center of Plan	t City			Provider Number:	0 030484-00
701 North Wilder Road				Date:	12/29/2011
Plant City FL 33566				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  S	lingle Level	-	Current Rate 220.06	New Rate	Effective Date 1/1/2012
L	evel H: AIDS	_	366.26	367.96	1/1/2012
L	evel U: Fragile Under 21		483.59	486.42	1/1/2012
Inter Settle	eerim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
	rospective portion			[2] as of 10/01/2000	
<b>Distribution:</b> Contract Managemen	t / Fiscal Agent			Stephen Russell	
Permanent File For informati No Change in	on Only	ئے۔		d Cost Reimbursement	-
Home Office:	1 - No Home Office				



The Health Center of Po	ensacola		Provider Number:	0 030487-00		
8475 University Pkwy			Date:	12/29/2011		
Pensacola FL 32514			Fiscal Year End:	12/31/2011		
			Audit Status:	Unaudited [3]		
Provider Type:	Single Level	Current Rate	New Rate	Effective Date		
<b>Nursing Home</b>	Single Level	211.13		1/1/2012		
	Level H: AIDS	357.33	358.48	1/1/2012		
	Level U: Fragile Under 21	474.66	476.94	1/1/2012		
Basis:  X Budget Unaudited co Field audited Field audit - Desk audited Desk audit -	costs interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change EV [2] as of 05/28/1987	n Interim Component		
<b>Distribution:</b>			Stephen Russell			
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis				
Permanent File For inform	ation Only			-		
No Change	<u> </u>	Step	hus Ru	sell		
Home Office:	1 - No Home Office					



Parkway Health & Reha	b			Provider Number:	0 030490-00	
800 SE Central Pkwy				Date:	12/29/2011	
Stuart FL 34994				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	Curr Ra <b>21</b> 6	te	New Rate 215.90	Effective Date 1/1/2012	
ruising Home	Single Level	210	-27		1/1/2012	
	Level H: AIDS	362	.44	363.51	1/1/2012	
	Level U: Fragile Under 21	479	.77	481.97	1/1/2012	
Basis:  X Budget Unaudited cor Field audited Field audit - i Desk audited Desk audit - I	costs interim portion	Changes:	censure tual and rget Ra RVS Ch	Prospective Adjusted Prospective Adjusted Total Prospective with Rating Change de Customary Limitation the limitation change hester Change [2] as of 03/22/1990	n Interim Component	
Contract Manageme	ent / Fiscal Agent	Stephen Russell				
Permanent File		Medicaid Cost Reimbursement Analysis				
For informa No Change	•	Sty	e li	ins Ru	mell	
Home Office:	1 - No Home Office					



The Health Center of I	Merritt Island			Provider Number:	0 030491-00
500 Crockett Boulevard				Date:	12/29/2011
Merritt Island FL 3295	53			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:	Single Level	_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	215.83	215.68	1/1/2012
	Level H: AIDS		362.03	363.29	1/1/2012
	Level U: Fragile Under 21		479.36	481.75	1/1/2012
Rate Type :					
Ii	Total Interim Interim Component Interiment based on costs Irior Provider Prospective data		Prospectiv	ve Total Prospective Prospective Adjusted Total Prospective with	
Desk audite Desk audit -	ed costs - interim portion	Changes	Licensur Usual an Target R FRVS C	re Rating Change ad Customary Limitation ate limitation change blange mester Change [2] as of 08/01/1990	on
Distribution:	want / Einaal Anaut			Stephen Russell	
Permanent File For inform	ment / Fiscal Agent mation Only ge in Rate	مرات المرات ا		d Cost Reimbursement	•
Home Office:	1 - No Home Office				



The Health Center of Lak				Provider Number:	0 030527-00	
560 S.W. McFarlane Ave.				Date:	12/29/2011	
Lake City FL 32025	_			Fiscal Year End:	9/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home	Single Level	_	Current Rate 208.58	New Rate 208.32	Effective Date 1/1/2012	
C	C	_				
L	evel H: AIDS	_	354.78	355.93	1/1/2012	
L	evel U: Fragile Under 21	_	472.11	474.39	1/1/2012	
Basis:  X Budget Unaudited cost Field audit - in Desk audited co Desk audit - Interest and Inter	osts terim portion osts	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change d Customary Limitatio ate limitation change	n Interim Component	
	nt / Fiscal Agent			Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
For informati	ion Only		· · · ·	hus Ru	mell	
No Change i	n Rate		rjen	ens / les	,	
Home Office:	1 - No Home Office					



V6.998.1.2:RV35K

# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Imperial Health Care Co	enter		Provide	r Number:	0 030530-00	
900 Imperial Golf Cour	se			Date:	12/29/2011	
Naples FL 34110			Fiscal Y	Year End:	9/30/2011	
			Au	dit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	Curre Rat <b>224.</b>	e R	ew ate	Effective Date 1/1/2012	
	- <b>9</b>		<u> </u>			
	Level H: AIDS	370.	46 372	2.56	1/1/2012	
	Level U: Fragile Under 21	487.	79 49	1.02	1/1/2012	
Basis:  X Budget Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Changes:  Lice Usi Tai FR		Change ary Limitation change	for New Costs h Interim Component on	
	ent / Fiscal Agent		Stephe	n Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
For inform	ation Only	1+	. l.	7	sell	
No Change	e in Rate	my	emy		,	
Home Office:	1 - No Home Office					



The Health Center of Da	<u> </u>		Provider Number	: 0 030535-00		
550 National Healthcare			Date	: 12/29/2011		
Daytona Beach FL 3211	4		Fiscal Year End:	9/30/2011		
			Audit Status	: Unaudited [3]		
Provider Type:	Single Level	Curre Rate	Rate	Effective Date		
<b>Nursing Home</b>	Single Level	215.7	217.02	1/1/2012		
	Level H: AIDS	361.9	364.63	1/1/2012		
	Level U: Fragile Under 21	479.2	483.09	1/1/2012		
Basis:  X Budget Unaudited cor Field audited Field audit - i Desk audited Desk audit - I	costs interim portion	Changes:  Lice Usu Targ FRV X Rate	Total Prospective Prospective Adjuste Total Prospective Adjuste Total Prospective w  ensure Rating Change al and Customary Limita get Rate limitation chang //S Change  e Semester Change FRV [2] as of 07/11/199	ntion		
<b>Distribution:</b>			Stephen Russell			
Contract Manageme	ent / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
Permanent File For informa	ation Only			•		
No Change	•	Sty	chus Re	isser		
Home Office:	1 - No Home Office					



Fi urrent Rate 26.12	Date: scal Year End: Audit Status:  New Rate 225.77	12/29/2011 9/30/2011 Unaudited [3]  Effective Date 1/1/2012
urrent Rate 26.12	Audit Status:  New Rate	Unaudited [3]  Effective Date
26.12	New Rate	Effective Date
26.12	Rate	Date
		1/1/2012
72.32		
	373.38	1/1/2012
89.65	491.84	1/1/2012
Licensure Rat Usual and Cu Target Rate li FRVS Chang Rate Semeste	pective Adjusted I Prospective with ting Change stomary Limitation mitation change e	h Interim Component
Medicaid Cos	st Reimbursement	
	Licensure Rate Usual and Cu Target Rate li FRVS Chang Rate Semeste On FRV [2]	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Rate Semester Change On FRV [2] as of 12/09/1997  Stephen Russell Medicaid Cost Reimbursement Medicaid Cost Reimbursement



Charlotte Harbor Health C	Care			Provider Number:	0 030540-00
4000 Kings Highway				Date:	12/29/2011
Port Charlotte FL 33980				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	-	Current Rate 224.31	New Rate 223.98	Effective Date  1/1/2012
Trusing IIViii	mgic zever	-			1/1/2012
L	evel H: AIDS		370.51	371.59	1/1/2012
L	evel U: Fragile Under 21		487.84	490.05	1/1/2012
Inter Settle	I Interim rim Component ement based on costs r Provider Prospective data	Changes	Prospectiv	ve Total Prospective Prospective Adjusted Total Prospective with	
X Budget Unaudited cost: Field audited cost: Field audit - in Desk audited co Desk audit - Int Desk Audit - Pr	osts terim portion osts	X	Usual an Target R FRVS C Rate Ser	re Rating Change ad Customary Limitation ate limitation change thange mester Change [2] as of 06/02/1994	on
Distribution:  Contract Managemer  Permanent File  For informati  No Change i	ion Only	Stephen Russell  Medicaid Cost Reimbursement Analysis  Management Russell			-
Home Office:	1 - No Home Office				



Bayonet Point Health	& Rehabilitation Center		Provider Number:	0 030546-00
7210 Beacon Woods	Drive		Date:	12/29/2011
Hudson FL 34667			Fiscal Year End:	9/30/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 216.28	Rate	Effective
	Level H: AIDS	362.48	363.62	1/1/2012
	Level U: Fragile Under 21	479.8	482.08	1/1/2012
Basis:  X Budget Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	Usua Targe FRV X Rate	Total Prospective Prospective Adjusted Total Prospective wit  asure Rating Change I and Customary Limitati et Rate limitation change S Change  Semester Change RV [2] as of 10/01/2000	h Interim Component  on
	ement / Fiscal Agent		Stephen Russell	
Permanent File	mono, i noon i igoni		caid Cost Reimbursemen	•
For infor	mation Only age in Rate	Sty	hus Ru	ssell
Home Office:	1 - No Home Office			



The Aristocrat				Provider Number:	0 030552-00
10949 Parnu Street				Date:	12/29/2011
Naples FL 34109				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	_	249.26		1/1/2012
L	evel H: AIDS	_	395.46	396.72	1/1/2012
L	evel U: Fragile Under 21	_	512.79	515.18	1/1/2012
Basis:  X Budget Unaudited cost: Field audit - in Desk audited co Desk audit - Inter	osts terim portion osts	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b>	. (7)			Stephen Russell	
Contract Managemer Permanent File	ıt / Fiscai Agent	Medicaid Cost Reimbursement Analysis			
For informati	ion Only	_		1 –	
No Change i	•		ryer.	hus Ru	
Home Office:	1 - No Home Office				



North Campus Rehabilitation and Health Center		Provider Number:	0 031880-00
700 N Palmetto Street		Date:	12/29/2011
Leesburg FL 34748		Fiscal Year End:	3/31/2012
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 213.18	New Rate 215.00	Effective Date 1/1/2012
Level H: AIDS	359.38	362.61	1/1/2012
Level U: Fragile Under 21	476.71	481.07	1/1/2012
Rate Type:  X Interim X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate		Stephen Russell d Cost Reimbursement	•
Home Office: 1 - No Home Office			



Clyde E. Lassen State Vet	eran's Nursing Home			Provider Number:	0 032049-00
4650 State Road 16				Date:	12/29/2011
St. Augustine FL 32092				Fiscal Year End:	5/31/2012
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  S	Single Level		Current Rate 208.60	New Rate 210.63	Effective Date 1/1/2012
L	evel H: AIDS		354.80	358.24	1/1/2012
L	evel U: Fragile Under 21		472.13	476.70	1/1/2012
Basis:  X Budget Unaudited costs Field audit - int Desk audited co Desk audit - Int	terim portion osts	Chang	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution: Contract Management Permanent File For informati No Change in	on Only			Stephen Russell  Cost Reimbursement  Russell	•
Home Office:	Florida Dept. of Veterans Af Walter Gilchrist 11351 Ulmerton Road, Roor Largo Fl 33778-1630				



Unity Health & Rehab C	Center		Provider Number:	0 032482-00
1404 NW 22nd Street			Date:	12/29/2011
Miami FL 33142			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 202.65	New Rate 204.50	Effective Date  1/1/2012
	Level H: AIDS	348.85	352.11	1/1/2012
	Level U: Fragile Under 21	466.18	470.57	1/1/2012
Basis:  Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	costs interim portion	Usual a Target FRVS  X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 11/01/1988	n Interim Component
Distribution:  Contract Management File  For information No Change	ation Only		Stephen Russell aid Cost Reimbursement Russell Russell	•
Home Office:	Greystone Healthcare Manag 4042 Park Oaks Blvd, Suite 3 Tampa FL 33610			



Seven Hills Health and				Provider Number:	0 033175-00
3333 Capital Medical B	lvd.			Date:	12/29/2011
Tallahassee FL 32308				Fiscal Year End:	11/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 207.73	New Rate 207.77	Effective Date 1/1/2012
C	O	-			
	Level H: AIDS		353.93	355.38	1/1/2012
	Level U: Fragile Under 21		471.26	473.84	1/1/2012
Rate Type :					
Int Set	tal Interim erim Component ttlement based on costs or Provider Prospective data	Change	S: Licensur	Total Prospective Prospective Adjusted Total Prospective with  The Rating Change and Customary Limitation	n Interim Component
Field audited Field audit - Desk audited	interim portion		Target R FRVS C	ate limitation change	
Desk audit - I	Interim Portion Prospective portion	X		nester Change [2] as of 12/01/2001	
<b>Distribution:</b>				Stephen Russell	
Contract Managem	ent / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File For information	ation Only				-
No Change	•	كميس	rtyer	hus Ru	sell.
Home Office:	1 - No Home Office				



	d Nuring & Rehab Center			Provider Number:	0 033717-00
1955 North Honore Ave.				Date:	12/29/2011
Sarasota FL 34235	_			Fiscal Year End:	10/31/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	]	urrent Rate 33.71	New Rate	Effective Date 1/1/2012
runsing frome	Single Level		33.71		1/1/2012
I	Level H: AIDS	3	79.91	382.36	1/1/2012
I	Level U: Fragile Under 21	4	97.24	500.82	1/1/2012
Inte Settl Prio  Basis:  X Budget Unaudited cost Field audited c Field audit - in Desk audited c Desk Audit - In Desk Audit - P	costs nterim portion costs	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change	n Interim Component
<b>Distribution:</b> Contract Management	nt / Fiscal Agant			Stephen Russell	
Permanent File	nt / 1 Istal Agent		Medicaio	d Cost Reimbursement	Analysis
For informat	tion Only	1-3	<u>۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ </u>	hus Ru	
No Change	•	30	ye r	ens the	
Home Office:	1 - No Home Office				



Grace Healthcare at Lake	Wales			Provider Number:	0 034504-00
730 North Scenic Highway				Date:	12/29/2011
Lake Wales FL 33853				Fiscal Year End:	2/29/2012
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home S	Single Level		Current Rate 202.36	New Rate 202.08	Effective Date 1/1/2012
L	evel H: AIDS		348.56	349.69	1/1/2012
L	evel U: Fragile Under 21		465.89	468.15	1/1/2012
Basis:  X Budget Unaudited costs Field audit - ins Desk audited co	terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informati No Change i	on Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Grace Healthcare, Inc Randy Martin 7201 Shallowford Rd, STE 2 Chattanooga TN 37421	00			



University Center W	est	_		Provider Number:	0 041685-00		
545 West Euclid Ave		=		Date:	12/29/2011		
Deland FL 32720		<del>-</del>		Fiscal Year End:	8/31/2010		
				Audit Status:	Unaudited [3]		
Provider Type:			Current Rate	New Rate	Effective Date		
<b>Nursing Home</b>	Single Level		204.05	206.40	1/1/2012		
	Level H: AIDS		350.25	354.01	1/1/2012		
	Level U: Fragile Under 21		467.58	472.47	1/1/2012		
Rate Type :							
Interim		X	Prospectiv	ve			
	Total Interim		_ X	Total Prospective			
	Interim Component			Prospective Adjusted	for New Costs		
	Settlement based on costs			Total Prospective with			
	Prior Provider Prospective data						
	The Treviaer Trespective data						
Basis:		Change	es:				
D. 1			Licensur	e Rating Change			
Budget  X Unaudited	agets				<b></b>		
Field audi		-		d Customary Limitation at limitation change	DΠ		
		-	FRVS Change				
	t - interim portion		FRVSC	mange			
Desk audit				over the Classical			
	t - Interim Portion it - Prospective portion	X		nester Change [2] as of 10/01/1985			
<u>Distribution:</u>	-			Stephen Russell			
•	ement / Fiscal Agent		Medicaid Cost Reimbursement Analysis				
Permanent File							
	rmation Only	_	Steret	hus Ru	sell		
No Cha	nge in Rate			. , , _			
Home Office:	1 - No Home Office						



University Center East				Provider Number:	0 041686-00
991 East New York Av	e			Date:	12/29/2011
Deland FL 32724				Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			urrent Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	2	02.15	204.48	1/1/2012
	Level H: AIDS	_ 3	48.35	352.09	1/1/2012
	Level U: Fragile Under 21	4	65.68	470.55	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Changes:	Usual an Target R FRVS C Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
<b>Distribution:</b>	· / E' · 1.4			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For inform	ation Only	1-3	ر دی	hus Ru	raell
No Change	e in Rate		eze ri	m / m	,
Home Office:	1 - No Home Office				



Bon Secours Maria Manor			Provider Number:	0 200107-00
10300 4th Street North		Date:		12/29/2011
St. Petersburg FL 33716			Fiscal Year End:	8/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home S	ingle Level	Current Rate 212.42	New Rate 213.35	Effective Date 1/1/2012
Le	evel H: AIDS	358.62	360.96	1/1/2012
Le	evel U: Fragile Under 21	475.95	479.42	1/1/2012
Basis:  Budget X Unaudited costs Field audit - int Desk audited co Desk audit - Inte	erim portion ests	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Managemen  Permanent File  For information  No Change in	•		Stephen Russell d Cost Reimbursement	•
Home Office:	Bon Secours Health System, Inc Keith Braganza 1505 Marriottsville Road Marriottsville MD 21104-1399			



Westminster Oaks				Provider Number:	0 200409-00
4449 Meandering Way				Date:	12/29/2011
Tallahassee FL 32308				Fiscal Year End:	3/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		185.88	<u> 187.76</u>	1/1/2012
	Level H: AIDS		332.08	335.37	1/1/2012
	Level U: Fragile Under 21		449.41	453.83	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation ate limitation change Thange T	n Interim Component
Contract Managem	nent / Fiscal Agent			Stephen Russell	
Permanent File	nation Only	- Br		d Cost Reimbursement	· ·
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801				



Floridean Nursing & I	Rehab			Provider Number:	0 200425-00
47 NW 32nd Place				Date:	12/29/2011
Miami FL 33125				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:	Strada I anal		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		216.73		1/1/2012
	Level H: AIDS		362.93	372.68	1/1/2012
	Level U: Fragile Under 21		480.26	491.14	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change	n Interim Component
Distribution:				Stanhan Duggall	
Contract Manage	ment / Fiscal Agent	Stephen Russell			
Permanent File Medicaid Cos		d Cost Reimbursement			
	For information Only		tege to	hus Ru	sell
No Chan	ge in Rate				
Home Office:	1 - No Home Office				



Miami Jewish Health Systems				Provider Number:	0 200506-00
5200 N.E. 2nd Avenue	2			Date:	12/29/2011
Miami FL 33137				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:		Curr Ra	te	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		.98		1/1/2012
	Level H: AIDS	365	.18	366.36	1/1/2012
	Level U: Fragile Under 21	482	.51	484.82	1/1/2012
Basis:  Budget X Unaudited control Field audited audit	d costs - interim portion	Changes: Li Use	censure cual and rget Ra RVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation Ite limitation change	n Interim Component
Distribution:	mant / Figgal A gant			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For information Only		0+	1	in Ru	mell
No Chang	ge in Rate	My			
Home Office:	1 - No Home Office				



Pines Nursing Home		Provider Number:	0 200620-00
301 NE 141st Street North		Date:	12/29/2011
North Miami Beach FL 33161		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 234.29	New Rate 235.61	Effective Date 1/1/2012
Level H: AIDS	380.49	383.22	1/1/2012
Level U: Fragile Under 21	497.82	501.68	1/1/2012
Interim  Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Contract Management / Fiscal Agent		Stephen Russell	
Permanent File		d Cost Reimbursement	
For information Only No Change in Rate	Sty.	hus Ru	sell
Home Office: 1 - No Home Office			



All Saints Catholic Nurs	sing Home & R.C. Inc.			Provider Number:	0 200735-00
5888 Blanding Boulevar	<sup>-</sup> d			Date:	12/29/2011
Jacksonville FL 32244				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 207.93	Effective Date  1/1/2012
Truising Home	omgie never	_	200.23		1/1/2012
	Level H: AIDS	<u>-</u>	352.43	355.54	1/1/2012
	Level U: Fragile Under 21	-	469.76	474.00	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I Desk Audit - I	costs nterim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b> Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File For informa No Change	ation Only	Medicaid Cost Reimbursement Analysis  Styling Russell			•
Home Office:	1 - No Home Office				



River Garden Hebrew Ho	ome		Provider Number:	0 200859-00
11401 Old St. Augustine	Rd.		Date:	12/29/2011
Jacksonville FL 32258			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate <b>223.19</b>	New Rate 224.43	Effective Date 1/1/2012
I	evel H: AIDS	369.39	372.04	1/1/2012
I	evel U: Fragile Under 21	486.72	490.50	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informate No Change in	-		Stephen Russell d Cost Reimbursement	<u> </u>
Home Office:	River Garden Holding Company Betty Parker 11401 Old St. Augustine Road Jacksonville FL 32258			



Avante at Jacksonville	Beach, Inc.		Provider Number:	0 200913-00	
1504 Seabreeze Avenu	e		Date:	12/29/2011	
Jacksonville Beach FL	32250-3369		Fiscal Year End:	5/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type:	Single Level	Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	213.95		1/1/2012	
	Level H: AIDS	360.15	363.87	1/1/2012	
	Level U: Fragile Under 21	477.48	482.33	1/1/2012	
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitation Rate limitation change Change  semester Change	h Interim Component	
<b>Distribution:</b>	(T) 1 A		Stephen Russell		
Contract Managen Permanent File	nent / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
	nation Only		1 -	.//	
No Chang	•	My	low Ru	sacri	
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	540-N			



COMPREHENSIVE HE	EALTHCARE OF CLEARWAT		Provider Number:	0 200956-00
2055 PALMETTO STRI	EET		Date:	12/29/2011
Clearwater FL 34625			Fiscal Year End:	8/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 231.17	New Rate 233.15	Effective Date 1/1/2012
	Level H: AIDS	377.37	380.76	1/1/2012
	Level U: Fragile Under 21	494.70	499.22	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - is Desk audited Desk audit - Is	costs nterim portion costs	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Bure Rating Change and Customary Limitation Rate limitation change Change Ever [2] as of 02/01/1996	n Interim Component
Distribution:  Contract Management File  For information No Change	ation Only		Stephen Russell aid Cost Reimbursement Ann Russell	•
Home Office:	Lyric Health Care Timothy J Trybus 7150 Columbia Gateway Driv Columbia MD 21046	Suite J		



Memorial Manor Nursing Home			Provider Number:	0 201006-00
777 South Douglas Road			Date:	12/29/2011
Pembroke Pines FL 3302	25		Fiscal Year End:	4/30/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 211.87	New Rate 211.97	Effective Date 1/1/2012
I	Level H: AIDS	358.07	359.58	1/1/2012
I	Level U: Fragile Under 21	475.40	478.04	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	ts costs nterim portion	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Manageme Permanent File For informat No Change  Home Office:	in Rate  Memorial Healthcare System James Ziebarth, Dir. Reimburs.		Stephen Russell  I Cost Reimbursement  Russell	•
	3501 Johnson Street Hollywood FL 33021			



Gulf Coast Village				Provider Number:	0 201120-00
1333 Santa Barbara Bl	vd.			Date:	12/29/2011
Cape Coral FL 33991				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:		F	rrent Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		)4.56	205.94	1/1/2012
	Level H: AIDS	35	50.76	353.55	1/1/2012
	Level U: Fragile Under 21	46	58.09	472.01	1/1/2012
Basis:  Budget X Unaudited c Field audite Field audit Desk audite Desk audit	d costs - interim portion	Changes:	Usual an Farget R FRVS C Rate Ser	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b>	mant / Eigeal A gant			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For information Only		<i>U-1</i>		hus Ru	raell
No Chang	ge in Rate		ye ir	ing / in	
Home Office:	1 - No Home Office				



Hobe Sound Geriatric Village, Inc.			Provider Number:	0 201545-00	
9555 SE Federal High			Date:	12/29/2011	
Hobe Sound FL 33455			Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:	Charle I and	Current Rate	Rate	Effective Date	
<b>Nursing Home</b>	Single Level	209.43	<u>205.77</u> _	1/1/2012	
	Level H: AIDS	355.63	353.38	1/1/2012	
	Level U: Fragile Under 21	472.96	471.84	1/1/2012	
Basis:  Budget X Unaudited compiled audited audited audited audited audited audited audited audited besk audited besk audited besk audited audited besk audited audited besk audited besk audited audited besk audited besk audited besk audited audited besk audited bes	d costs interim portion	Usua Targe FRV	Total Prospective Prospective Adjusted	h Interim Component	
<b>Distribution:</b>			Stephen Russell		
Contract Manager Permanent File	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File For information Only		1.1	1 7		
No Chang	•	-My	hus Ru	yer (	
Home Office:	1 - No Home Office				



Mary Lee Depugh Nu	rsing Center		Provider Number:	0 201588-00	
559 West Morse Boule			Date:	12/29/2011	
Winter Park FL 32789			Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:	Single Level	Current Rate	Rate	Effective Date	
<b>Nursing Home</b>	Single Level	185.67		1/1/2012	
	Level H: AIDS	331.87	332.25	1/1/2012	
	Level U: Fragile Under 21	449.20	450.71	1/1/2012	
Basis:  Budget X Unaudited c Field audite Field audit Desk audite Desk audit	d costs - interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 10/01/1985	h Interim Component	
<b>Distribution:</b>	( / F' 1 A		Stephen Russell		
Contract Manager Permanent File	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
	nation Only	z	1 -		
	ge in Rate	sty	hus Ru	sall!	
Home Office:	1 - No Home Office				



Guardian Care Nursing	& Rehabilitation Center		Provider Number:	0 201651-00
2500 West Church Stre	eet		Date:	12/29/2011
Orlando FL 32805			Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 212.19	Rate	Effective
runsing frome	Single Level			1/1/2012
	Level H: AIDS	358.39	365.82	1/1/2012
	Level U: Fragile Under 21	475.72	484.28	1/1/2012
Basis:  Budget X Unaudited conception Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitation t Rate limitation change Change Semester Change RV [2] as of 10/01/1985	h Interim Component
Distribution: Contract Managen	nent / Fiscal Agent		Stephen Russell	
Permanent File	none, i nour rigoni		caid Cost Reimbursemen	-
	nation Only ge in Rate	Sty	hus Ru	sall
Home Office:	1 - No Home Office			



Westchester Gardens Re	ehabilitation & Care Center			Provider Number:	0 202011-00
3301 McMullen Booth I	Road			Date:	12/29/2011
Clearwater FL 33761				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	R	rent ate 0.20	New Rate 218.58	Effective Date  1/1/2012
	Level H: AIDS	35	5.40	366.19	1/1/2012
	Level U: Fragile Under 21	47	3.73	484.65	1/1/2012
Basis:  Budget X Unaudited confield audit - infield audit - in	costs interim portion	Changes:	icensur sual an arget R RVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
<b>Distribution:</b> Contract Management	ent / Fiscal Agent			Stephen Russell	
Permanent File For informa No Change	ation Only			l Cost Reimbursement	•
Home Office:	The Goodman Group, LLC 1107 Hazeltine Blvd Chaska MN 55318				



The Rohr Home				Provider Number:	0 202533-00
2120 Marshall Edward	ds Drive			Date:	12/29/2011
Bartow FL 33830				Fiscal Year End:	9/30/2010
				Audit Status:	Unaudited [3]
Provider Type:	Single Level	_	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	_	232.16	234.36	1/1/2012
	Level H: AIDS	_	378.36	381.97	1/1/2012
	Level U: Fragile Under 21	_	495.69	500.43	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution:				Stephen Russell	
Contract Manage	ment / Fiscal Agent		M. P		A 1
Permanent File				d Cost Reimbursement	
	mation Only	المجير	topi	hus Ru	sell
No Chan	ge in Rate				
Home Office:	1 - No Home Office				



SAMANTHA R. WIL	SON AT BAYVIEW		Provider Number:	0 202606-00
161 Maine Street			Date:	12/29/2011
St. Augustine FL 320	84		Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	184.30	215.09	1/1/2012
	Level H: AIDS	330.50	362.70	1/1/2012
	Level U: Fragile Under 21	447.83	481.16	1/1/2012
Basis:  Budget X Unaudited of Field audited audited audited audited audited audited besk audited besk audited besk audited besk audited besk audited besk audited audited besk	ed costs - interim portion	Usual a Target l FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with  Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component
<b>Distribution:</b>	. / E' 1 A		Stephen Russell	
Contract Manage Permanent File	ment / Fiscal Agent	Medica	id Cost Reimbursement	Analysis
	mation Only	1-	In Ru	mell
No Chan	ige in Rate	ngi	my / w	,
Home Office:	1 - No Home Office			



JH FLOYD SUNSHINE MANO	R, INC.			Provider Number:	0 202681-00	
1755 18th Street				Date:	12/29/2011	
Sarasota FL 34234				Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single	Level	_	Current Rate	New Rate 227.92	Effective Date 1/1/2012	
Level H:	AIDS		371.54	375.53	1/1/2012	
Level U:	Fragile Under 21	<del>-</del>	488.87	493.99	1/1/2012	
	nponent pased on costs er Prospective data	Changes	Licensur Usual an	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Desk Audit - Prospecti		X		nester Change [2] as of 10/01/1985		
<b>Distribution:</b>				Stephen Russell		
Contract Management / Fisc Permanent File For information Onl No Change in Rate		<u></u>		Cost Reimbursement	-	
Home Office: 1 - I	No Home Office					



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# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Pines of Sarasota				Provider Number:	0 202703-00
1501 North Orange Avenue				Date:	12/29/2011
Sarasota FL 34236				Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:		<u>I</u>	arrent Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		39.15		1/1/2012
	Level H: AIDS	38	35.35	387.12	1/1/2012
	Level U: Fragile Under 21	50	02.68	505.58	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - i Desk audited Desk audit - I	costs interim portion	Changes:	Usual an Farget R FRVS C Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
<b>Distribution:</b>				Stephen Russell	
Contract Managem Permanent File	ent / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
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Home Office:	1 - No Home Office				



SUNNYSIDE NURSIN				Provider Number:	0 202711-00
5201 BAHIA VISTA S	Γ			Date:	12/29/2011
Sarasota FL 34232				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:	Single Level		urrent Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		47.51		1/1/2012
	Level H: AIDS	39	93.71	396.68	1/1/2012
	Level U: Fragile Under 21	5	11.04	515.14	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Managem  Permanent File  For information No Change	ation Only			Stephen Russell d Cost Reimbursement	-
Home Office:	Sunnyside Properties Of Saras Roy Sharp 5201 Bahia Vista Street Sarasota FL 34232	ota			



Alliance Nursing Cente	r			Provider Number:	0 202789-00
130 West Armstrong A	venue			Date:	12/29/2011
Deland FL 32720				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		urrent Rate	New Rate 173.52	Effective Date 1/1/2012
Tital Sing Troine	Single Level		72.05		1/1/2012
	Level H: AIDS	3	18.23	321.13	1/1/2012
	Level U: Fragile Under 21	4	35.56	439.59	1/1/2012
Basis:  Budget X Unaudited confield audited Field audited Desk audited Desk Audited Desk Audited	l costs interim portion	Changes:	Usual ar Target R FRVS C Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
<b>Distribution:</b> Contract Managem	eent / Fiscal Agent			Stephen Russell	
Permanent File	ient / 1 iscai Ageilt		Medicai	d Cost Reimbursement	Analysis
	ation Only	<i></i>		hus Ru	mell
No Chang	e in Rate		ezert.	mes / lan	
Home Office:	1 - No Home Office				



	d Rehabilitation Center, In			Provider Number:	0 202941-00
1329 ABRAHAM ST.				Date:	12/29/2011
Tallahassee FL 32304				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 193.65	New Rate 195.26	Effective Date 1/1/2012
runging nome	Single Level	_	173.03		1/1/2012
	Level H: AIDS		339.85	342.87	1/1/2012
	Level U: Fragile Under 21		457.18	461.33	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Change Thange Th	n Interim Component
Contract Managem	ent / Fiscal Agent			Stephen Russell	
Permanent File				d Cost Reimbursement	•
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Home Office:	1 - No Home Office				



Avante at Leesburg, Inc.			Provider Nu	ımber:	0 203122-00
2000 Edgewood Avenue				Date:	12/29/2011
Leesburg FL 34748			Fiscal Year	End:	5/31/2011
			Audit	Status:	Unaudited [3]
Provider Type:		Curre Rate	Rate		Effective Date
<b>Nursing Home</b>	Single Level	<u>219.</u>	14 223.48	<u> </u>	1/1/2012
1	Level H: AIDS	365.	371.09	<u> </u>	1/1/2012
1	Level U: Fragile Under 21	482.	67 489.55	<u> </u>	1/1/2012
Basis:  Budget X Unaudited cos Field audit - is Desk audit - Is Desk Audit - Is	costs nterim portion costs	Changes:  Lice Usu Tar FR  X Rat	Total Prospec Prospective A Total Prospec Prospective A Total Prospec  ensure Rating Chan al and Customary I get Rate limitation VS Change e Semester Change FRV [2] as of 01/0	djusted f tive with	Interim Component
<b>Distribution:</b>	ort / The sall A sourt		Stephen R	ussell	
Contract Manageme Permanent File	em / fiscai Agent	Me	dicaid Cost Reimbu	rsement .	Analysis
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Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	540-N			



Villa Maria Nursing & R	Lehabilitation		Provider Number:	0 203165-00
1050 NE 125th Street			Date:	12/29/2011
North Miami FL 33161			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 235.19	New Rate 236.00	Effective Date 1/1/2012
1	Level H: AIDS	381.39	383.61	1/1/2012
]	Level U: Fragile Under 21	498.72	502.07	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited co	costs nterim portion costs	Usual an Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell d Cost Reimbursement	•
Home Office:	Catholic Health Services Mary Jo Frick 4790 N. State Road 7 Lauderdale Lakes FL 33319			



Glades Health Care Cent	er		Provider Number:	0 203203-00
230 S. Barfield Highway			Date:	12/29/2011
Pahokee FL 33476			Fiscal Year End:	2/28/2011
			Audit Status:	Unaudited [3]
Provider Type:	a	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	216.83	218.76	1/1/2012
]	Level H: AIDS	363.03	366.37	1/1/2012
]	Level U: Fragile Under 21	480.36	484.83	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited co	costs nterim portion costs	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change Thange Thange	n Interim Component
<b>Distribution:</b>	(F' 1 A		Stephen Russell	
Contract Manageme Permanent File	ant / riscai Agent	Medicaio	d Cost Reimbursement	Analysis
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No Change	•	mjeri	ens the	,
Home Office:	Council on Aging of Florida, Inc 1311 SW 16th Street Gainesville FL 32608	:.		



Avante at Inverness, Inc				Provider Number:	0 203220-00
304 South Citrus Avenu	e			Date:	12/29/2011
Inverness FL 34452-475	73			Fiscal Year End:	5/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		urrent Rate	New Rate 204.94	Effective Date  1/1/2012
_					
	Level H: AIDS	3	58.85	352.55	1/1/2012
	Level U: Fragile Under 21		76.18	471.01	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs nterim portion	X F	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
<b>Distribution:</b> Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File For informa No Change	ation Only			Cost Reimbursement	•
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	540-N			



Avante At Lake Worth,	Inc.		Provider Number:	0 203238-00
2501 North A Street			Date:	12/29/2011
Lake Worth FL 33460			Fiscal Year End:	5/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate <b>237.69</b>	Rate	Effective Date 1/1/2012
	Level H: AIDS	383.89	376.47	1/1/2012
	Level U: Fragile Under 21	501.22	494.93	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	costs interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 01/01/1991	h Interim Component
Distribution:  Contract Managem  Permanent File  For inform  No Chang	ation Only		Stephen Russell caid Cost Reimbursement Ann Russell	•
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	40-N		



The Palace at Kendall	Nursing and Rehab Center		Provider Number:	0 203327-00
11215 SW 84th Street			Date:	12/29/2011
Miami FL 33173			Fiscal Year End:	7/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 211.46	New Rate 219.35	Effective Date 1/1/2012
S	G			
	Level H: AIDS	357.66	366.96	1/1/2012
	Level U: Fragile Under 21	474.99	485.42	1/1/2012
Basis:  Budget X Unaudited c Field audite Field audite Desk audite Desk audit	d costs - interim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with  are Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 03/18/1991	n Interim Component
	ment / Fiscal Agent		Stephen Russell	
Permanent File For inform	nation Only ge in Rate		nid Cost Reimbursement	•
Home Office:	Professional Care I, Inc. Oscar Roiz 11355 SW 84th St Miami FL 33173			



TimberRidge Nursing	& Rehab Center			Provider Number:	0 203335-00
9848 SW 110th Street				Date:	12/29/2011
Ocala FL 34481				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	_	209.16		1/1/2012
	Level H: AIDS	_	355.36	358.02	1/1/2012
	Level U: Fragile Under 21	_	472.69	476.48	1/1/2012
		_			<u>—</u>
Basis:  Budget X Unaudited compiled audited audited audited audited audited audited audited audited besk audited besk audited besk audited audited besk audited audited besk audited besk audited audited besk audited besk audited besk audited audited besk audited bes	d costs - interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b>				Stephen Russell	
•	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File					-
No Chang	nation Only ge in Rate	1	tyen	hus Ru	sell
	,		-		
Home Office:	1 - No Home Office				



V6.998.1.2:RV35K

# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Marianna Health & Re	ehabilitation		]	Provider Number:	0 203475-00
4295 5th Avenue				Date:	12/29/2011
Marianna FL 32447				Fiscal Year End:	9/30/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curr <u>Ra</u> <b>199</b>	<u>e</u>	New Rate 201.10	Effective Date 1/1/2012
Nursing Home	Single Level		.43	201.10	1/1/2012
	Level H: AIDS	345	.63	348.71	1/1/2012
	Level U: Fragile Under 21	462	.96	467.17	1/1/2012
Rate Type :					
I	Cotal Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes:	Pro		for New Costs h Interim Component
Desk audite Desk audit	ed costs - interim portion	Us Ta	ual and Orget Rate VS Char te Semes	Rating Change Customary Limitation change Inge Ster Change as of 01/01/1989	on
<b>Distribution:</b>				Stephen Russell	
_	ment / Fiscal Agent	Me	edicaid C	Cost Reimbursemen	t Analysis
	mation Only ge in Rate			u Ru	-
Home Office:	1 - No Home Office				



V6.998.1.2:RV35K

# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Manor at Carpenter's			Provider Number:	0 203599-00	
1001 Carpenter's Way	7		Date:	12/29/2011	
Lakeland FL 33809			Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:		Curre Rate	Rate	Effective Date	
<b>Nursing Home</b>	Single Level	204.0	203.75	1/1/2012	
	Level H: AIDS	350.8	351.36	1/1/2012	
	Level U: Fragile Under 21	468.	469.82	1/1/2012	
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk Audite Desk Audite	ed costs - interim portion	Changes:  Lice Usu Targ FRV	Total Prospective Prospective Adjusted Total Prospective Adjusted Total Prospective wi  ensure Rating Change al and Customary Limitat get Rate limitation change VS Change E Semester Change FRV [2] as of 06/01/1991	tith Interim Component	
Distribution:	mont / Fiscal A cont		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	mation Only	et.	Mus Re	saell	
No Chan	ge in Rate	my	-my /w	<del></del>	
Home Office:	1 - No Home Office				



Perdue Medical Center				Provider Number:	0 203670-00
19590 Old Cutler Road	1			Date:	12/29/2011
Miami FL 33157				Fiscal Year End:	9/30/2010
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	_	215.79	216.01	1/1/2012
	Level H: AIDS	_	361.99	363.62	1/1/2012
	Level U: Fragile Under 21	_	479.32	482.08	1/1/2012
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Changes:  X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution:	nent / Fiscal Agent			Stephen Russell	
Permanent File	nation Only	<u></u>		d Cost Reimbursement	•
Home Office:	Public Health Trust of Dade Eric Rodriguez 1611 N.W. 12th Avenue Miami FL 33136	County			



John Knox Village Of F			Provider Number:	0 203769-00	
651 S.W. 6TH STREET			Date:	12/29/2011	
Pompano Beach FL 330	60		Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	Rate	Effective Date	
<b>Nursing Home</b>	Single Level	211.49	202.94	1/1/2012	
	Level H: AIDS	357.69	350.55	1/1/2012	
	Level U: Fragile Under 21	475.02	469.01	1/1/2012	
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - I	costs nterim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted	h Interim Component	
<b>Distribution:</b>			Stephen Russell		
Contract Manageme	ent / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File For informa	ation Only			-	
No Change	•	sty	hus Ru	sacri	
Home Office:	1 - No Home Office				



Westminster Asbury To	wers			Provider Number:	0 203815-00
1533 4th Avenue West				Date:	12/29/2011
Bradenton FL 34205				Fiscal Year End:	3/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		urrent Rate 95.05	New Rate	Effective Date  1/1/2012
Nursing Home	Single Level		95.05		1/1/2012
	Level H: AIDS	3	41.25	340.39	1/1/2012
	Level U: Fragile Under 21	4	58.58	458.85	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs nterim portion	Changes:	Usual an Target R FRVS C Rate Sen	Total Prospective Prospective Adjusted a Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:	ent / Fiscal Agent			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For informa No Change	•	30	iz r	mes Rus	rall
Home Office:	Westminster Services  80 West Lucerne Circle Orlando FL 32801				



Oak Bluffs Health Cen	iter		Provider Number:	0 203823-00	
420 Bay Avenue			Date:	12/29/2011	
Clearwater FL 34616			Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:		Curren Rate	Rate	Effective Date	
<b>Nursing Home</b>	Single Level	195.7	192.46	1/1/2012	
	Level H: AIDS	341.9	0 340.07	1/1/2012	
	Level U: Fragile Under 21	459.2	3 458.53	1/1/2012	
Basis:  Budget X Unaudited c Field audite Field audit - Desk audited Desk audit -	d costs - interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component	
<b>Distribution:</b>	or and / First Arrand		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	1+	hus Ru	mell	
No Chang	ge in Rate	My	my /w	,	
Home Office:	1 - No Home Office				



Lisenby on Lake Carol	ine		Provider Number	r: 0 203980-00	
1400 West Eleventh St	reet		Date	e: 12/29/2011	
Panama City FL 32401			Fiscal Year End		
			Audit Status	s: Unaudited [3]	
Provider Type:		Curre Rate	e Rate	Effective Date	
<b>Nursing Home</b>	Single Level	<u>171.</u>	83 161.02	1/1/2012	
	Level H: AIDS	318.	308.63	1/1/2012	
	Level U: Fragile Under 21	435.	36 427.09	1/1/2012	
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Changes:  Lice Use Tar FR	Total Prospective Prospective Adjust Total Prospective Adjust Total Prospective v  ensure Rating Change all and Customary Limit get Rate limitation change VS Change e Semester Change FRV [2] as of 10/08/199	with Interim Component ation	
Distribution:	nant / Fiscal A cont		Stephen Russel	l	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	4	ehus Ri	well	
No Chang	ge in Rate	my	- 1111	-	
Home Office:	1 - No Home Office				



Mease Continuing Care			Provider Number:	0 204072-00	
910 New York Avenue			Date:	12/29/2011	
Dunedin FL 34698			Fiscal Year End:	7/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level		Current Rate 207.84	New Rate 210.49	Effective Date 1/1/2012	
Level H: AIDS		254.04	250.10	1/1/2012	
Level H. AIDS		354.04	358.10	1/1/2012	
Level U: Fragile U	nder 21	471.37	476.56	1/1/2012	
Interim  Total Interim  Interim Component Settlement based on converted Prior Provider Prospect  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Cha	Licensure Usual and Target Ra FRVS Ch  X Rate Seme	Prospective Adjusted Prospective Adjusted Prospective with Rating Change Customary Limitation change	n Interim Component	
<u>Distribution:</u> Contract Management / Fiscal Agent	-		Stephen Russell		
Permanent File			Cost Reimbursement		
For information Only No Change in Rate		Styli	us Ru	sall	
Home Office: 1 - No Home 0	Office				



Jackson Memorial Lon	g Term Care Center			Provider Number:	0 204161-00
2500 NW 22nd Avenue	e			Date:	12/29/2011
Miami FL 33142				Fiscal Year End:	9/30/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 214.61	New Rate 214.84	Effective Date  1/1/2012
G		_			
	Level H: AIDS	_	360.81	362.45	1/1/2012
	Level U: Fragile Under 21		478.14	480.91	1/1/2012
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Changes  X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:	nent / Fiscal Agent			Stephen Russell	
Permanent File	nation Only	مرات		d Cost Reimbursement	•
Home Office:	Public Health Trust of Dade Eric Rodriguez 1611 N.W. 12th Avenue Miami FL 33136	County			



Regents Park Of Boca	Raton		Provider Number:	0 204170-00		
6363 Verde Trail			Date:	12/29/2011		
Boca Raton FL 33433			Fiscal Year End:	2/28/2011		
			Audit Status:	Unaudited [3]		
Provider Type:		Current Rate	Rate	Effective Date		
<b>Nursing Home</b>	Single Level	228.41	<u>227.18</u>	1/1/2012		
	Level H: AIDS	374.61	374.79	1/1/2012		
	Level U: Fragile Under 21	491.94	493.25	1/1/2012		
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usua. Targe FRV: X Rate	Total Prospective Prospective Adjusted	h Interim Component on		
<b>Distribution:</b>	week / E'real Array		Stephen Russell			
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
	mation Only	at	hus Ru	mell		
No Chan	ge in Rate	my	my / w			
Home Office:	1 - No Home Office					



Olds Hall Good Samaritar	1			Provider Number:	0 204391-00
327 Orange Avenue				Date:	12/29/2011
Daytona Beach FL 32114				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  S	ingle Level		Current Rate 210.42	New Rate	Effective Date 1/1/2012
L	evel H: AIDS		356.62	360.95	1/1/2012
L	evel U: Fragile Under 21		473.95	479.41	1/1/2012
Basis:  Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int	erim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informati  No Change in	on Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Evangelical Lutheran Good S Kim Kouri 4800 West 57th Street Sioux Falls SD 57117	Samaritan			



TAYLOR HOME FOR	R THE AGED, INC.			Provider Number:	0 204536-00
3937 Spring Park Road	1			Date:	12/29/2011
Jacksonville FL 32207				Fiscal Year End:	8/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curr Ra <b>205</b>	te	New Rate 208.14	Effective Date  1/1/2012
	Level H: AIDS	351	61	355.75	1/1/2012
	Level U: Fragile Under 21	468	.94_	474.21	1/1/2012
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Changes:   Li   Us   Ta   Fl   Tr   Tr   Tr   Tr   Tr   Tr   Tr   T	censure ual and rget Ra RVS CI	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:	nent / Fiscal Agent			Stephen Russell	
Permanent File	nation Only			Cost Reimbursement	•
Home Office:	Taylor Foundation Services, James T. Price 6601 Chester Avenue Jacksonville FL 32217	nc.			



Tri-County Nursing I	Home			Provider Number:	0 204625-00
7280 S.W. SR 26				Date:	12/29/2011
Trenton FL 32693				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 190.81	Effective Date 1/1/2012
Truising Home	Single Level	_	177.40		1/1/2012
	Level H: AIDS	_	323.68	338.42	1/1/2012
	Level U: Fragile Under 21	_	441.01	456.88	1/1/2012
Basis:  Budget X Unaudited Field audit Field audit Desk audit Desk Audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  costs ted costs t - interim portion ted costs - Interim Portion t - Prospective portion	Changes	Licensur Usual ar Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution:				Stephen Russell	
Permanent File For info	ement / Fiscal Agent rmation Only nge in Rate	Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  Russell			•
Home Office:	1 - No Home Office				



Health Central Park			Provider Number:	0 204811-00
411 North Dillard Street	t		Date:	12/29/2011
Winter Garden FL 3478	7		Fiscal Year End:	9/30/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curre: Rate <b>210.</b> 6	Rate	Effective Date 1/1/2012
8	0			
	Level H: AIDS	356.8	362.76	1/1/2012
	Level U: Fragile Under 21	474.2	481.22	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - i Desk audited Desk audit - I	costs interim portion	Changes:  Lice Usu Targ FRV X Rate	Prospective Adjuste	tion
<b>Distribution:</b>			Stephen Russell	
Contract Managem Permanent File For informa No Change	ation Only		licaid Cost Reimburseme	-
Home Office:	1 - No Home Office			



St. Catherine Laboure	Manor		Provider Number:	0 205150-00		
1750 Stockton Street			Date:	12/29/2011		
Jacksonville FL 32204			Fiscal Year End:	6/30/2010		
			Audit Status:	Unaudited [3]		
Provider Type:		Current Rate	New Rate	Effective Date		
<b>Nursing Home</b>	Single Level	214.21	211.36	1/1/2012		
	Level H: AIDS	360.41	358.97	1/1/2012		
	Level U: Fragile Under 21	477.74	477.43	1/1/2012		
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usual at Target I FRVS C	Total Prospective Prospective Adjusted Total Prospective with  Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component		
Distribution:	nont / Fiscal A cont		Stephen Russell			
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
	nation Only	14	In Ru	2		
No Chang	•	ngi	my the			
Home Office:	St. Vincent Health System Mike Duclos 1 Shircliff Way Jacksonville FL 32204					



ISSIMMEE GOOD S	SAMARITAN		Provider Number:	0 205303-00
550 Aldersgate Drive	_		Date:	
Sissimmee FL 34746				
			Audit Status:	7/31/2010 Unaudited [3]
Provider Type:				
• •		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	197.51	199.71	1/1/2012
	Level H: AIDS	343.71	347.32	1/1/2012
	Level U: Fragile Under 21	461.04	465.78	1/1/2012
	and the state of t			1,1,2012
Rate Type :				
		V Duognostivo		
Interim	otal Interim	Y To Prospective	atal Duagnastiva	
			otal Prospective ospective Adjusted	for Nov. Costs
	iterim Component			
	ettlement based on costs	10	otal Prospective with	h Interim Component
Pr	rior Provider Prospective data			
Basis:		Changes:		
Budget		Licensure l	Rating Change	
X Unaudited co	osts	Usual and	Customary Limitation	on
Field audited	d costs	Target Rate	e limitation change	
Field audit -	interim portion	FRVS Cha	nge	
Desk audited	_			
	Interim Portion	X Rate Seme	ster Change	
	- Prospective portion		2] as of 10/01/1985	
<b>Distribution:</b>			Stephen Russell	
Contract Manager	nent / Fiscal Agent	Madiasid	Cost Reimbursement	t Analysis
Permanent File				•
For inforn	nation Only	Et. solo	us Ru	sell
No Chang	ge in Rate	my w		
Home Office:	Evangelical Lutheran Good Sa	maritan		
	Kim Kouri			
	4800 West 57th Street			
	Sioux Falls SD 57117			



American Finnish Nu	rsing Home		Provider Number:	0 205460-00		
1800 South Drive			Date:	12/29/2011		
Lake Worth FL 33461	<u> </u>		Fiscal Year End:	6/30/2011		
			Audit Status:	Unaudited [3]		
Provider Type:		Current Rate	New Rate	Effective Date		
<b>Nursing Home</b>	Single Level	218.16		1/1/2012		
	Level H: AIDS	364.36	371.61	1/1/2012		
	Level U: Fragile Under 21	481.69	490.07	1/1/2012		
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual Target FRVS  X Rate S	tive Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 10/01/1985	h Interim Component		
<b>Distribution:</b>	· (T' 1 A		Stephen Russell			
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
	mation Only	14	hus Ru	2011		
No Chan	ge in Rate	my.	mes place	,		
Home Office:	1 - No Home Office					



Health Center at Abbey I	Delray		Provider Number:	0 205745-00		
2000 Lawson Blvd.			Date:	12/29/2011		
Delray Beach FL 33445			Fiscal Year End:	12/31/2010		
			Audit Status:	Unaudited [3]		
Provider Type: Nursing Home	Single Level	Current Rate 215.47	New Rate 215.27	Effective Date  1/1/2012		
rursing frome	Single Level	213.47	213,27	1/1/2012		
1	Level H: AIDS	361.67	362.88	1/1/2012		
1	Level U: Fragile Under 21	479.00	481.34	1/1/2012		
Basis:  Budget X Unaudited cos Field audit - in Desk audit - Ir Desk Audit - F	ts costs nterim portion costs	Usual at Target I FRVS C	Total Prospective Prospective Adjusted Total Prospective with  Tre Rating Change and Customary Limitation Rate limitation change	n Interim Component		
<b>Distribution:</b>	(F) 1 A		Stephen Russell			
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
For informa	tion Only	~-	1 -			
No Change	•	steps	hus Ru	and I		
Home Office:	LifeSpace Communities, Inc. 100 East Grand Ave. Des Moines IA 50309					



The Commons at Orla	ndo Lutheran Towers		Provide	er Number:	0 205796-00	
300 East Church Stree	t			Date:	12/29/2011	
Orlando FL 32801			Fiscal	Year End:	8/31/2010	
			A	udit Status:	Unaudited [3]	
Provider Type:		Curre Rat	<u> </u>	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	194	70 19	96.56	1/1/2012	
	Level H: AIDS	340.	90 34	14.17	1/1/2012	
	Level U: Fragile Under 21	458.	23 46	52.63	1/1/2012	
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes:  Lice Use Tar FR  X Rate		Change nary Limitation change	for New Costs h Interim Component on	
<u>Distribution:</u>			Steph	en Russell		
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis				
Permanent File	matica Oul.				-	
	nation Only ge in Rate	Sty	elm	Ru	mell	
<u></u>	<i>6</i>					
Home Office:	1 - No Home Office					



St. John's Nursing Home	e		Provider 1	Number:	0 205800-00	
3075 NW 35th Avenue				Date:	12/29/2011	
Lauderdale Lakes FL 33	3311		Fiscal Ye	ear End:	9/30/2010	
			Audi	it Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	Curre Rat <b>232.</b>	e Rat	<u>e</u>	Effective Date 1/1/2012	
8	8					
	Level H: AIDS	379.	18 382.	85	1/1/2012	
	Level U: Fragile Under 21	496.	51 501.	31	1/1/2012	
Basis:  Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	costs interim portion	Changes: Lic Use Tan FR		Adjusted ective with ange y Limitation change	for New Costs n Interim Component on	
<b>Distribution:</b>			Stephen	Russell		
Contract Manageme	ent / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
Permanent File For informa	otion Only				•	
No Change	•	My	du	Ku	sall!	
Home Office:	Catholic Health Services Mary Jo Frick 4790 N. State Road 7 Lauderdale Lakes FL 33319					



Lourdes-Noreen McKee	en Residence		Provider Number:	0 205923-00
315 South Flagler Drive			Date:	12/29/2011
West Palm Beach FL 33	3401		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 234.10	New Rate 231.87	Effective Date 1/1/2012
runsing nome	Single Level	234.10	231.07	1/1/2012
	Level H: AIDS	380.30	379.48	1/1/2012
	Level U: Fragile Under 21	497.63	497.94	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  The Rating Change and Customary Limitation Rate limitation change Change The Change of 104/01/1993	n Interim Component
Contract Managem	ent / Fiscal Agent		Stephen Russell	
Permanent File	one, I moui rigont		id Cost Reimbursement	-
For information	•	Etm	hus Ru	sell
No Change	e in Rate	my i		
Home Office:	1 - No Home Office			



V6.998.1.2:RV35K

## State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Suwannee Valley Nur	rsing Center		Provider Number:	0 206300-00
427 N W 15th Ave.			Date:	12/29/2011
Jasper FL 32052			Fiscal Year End:	8/31/2010
			Audit Status:	Unaudited [3]
Provider Type:	Single Level	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	209.02		1/1/2012
	Level H: AIDS	355.22	358.58	1/1/2012
	Level U: Fragile Under 21	472.55	477.04	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change  Semester Change RV [2] as of 10/01/1985	n Interim Component
<b>Distribution:</b>			Stephen Russell	
_	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis		
Permanent File	mation Only			-
	ige in Rate	Step	hus Ru	sell.
Home Office:	1 - No Home Office			



Morton Plant Rehabilit	ation Center			Provider Number:	0 206431-00
400 Corbett Street				Date:	12/29/2011
Clearwater FL 33756				Fiscal Year End:	12/31/2006
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate	New Rate 213.28	Effective Date  1/1/2012
	8	•			
	Level H: AIDS		358.34	360.89	1/1/2012
	Level U: Fragile Under 21		475.67	479.35	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
	nent / Fiscal Agent			Stephen Russell	
Permanent File	nation Only			d Cost Reimbursement	•
Home Office:	Baycare Health System  16331 Bay Vista Drive Clearwater Fl 33760				



Saint Andrews Estates	North			Provider Number:	0 206521-00
6152 North Verde Trai	1			Date:	12/29/2011
Boca Raton FL 33433				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	R	rent ate <b>0.29</b>	New Rate 218.52	Effective Date 1/1/2012
Trumbing Trumb	Single Bever		0.22		1/1/2012
	Level H: AIDS	36	6.49	366.13	1/1/2012
	Level U: Fragile Under 21	48	3.82	484.59	1/1/2012
Basis:  Budget X Unaudited compiled audited Field audited Desk audited Desk audited	d costs interim portion	Changes:	sual and arget R RVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Change Change The Change Th	n Interim Component
	nent / Fiscal Agent			Stephen Russell	
Permanent File				d Cost Reimbursement	•
	nation Only	4	- m .	hus Ru	sell
No Chang	ge in Rate	m	p v	ing the	
Home Office:	Acts, Inc Karen Beasley 375 Morris Road West Point PA 19486				



The Waterford			Provider Number:	0 206610-00
501 Universe Blvd.			Date:	12/29/2011
Juno Beach FL 33408	<u> </u>		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 239.95	New Rate	Effective Date 1/1/2012
	Level H: AIDS	386.15	380.94	1/1/2012
	Level U: Fragile Under 21	503.48	499.40	1/1/2012
Basis:  Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	sts costs interim portion	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management File  For information No Change	ation Only		Stephen Russell d Cost Reimbursement	•
Home Office:	Life Care Retirement Comm.,Inc. John Kaduce 200 East Grand Avenue Des Moines IA 50309-1800			



Abbey Delray South			Provider Number:	0 206865-00
1717 Homewood Blvd.			Date:	12/29/2011
Delray Beach FL 33445			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	236.84	238.16	1/1/2012
	Level H: AIDS	383.04	385.77	1/1/2012
·	Level U: Fragile Under 21	500.37	504.23	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	sts costs - nterim portion	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b>			Stephen Russell	
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis		
Permanent File For information Only		1.4	1 –	
No Change	•	ngen	hus Ru	
Home Office:	LifeSpace Communities, Inc.  100 East Grand Ave. Des Moines IA 50309			



Riverside Care Center			Provider Number:	0 207276-00
899 NW 4th Street			Date:	12/29/2011
Miami FL 33128			Fiscal Year End:	2/28/2011
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	215.72		1/1/2012
	Level H: AIDS	361.92	358.62	1/1/2012
	Level U: Fragile Under 21	479.25	477.08	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk Audite	ed costs - interim portion	Usual a Target FRVS  X Rate So	tive Total Prospective Prospective Adjusted Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change	n Interim Component
<b>Distribution:</b> Contract Manage	ment / Fiscal Agent		Stephen Russell	
Permanent File	· · · · <b>0 - · · ·</b>		aid Cost Reimbursement	•
	mation Only	et.	hus Ru	sell
No Chan	ge in Rate	my	my / w	,
Home Office:	Stacey Enterprises, Inc Richard E. Stacey 421 Garrard Street Covington KY 41011			



Joseph L. Morse Geria	tric Center, Inc		Provider Number:	0 207381-00
4847 FRED GLADST	ONE DRIVE		Date:	12/29/2011
West Palm Beach FL 3	33417		Fiscal Year End:	5/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 218.49	Rate	Effective Date 1/1/2012
Nursing Home	Single Level	210.49	217.72	1/1/2012
	Level H: AIDS	364.69	365.33	1/1/2012
	Level U: Fragile Under 21	482.02	483.79	1/1/2012
Basis:  Budget X Unaudited c Field audite Field audite Desk audite Desk audit	d costs - interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitation Rate limitation change Change Semester Change	h Interim Component
<b>Distribution:</b> Contract Manager	ment / Fiscal Agent		Stephen Russell	
Permanent File For inform No Chang	nation Only ge in Rate		caid Cost Reimbursemen	-
Home Office:	1 - No Home Office			



TAYLOR CARE CENTI	ER, INC.			Provider Number:	0 207446-00
6635 CHESTER AVE.				Date:	12/29/2011
Jacksonville FL 32217				Fiscal Year End:	8/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	_	Current Rate 215.56	New Rate 217.76	Effective Date 1/1/2012
I	Level H: AIDS	_	361.76	365.37	1/1/2012
I	Level U: Fragile Under 21	-	479.09	483.83	1/1/2012
Basis:  Budget X Unaudited cos Field audit - ir Desk audited co Desk audit - Ir	costs nterim portion costs	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Manageme Permanent File For informat No Change	tion Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Taylor Foundation Services, I James T. Price 6601 Chester Avenue Jacksonville FL 32217	nc.			



Sunrise Health & Rehabilitation Center			Provider Number:	0 207497-00
4800 Nob Hill Road	4800 Nob Hill Road		Date:	12/29/2011
Sunrise FL 33321			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
<b>Provider Type:</b>				
• •		Current	New	Effective
		Rate	Rate	Date
<b>Nursing Home</b>	Single Level	222.23		1/1/2012
	Level H: AIDS	368.43	367.90	1/1/2012
	Level U: Fragile Under 21	485.76	486.36	1/1/2012
Rate Type:				
Interin	1	X Prospect	tive	
	Total Interim	X	_ Total Prospective	
	Interim Component		Prospective Adjusted	for New Costs
	Settlement based on costs		Total Prospective with	n Interim Component
	Prior Provider Prospective data			
Basis:		Changes:		
		T :	Dating Change	
Budget  X Unaudited	1 4 -		ure Rating Change	
Field audi			and Customary Limitation Rate limitation change	ON
			Change	
Desk audi	it - interim portion	TRV5	Change	
	t - Interim Portion	X Rate Se	emester Change	
	lit - Prospective portion		V [2] as of 10/01/1985	
<u>Distribution</u>	_		Stephen Russell	
_	gement / Fiscal Agent	Medica	aid Cost Reimbursement	Analysis
Permanent File	ormation Only			•
	ange in Rate	Step	In Ru	soll
		•		
Home Office:	Subacute Services, Inc.			
	David Lemcke			
	3100 Five Forks Trickum	oad, S.W.		
	Lilburn GA 30047			



AUBURNDALE OA	KS HEALTHCARE CENTER		Provider Number:	0 207527-00
919 Old Winter Haven Road			Date:	12/29/2011
Auburndale FL 33823	3		Fiscal Year End:	8/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 193.17	New Rate 195.20	Effective Date 1/1/2012
	Level H: AIDS	339.37	342.81	1/1/2012
	Level U: Fragile Under 21	456.70	461.27	1/1/2012
Basis:  Budget X Unaudited Field audit Field audit Desk audit Desk audit	ted costs t - interim portion	Usual a Target FRVS  X Rate S	Total Prospective Prospective Adjusted Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 10/01/1985	n Interim Component
Permanent File For info	ement / Fiscal Agent rmation Only nge in Rate		Stephen Russell aid Cost Reimbursement Russell Russell	•
Home Office:	Lyric Health Care Timothy J Trybus 7150 Columbia Gateway Dri Columbia MD 21046	e Suite J		



Lakeside Health Center			Provider Number:	0 207683-00
2501 Australian Avenue			Date:	12/29/2011
West Palm Beach FL 334	07		Fiscal Year End:	7/31/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 209.29	New Rate 213.71	Effective Date 1/1/2012
L	evel H: AIDS	355.49	361.32	1/1/2012
L	evel U: Fragile Under 21	472.82	479.78	1/1/2012
Basis:  Budget X Unaudited cost: Field audit - in Desk audited co	s osts terim portion osts	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Managemer  Permanent File  For informati  No Change i	ion Only		Stephen Russell I Cost Reimbursement	•
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



The Ponce Therapy Car			Provider Number:	0 207799-00
1999 Old Moultrie Road			Date:	12/29/2011
St. Augustine FL 32806			Fiscal Year End:	7/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Currer Rate <b>219.</b> 4	Rate	Effective
runsing frome	Single Level	219	224.70	1/1/2012
	Level H: AIDS	365.6	372.37	1/1/2012
	Level U: Fragile Under 21	483.0	490.83	1/1/2012
Rate Type :				
Basis:	tal Interim erim Component ttlement based on costs or Provider Prospective data	Changes:	Prospective Adjusted Total Prospective wi	d for New Costs ith Interim Component
Desk audited Desk audit - l	costs interim portion	Usu Targ FRV X Rate	nsure Rating Change al and Customary Limitat get Rate limitation change 'S Change - Semester Change FRV [2] as of 03/01/2004	
Distribution:  Contract Managem	ent / Fiscal Agent		Stephen Russell	
Permanent File For information No Change	ation Only		icaid Cost Reimburseme	•
Home Office:	HPSA, Inc. Eric Thomas 210 25th Ave North, Suite 508 Nashville TN 37203			



Florida Club Care Cen	ter		Provider Number:	0 207993-00	
220 Sierra Drive			Date:	12/29/2011	
Miami FL 33179			Fiscal Year End:	7/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	224.37		1/1/2012	
	Level H: AIDS	370.57	373.42	1/1/2012	
	Level U: Fragile Under 21	487.90	491.88	1/1/2012	
Basis:  Budget X Unaudited c Field audite Field audit - Desk audited Desk audit -	d costs - interim portion	Usual Target FRVS X Rate S	Total Prospective  _ Total Prospective _ Prospective Adjusted _ Total Prospective with  sure Rating Change and Customary Limitation Rate limitation change Change emester Change EV [2] as of 10/01/1998	n Interim Component	
Distribution:	want / Eigeal Agant		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	1.4	1 7		
No Chang	•	my.	hus Ru	mu,	
Home Office:	Seniors Management, Inc Lenard Brown 1114 Wynwood Avenue Cherry Hill NJ 08002				



BERNARD L. SAMSO				Provider Number:	0 208442-00
255 - 59 STREET NOR				Date:	12/29/2011
St. Petersburg FL 33710	)			Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 227.92	New Rate 229.41	Effective Date 1/1/2012
runsing nome	Single Level				1/1/2012
	Level H: AIDS		374.12	377.02	1/1/2012
	Level U: Fragile Under 21		491.45	495.48	1/1/2012
Rate Type :					
Int Set	tal Interim erim Component tlement based on costs or Provider Prospective data	<u> X</u>	Prospectiv X	Total Prospective Prospective Adjusted Total Prospective with	
Desk audited Desk audit - I	costs interim portion	Change	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change	on
Distribution:  Contract Managem  Permanent File  For informa  No Change	ation Only			Stephen Russell d Cost Reimbursement	-
Home Office:	1 - No Home Office				



Jupiter Medical Center	r Pavilion, Inc.		Provider Number:	0 208485-00	
1230 South Old Dixie	Highway		Date:	12/29/2011	
Jupiter FL 33458			Fiscal Year End:	9/30/2010	
			Audit Status:	Unaudited [3]	
Provider Type:	Cinala Laval	Currei Rate	Rate	Effective Date	
<b>Nursing Home</b>	Single Level	218.3	219.27	1/1/2012	
	Level H: AIDS	364.5	9 366.88	1/1/2012	
	Level U: Fragile Under 21	481.9	2 485.34	1/1/2012	
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes:  Lice Usus Targ FRV X Rate	Prospective Adjusted	tion	
<b>Distribution:</b>			Stephen Russell		
•	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File	nation Only			•	
	ge in Rate	Sty	hus Re	well	
	·	ŕ			
Home Office:	1 - No Home Office				



V6.998.1.2:RV35K

# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Claridge House				Provider Number:	0 208507-00	
13900 NE 3rd Court				Date:	12/29/2011	
North Miami FL 33161				Fiscal Year End:	8/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Turrent Rate 97.93	New Rate 198.65	Effective Date 1/1/2012	
Truising Home	Single Level	<u></u> -	71.75		1/1/2012	
	Level H: AIDS	<u>3</u>	344.13	346.26	1/1/2012	
	Level U: Fragile Under 21		61.46	464.72	1/1/2012	
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	d costs interim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Cate limitation change Thange	n Interim Component	
Contract Managen	nent / Fiscal Agent			Stephen Russell		
Permanent File		Medicaid Cost Reimbursement Analysis				
For inform No Chang	nation Only e in Rate	M	ige t	mes Rue	mell	
Home Office:	1 - No Home Office					



Westminster Towers				Provider Number:	0 208540-00
70 West Lucerne Circle				Date:	12/29/2011
Orlando FL 32801				Fiscal Year End:	3/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Cur 		New Rate 185.96	Effective Date  1/1/2012
	Single Level			103.70	1/1/2012
	Level H: AIDS	328	3.59	333.57	1/1/2012
	Level U: Fragile Under 21	44:	5.92	452.03	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - I	costs nterim portion	Changes:  L U T F	censure sual and arget Ra RVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation ate limitation change	n Interim Component
	ent / Fiscal Agent			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For informa No Change	-	Sty	e li	ing Ru	mell
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801				



Baptist Manor				Provider Number:	0 208809-00	
10095 Hillview Road			Date:	12/29/2011		
Pensacola FL 32514		_		Fiscal Year End:	9/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type:				Tadit Status		
<i>.</i> 1			Current	New	Effective	
			Rate	Rate	Date	
<b>Nursing Home</b>	Single Level		203.88	205.81	1/1/2012	
	Level H: AIDS		350.08	353.42	1/1/2012	
	Level U: Fragile Under 21		467.41	471.88	1/1/2012	
Rate Type :						
Interim		X	Prospectiv			
	Total Interim	<u> </u>	X	Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with		
	Prior Provider Prospective data			Total Prospective with	i internii Component	
	Thor Frovider Frospective data					
Basis:		Chang	es:			
Budget			Licensur	e Rating Change		
X Unaudited	costs			d Customary Limitation	าท	
Field audit		<u> </u>		ate limitation change	, <b>11</b>	
	t - interim portion		FRVS C	=		
Desk audit	-	-		C		
	- Interim Portion	X	Rate Ser	nester Change		
Desk Audi	t - Prospective portion		On FRV	[2] as of 02/01/2009		
<b>Distribution:</b>				Stephen Russell		
Contract Management / Fiscal Agent		<u></u>	Medicaid Cost Reimbursement Analysis			
Permanent File					•	
	rmation Only		Step 1.	hus Ru	sell	
No Chai	nge in Rate					
H Off	Description C					
Home Office:	Baptist Health Care Corporation of Timothy M. Owens	oration				
	1717 North E Street					
	Pensacola FL 32501					



Courtenay Springs Village	2		Provider Number:	0 209325-00
1100 S. Courtenay Parkwa	ay		Date:	12/29/2011
Merritt Island FL 32952			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  S	Single Level	Current Rate 210.32	New Rate 211.64	Effective Date 1/1/2012
L	evel H: AIDS	356.52	359.25	1/1/2012
L	evel U: Fragile Under 21	473.85	477.71	1/1/2012
Basis:  Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int	erim portion osts	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Management Permanent File For informati No Change in	-		Stephen Russell d Cost Reimbursement	· ·
Home Office:	Retirement Housing Foundation Robin Padilla 911 N. Studebaker Rd Long Beach CA 90815-4900			



Westminster Asbury Ma	nor			Provider Number:	0 209422-00	
1700 21st Avenue West				Date:	12/29/2011	
Bradenton FL 34205				Fiscal Year End:	3/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	F	arrent Rate 00.28	New Rate 200.36	Effective Date 1/1/2012	
runsing frome	Single Level		70.20		1/1/2012	
	Level H: AIDS	34	16.48	347.97	1/1/2012	
	Level U: Fragile Under 21	46	53.81	466.43	1/1/2012	
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I Desk Audit - I	costs nterim portion	Changes:	Licensur Usual an Γarget R FRVS C	Total Prospective Prospective Adjusted a Total Prospective with  e Rating Change d Customary Limitation ate limitation change	Interim Component	
Distribution:	ont / Figural A cont			Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
For informa No Change	-	30	y ti	m, Ru	nell	
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801					



St. Anne's Nursing Center	er		Provider Number:	0 209473-00
11855 Quail Roost Drive	2		Date:	12/29/2011
Miami FL 33177	_		Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 221.42	New Rate 224.02	Effective Date  1/1/2012
G				
	Level H: AIDS	367.62	371.63	1/1/2012
	Level U: Fragile Under 21	484.95	490.09	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs nterim portion costs	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:	ent / Fiscal Agent		Stephen Russell	
Contract Management / Fiscal Agent Permanent File			d Cost Reimbursement	•
For informa No Change	•	My	mes Rece	mell
Home Office:	Catholic Health Services Mary Jo Frick 4790 N. State Road 7 Lauderdale Lakes FL 33319			



Bishop's Glen Health Ca	re Center		Provider Number:	0 209511-00
900 LPGA Blvd			Date:	12/29/2011
Holly Hill FL 32117			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 219.85	New Rate 221.83	Effective Date  1/1/2012
Truising Home	Single Devel			1/1/2012
1	Level H: AIDS	366.05	369.44	1/1/2012
]	Level U: Fragile Under 21	483.38	487.90	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited of Desk audit - Ir	al Interim  prim Component  Ilement based on costs or Provider Prospective data  Chain  ts costs interim portion costs	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Contract Manageme	ent / Fiscal Agent		Stephen Russell	
Permanent File For informa No Change	-		l Cost Reimbursement	•
Home Office:	Retirement Housing Foundation Robin Padilla 911 N. Studebaker Rd Long Beach CA 90815-4900			



Winter Park Towers				Provider Number:	0 209848-00
1111 South Lakemount	t Avenue ,M.S. #101			Date:	12/29/2011
Winter Park FL 32792				Fiscal Year End:	3/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 183.35	Effective Date 1/1/2012
Trumping Trume	Single Zever		100.77		
	Level H: AIDS	_	326.99	330.96	1/1/2012
	Level U: Fragile Under 21	_	444.32	449.42	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	d costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Contract Managen	nent / Fiscal Agent			Stephen Russell	
Permanent File	nation Only			d Cost Reimbursement	•
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801				



Sun Terrace Health C	Center			Provider Number:	0 209856-00
105 Trinity Lakes Drive			Date:	12/29/2011	
Sun City Center FL 3	3570	<del>.</del>		Fiscal Year End:	8/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			_		
			Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		208.43	210.13	1/1/2012
	Level H: AIDS		354.63	357.74	1/1/2012
	Level U: Fragile Under 21		471.96	476.20	1/1/2012
Rate Type:					
Interim		X	Prospectiv	ve .	
	Total Interim		<u>X</u>	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
]	Prior Provider Prospective data				
Basis:		Chang	ges:		
Budget			Licensur	e Rating Change	
X Unaudited	costs			d Customary Limitation	on
Field audit				ate limitation change	· ·
Field audit	t - interim portion		FRVS C	_	
Desk audit	-	-		C	
	- Interim Portion	X	Rate Sen	nester Change	
Desk Audi	t - Prospective portion		On FRV	[2] as of 09/01/1987	
<b>Distribution:</b>				Stephen Russell	
· ·	ement / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File	mation Only				•
	rmation Only nge in Rate	يسـ	Step 1	hus Ru	soll
	ige iii Rate				
Hama Office	CDV Conital LLC				
Home Office:	SBK Capital, LLC Larry Shrewsbury				
	1935 Garraux Road, North	vest			
	Atlanta GA 30327				



Life Care Center of Alt	amonte Springs		Provider Number:	0 210137-00		
989 Orienta Avenue			Date:	12/29/2011		
Altamonte Springs FL	32701		Fiscal Year End:	7/31/2011		
			Audit Status:	Unaudited [3]		
Provider Type: Nursing Home	Single Level	Current Rate 198.64	New Rate 200.31	Effective Date 1/1/2012		
runsing frome	Single Level	170.04		1/1/2012		
	Level H: AIDS	344.84	347.92	1/1/2012		
	Level U: Fragile Under 21	462.17	466.38	1/1/2012		
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usual at Target I FRVS C	Total Prospective Prospective Adjusted Total Prospective with  Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component		
Distribution:	cont / Eigeal A gent		Stephen Russell			
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
	nation Only		hus Ru	00///		
No Chang	e in Rate	my	my the			
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320					



Covenant Village Center	Center		Provider Number:	0 210188-00
9201 West Broward Blvd.			Date:	12/29/2011
Plantation FL 33324	_		Fiscal Year End:	1/31/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  S	Single Level	Current Rate 225.18	Rate	Effective Date 1/1/2012
O	S	-	<u> </u>	
L	evel H: AIDS	371.38	369.26	1/1/2012
L	evel U: Fragile Under 21	488.71	487.72	1/1/2012
Basis:  Budget X Unaudited costs Field audit - ins Desk audited co	terim portion osts	Usua. Targe FRV: X Rate	Total Prospective Prospective Adjusted Total Prospective wit  assure Rating Change I and Customary Limitati et Rate limitation change S Change  Semester Change RV [2] as of 03/15/1988	h Interim Component
Contract Managemen	ıt / Fiscal Agent		Stephen Russell	
Permanent File For informati No Change i	on Only		caid Cost Reimbursemen	•
Home Office:	Covenant Retirement Commur Elizabeth Buikema 5700 Old Orchard Road Skokie IL 60077	ities		



John Knox Village Med				Provider Number:	0 210285-00
4100 E. FLETCHER AVENUE				Date:	12/29/2011
Tampa FL 33613				Fiscal Year End:	12/31/2006
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 201.60	Effective Date  1/1/2012
Tituling Home	Single Devel	_	177,70		1/1/2012
	Level H: AIDS	_	346.18	349.21	1/1/2012
	Level U: Fragile Under 21	-	463.51	467.67	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audit - Desk Audit - Desk Audit -	costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b> Contract Managem	ent / Fiscal Agent	Stephen Russell			
Permanent File For inform No Change	ation Only	Medicaid Cost Reimbursement Analysis  Styphus Russell			•
Home Office:	Baycare Health System  16331 Bay Vista Drive Clearwater Fl 33760				



Azalea Trace				Provider Number:	0 210374-00	
10100 Hillview Road				Date:	12/29/2011	
Pensacola FL 32504				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:		R	rent ate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level		4.85		1/1/2012	
	Level H: AIDS	35	1.05	355.35	1/1/2012	
	Level U: Fragile Under 21	46	8.38	473.81	1/1/2012	
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Changes:	sual an arget R RVS C ate Sen	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component	
Distribution:	ment / Eigen 1 A cont			Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
	nation Only	11-4		hus Ru	2011	
No Chang	•	M	z u	ens the		
Home Office:	Acts, Inc Karen Beasley 375 Morris Road West Point PA 19486					



V6.998.1.2:RV35K

## State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Village on the Isle				Provider Number:	0 210463-00	
950 SOUTH TAMIAM	I TRAIL			Date:	12/29/2011	
Venice FL 34285				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level		230.68	235.48	1/1/2012	
	Level H: AIDS		376.88	383.09	1/1/2012	
	Level U: Fragile Under 21	_	494.21	501.55	1/1/2012	
Basis:  Budget X Unaudited confield audit - infield audit - in	costs interim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component	
<u>Distribution:</u> Contract Management	ent / Fiscal Agent			Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
For informa	ation Only		1-10 1	hus Ru	raell	
No Change	e in Rate		ezeri.	ms / Cm	,	
Home Office:	1 - No Home Office					



HealthPark Care Center			Provider Number:	0 210587-00		
16131 Rose Rush Court			Date:	12/29/2011		
Ft. Myers FL 33908			Fiscal Year End:	9/30/2010		
			Audit Status:	Unaudited [3]		
Provider Type:	Park Taran	Current Rate	New Rate	Effective Date		
Nursing Home S	lingle Level	223.91	224.23	1/1/2012		
L	evel H: AIDS	370.11	371.84	1/1/2012		
L	evel U: Fragile Under 21	487.44	490.30	1/1/2012		
Basis:  Budget X Unaudited costs Field audit - int Desk audited co Desk audit - Int	osts	Licensure Usual and Target R FRVS CI	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component		
<b>Distribution:</b>	· /E' 1 A		Stephen Russell			
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
For informati No Change in	· · · · · · · · · · · · · · · · · · ·	Btyph	m, Ru	ssell		
Home Office:	Lee Memorial Health System 636 Del Prado Boulevard Cape Coral FL 33990					



Miami Gardens Care Centre, Inc.		Provider Number:	0 210617-00
190 NE 191 Street		Date:	12/29/2011
North Miami FL 33170		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 232.51	New Rate 232.50	Effective Date 1/1/2012
Level H: AIDS	378.71	380.11	1/1/2012
Level U: Fragile Under 21	496.04	498.57	1/1/2012
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs	Usual	Total Prospective Prospective Adjusted Total Prospective with ure Rating Change and Customary Limitation	n Interim Component
Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	FRVS  X Rate S	Rate limitation change Change emester Change V [2] as of 03/11/1992	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only		Stephen Russell aid Cost Reimbursement	·
No Change in Rate  Home Office: 1 - No Home Office			



AVANTE AT BOCA RAT	TON, INC.			Provider Number:	0 210676-00
1130 NORTHWEST 15TH	I STREET			Date:	12/29/2011
Boca Raton FL 33486				Fiscal Year End:	5/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ingle Level		Current Rate 224.95	New Rate	Effective Date  1/1/2012
Le	evel H: AIDS		371.15	381.09	1/1/2012
Le	evel U: Fragile Under 21	_	488.48	499.55	1/1/2012
Interi Settle	Interim m Component ment based on costs Provider Prospective data	<u>X</u>	F	Cotal Prospective Prospective Adjusted	for New Costs n Interim Component
Basis:  Budget X Unaudited costs Field audited co Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion	Changes:	Usual and Target Ra FRVS Ch	Rating Change Customary Limitation te limitation change ange ester Change 2] as of 04/01/1993	on
Distribution:	(5)			Stephen Russell	
Contract Management Permanent File For information No Change in	on Only	-30		Cost Reimbursement	•
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	540-N			



V6.998.1.2:RV35K

## State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

The Edgewater at Water	erman Village		Provi	der Number:	0 210684-00	
300 Brookfield Ave.				Date:	12/29/2011	
Mount Dora FL 32757			Fisca	al Year End:	9/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type:		Curr Rai		New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	210	.66	212.53	1/1/2012	
	Level H: AIDS	356	.86	360.14	1/1/2012	
	Level U: Fragile Under 21	474	.19	478.60	1/1/2012	
Basis:  Budget X Unaudited c Field audite Field audite Desk audite Desk Audit	d costs - interim portion	Changes:  Lice Us Ta FR X Ra	Prospector Total Prospector Ratingual and Custor Rate limit. VS Change	g Change mary Limitati tation change	for New Costs h Interim Component on	
Distribution:	ment / Fiscal Agent		Step	hen Russell		
Permanent File	nent / Piscai Agellt	Medicaid Cost Reimbursement Analysis				
	nation Only	14		7	soll	
No Chang	ge in Rate	ng	em	1	~ <del>-</del> ·	
Home Office:	1 - No Home Office					



Brighton Gardens of I	Port St. Lucie			Provider Number:	0 210781-00
1699 E. Lyngate Drive		_		Date:	12/29/2011
Port St. Lucie FL 349	52	<del>-</del>		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
			Rate	Rate	Date
<b>Nursing Home</b>	Single Level		213.85	205.24	1/1/2012
	Level H: AIDS		360.05	352.85	1/1/2012
	Level U: Fragile Under 21		477.38	471.31	1/1/2012
Rate Type :					
Interim		X	Prospectiv	re	
	Γotal Interim	-		Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
I	Prior Provider Prospective data				
Basis:		Chang	es:		
20020		911011	5001		
Budget			Licensur	e Rating Change	
X Unaudited	costs			d Customary Limitation	on
Field audit				ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite	_				
	- Interim Portion	X	Rate Sem	nester Change	
Desk Audit	- Prospective portion			[2] as of 10/18/1993	
<b>Distribution:</b>				Stephen Russell	
ĕ	ement / Fiscal Agent		Medicaid	l Cost Reimbursement	Analysis
Permanent File					•
	mation Only		Steph	mes Ru	sell
No Chan	ige in Rate				
Home Office:	Sunrise Senior Living				
	Tony Harris 7900 W. Park Drive, STE	ΓΩΛΛ			
	McLean VA 22102	1 700			
	McLean VA 22102				



Emory L. Bennett Memo	orial Veterans Nursing Home			Provider Number:	0 210889-00
1920 Mason Avenue				Date:	12/29/2011
Daytona Beach FL 3211	7			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 215.66	New Rate 218.76	Effective Date 1/1/2012
Nursing Home	Single Level		215.00	218.70	1/1/2012
	Level H: AIDS		361.86	366.37	1/1/2012
	Level U: Fragile Under 21		479.19	484.83	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs nterim portion costs	Chang	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b> Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File For informa No Change	tion Only			d Cost Reimbursement	•
Home Office:	Florida Dept. of Veterans Af Walter Gilchrist 11351 Ulmerton Road, Room Largo Fl 33778-1630				



Stratford Court at Palm	Harbor			Provider Number:	0 210943-00
45 Katherine Blvd				Date:	12/29/2011
Palm Harbor FL 34684				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 219.65	New Rate 221.79	Effective Date 1/1/2012
Nursing Home	Single Level		219.05		1/1/2012
	Level H: AIDS		365.85	369.40	1/1/2012
	Level U: Fragile Under 21		483.18	487.86	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs nterim portion	Chang  X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:	out /Fissal A sout			Stephen Russell	
Contract Manageme Permanent File For informa No Change	ation Only			d Cost Reimbursement	•
Home Office:	Sunrise Senior Living Tony Harris 7900 W. Park Drive, STE TS McLean VA 22102	000			



Sabal Palms Health Care Center			Provider Number:	0 210951-00
499 Alternate Keene Ro	oad		Date:	12/29/2011
Largo FL 33771-1652			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 182,12	Rate	Effective Date 1/1/2012
runging frome	Single Devel		102,73	
	Level H: AIDS	328.32	330.36	1/1/2012
	Level U: Fragile Under 21	445.65	448.82	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted	h Interim Component
<b>Distribution:</b>		Stephen Russell		
Contract Managem Permanent File	ient / fiscai Agent	Medicaid Cost Reimbursement Analysis		
For inform No Change	•	Stephus Russell		ssell
Home Office:	The Goodman Group, LLC 1107 Hazeltine Blvd Chaska MN 55318			



Stratford Court at Bo	oca Pointe			Provider Number:	0 211010-00
6343 Via Sonrisa De Sur		Dat	Date:	12/29/2011	
Boca Raton FL 3343	3	_		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>					
			Current	New	Effective
N	Cinala I anal		Rate	Rate	Date
<b>Nursing Home</b>	Single Level		221.30		1/1/2012
	Level H: AIDS		367.50	358.76	1/1/2012
	Level U: Fragile Under 21		484.83	477.22	1/1/2012
Basis:  Budget X Unaudited Field audi Field audi Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	Change X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Change Change The Change Th	n Interim Component
	ement / Fiscal Agent			Stephen Russell	
Permanent File	θ		Medicai	d Cost Reimbursement	Analysis
	rmation Only nge in Rate		et je r	hus Ru	sell
Home Office:	Sunrise Senior Living Tony Harris 7900 W. Park Drive, STE McLean VA 22102		-		



	NURSING FACILITY		Provider Number:	0 211052-00
159 NORTH THRID	STREET		Date:	12/29/2011
Macclenny FL 32063			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 228.43	New Rate 231.38	Effective Date 1/1/2012
Nursing Home	Single Level			1/1/2012
	Level H: AIDS	374.63	378.99	1/1/2012
	Level U: Fragile Under 21	491.96	497.45	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk Audite Desk Audite	ed costs - interim portion	Usual a Target l FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with  Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component
<b>Distribution:</b>			Stephen Russell	
Permanent File	ment / Fiscal Agent	Medica	id Cost Reimbursement	Analysis
	mation Only	1.4	In Ru	and l
No Chan	ge in Rate	ngi	my the	
Home Office:	1 - No Home Office			



Huntington Place Care &	Rehabilitation Center		Provider Number:	0 211281-00
1775 Huntington Lane	_		Date:	12/29/2011
Rockledge FL 32955			Fiscal Year End:	7/31/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 176.63	New Rate 180.31	Effective Date 1/1/2012
I	Level H: AIDS	322.83	327.92	1/1/2012
I	Level U: Fragile Under 21	440.16	446.38	1/1/2012
Basis:  Budget X Unaudited cos Field audit - ir Desk audited co	costs nterim portion costs	Usual Target FRVS  X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Bure Rating Change and Customary Limitation Rate limitation change Change Ever [2] as of 10/01/1985	n Interim Component
Distribution:  Contract Manageme Permanent File For information No Change	tion Only	Only  Medicaid Cost Reimbursement Analysis  Research		•
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109			



Hardee Manor Healthcare Center			Provider Number:	0 211435-00
401 Orange Place			Date:	12/29/2011
Wauchula FL 33873			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:	Charle I and	Current Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level	184.02	185.65	1/1/2012
	Level H: AIDS	330.22	333.26	1/1/2012
	Level U: Fragile Under 21	447.55	451.72	1/1/2012
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 10/01/1989	n Interim Component
<b>Distribution:</b>	and / Eigen Agent		Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis		
	nation Only	14	hus Ru	and l
No Chang	e in Rate	my	mus tu	
Home Office:	Advocat Inc. & Subsidiaries Walt McCullough 1621 Galleria Blvd Brentwood TN 37027			



LAUREL POINTE HEA	ALTH AND REHABILITATIO			Provider Number:	0 211516-00
703 South 26th Street				Date:	12/29/2011
Ft. Pierce FL 34947				Fiscal Year End:	8/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		urrent Rate <b>95.91</b>	New Rate 197.93	Effective Date 1/1/2012
- ( <del></del>	2g.v 20 / V2				
	Level H: AIDS	_ 3	42.11	345.54	1/1/2012
	Level U: Fragile Under 21	4	59.44	464.00	1/1/2012
Rate Type :					
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited	costs interim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
	Prospective portion		On FRV	[2] as of 05/01/1993	
<u>Distribution:</u>	ant / Figure 1 A grant			Stephen Russell	
Contract Managem Permanent File For inform No Change	ation Only			l Cost Reimbursement	•
Home Office:	Lyric Health Care Timothy J Trybus 7150 Columbia Gateway Dri Columbia MD 21046	ve Suite J			



Life Care Center of Citrus County				Provider Number:	0 211532-00
3325 Jerwayne Lane		•		Date:	12/29/2011
Lecanto FL 34461		•		Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>				110010 2000031	
			Current	New	Effective
			Rate	Rate	Date
<b>Nursing Home</b>	Single Level		194.24		1/1/2012
	Level H: AIDS		340.44	348.81	1/1/2012
	Level U: Fragile Under 21		457.77	467.27	1/1/2012
Rate Type :					
Interim		X	Prospectiv	/e	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Chang	es:		
			<u>.</u>		
Budget			Licensur	e Rating Change	
<b>X</b> Unaudited				d Customary Limitation	on
Field audi	ted costs			ate limitation change	
	t - interim portion		FRVS C	hange	
Desk audit				~~	
	t - Interim Portion it - Prospective portion	X		nester Change [2] as of 11/15/1994	
Distribution:			OnTRV	Stephen Russell	
Contract Manag	ement / Fiscal Agent				
Permanent File	_			d Cost Reimbursement	•
For info	rmation Only		11.01	hus Ru	mell
No Cha	nge in Rate		ngen	my / m	,
<del></del>					
Home Office:	Life Care Centers Of Amer	ica			
	Doug Ruth				
	3570 NW Keith Street				
	Cleveland TN 37320				



Plaza West			Provider Number:	0 211885-00
912 American Eagle Blvd			Date:	12/29/2011
Sun City Center FL 33573	3		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  S	Single Level	Current Rate	New Rate 198.54	Effective Date 1/1/2012
L	evel H: AIDS	342.37	346.15	1/1/2012
L	evel U: Fragile Under 21	459.70	464.61	1/1/2012
Basis:  Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int	Interim im Component ement based on costs Provider Prospective data  Cha  sosts terim portion osts	Licensure Usual and Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informati  No Change in	-		Stephen Russell  Cost Reimbursement  Russell	•
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 111 Westwood Place, Suite 200 Brentwood TN 37027			



Lake Park of Madison		Provider Number:	0 211923-00
1900 Country Club Road		Date:	12/29/2011
Madison FL 32340		Fiscal Year End:	8/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 176.97	New Rate 178.02	Effective Date 1/1/2012
Level H: AIDS	323.17	325.63	1/1/2012
Level U: Fragile Under 21	440.50	444.09	1/1/2012
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:  Budget  X Unaudited costs  Field audited costs  Field audit interim portion	Usual ar	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Rate limitation change	n Interim Component
Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	X Rate Ser	mester Change [2] as of 08/25/1995	
<u>Distribution:</u>		Stephen Russell	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate		d Cost Reimbursement	-
Home Office: 1 - No Home Office	, 		



E.J. Healey Rehabilita	ation and Nursing Center		Provider Number:	0 212032-00
1200 45th Street			Date:	12/29/2011
West Palm Beach FL	33401		Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	218.75		1/1/2012
	Level H: AIDS	364.95	366.59	1/1/2012
	Level U: Fragile Under 21	482.28	485.05	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target FRVS  X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 10/01/1985	h Interim Component
<b>Distribution:</b>			Stephen Russell	
Contract Manage: Permanent File	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis		
	mation Only	14	low Ru	2011
	ge in Rate	my.	mes the	
Home Office:	1 - No Home Office			



Westminster Woods on J	ulington Creek		Provider Number:	0 212083-00
25 William Bartram Scen	25 William Bartram Scenic Highway		Date:	12/29/2011
Jacksonville FL 32259			Fiscal Year End:	3/31/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 191.33	Rate	Effective Date 1/1/2012
I	Level H: AIDS	337.53	3 337.66	1/1/2012
I	Level U: Fragile Under 21	454.86	5 456.12	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audit - In Desk Audit - P	costs nterim portion costs	Usua Targe FRV	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  assure Rating Change I and Customary Limitation change Strate limitation change Schange Semester Change RV [2] as of 01/01/1996	h Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Stephen Russell  Medicaid Cost Reimbursement Analysi  Medicaid Cost Reimbursement Analysi  Medicaid Cost Reimbursement Analysi  Medicaid Cost Reimbursement Analysi		•		
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801			



Homestead Manor			Provider Number:	0 212121-00
1330 NW First Avenue			Date:	12/29/2011
Homestead FL 33030			Fiscal Year End:	8/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate <b>189.32</b>	New Rate 190.49	Effective Date  1/1/2012
runsing nome	Single Devel	107.32		1/1/2012
	Level H: AIDS	335.52	338.10	1/1/2012
	Level U: Fragile Under 21	452.85	456.56	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change Gemester Change	n Interim Component
<b>Distribution:</b> Contract Managem	ent / Fiscal Agent	Stephen Russell		
Permanent File For information No Change	ation Only	Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  Russell		•
Home Office:	Salem Housing Corporation 500 Floyd Road NE Calhoun GA 30701			



Ybor City Healthcare a	and Rehabilitation Center		Provider Number:	0 212164-00
1709 Taliaferro Ave.			Date:	12/29/2011
Tampa FL 33602			Fiscal Year End:	7/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 202.77	New Rate 204.27	Effective Date 1/1/2012
	Level H: AIDS	348.97	351.88	1/1/2012
	Level U: Fragile Under 21	466.30	470.34	1/1/2012
Basis:  Budget X Unaudited c Field audite Field audit Desk audite Desk audit	d costs - interim portion	Usual a Target FRVS  X Rate So	Total Prospective Prospective Adjusted Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 10/01/1985	n Interim Component
	nent / Fiscal Agent		Stephen Russell	
Permanent File For inform	nation Only ge in Rate		aid Cost Reimbursement	•
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Circ Tallahassee FL 32308	, Ste. D		



The Fountains Nursing I	Home			Provider Number:	0 212393-00
3800 North Federal Hwy	у.			Date:	12/29/2011
Boca Raton FL 33431				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:	Single Level	-	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	_	207.20	206.69	1/1/2012
	Level H: AIDS		353.40	354.30	1/1/2012
	Level U: Fragile Under 21		470.73	472.76	1/1/2012
Basis:  Budget X Unaudited completed audited Field audited Desk audited Desk audited Desk audited	costs Interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change	n Interim Component
<u>Distribution:</u>	out / Fiscal A sout			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For informa	ation Only	۵	11.01	hus Ru	saell
No Change	e in Rate		ing in		
Home Office:	Rohm Service Corp 740 East Avenue Rochester NY 14607				



Woodland Terrace				Provider Number:	0 212636-00
120 Chipola Avenue				Date:	12/29/2011
Deland FL 32720				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		166.67	164.88	1/1/2012
	Level H: AIDS		312.87	312.49	1/1/2012
	Level U: Fragile Under 21	_	430.20	430.95	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted a Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<u>Distribution:</u>	ont / Eigeal Agent			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For information of the state of	ation Only	~		en Ru	2011
No Change	•		rje r	ens the	,
Home Office:	SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Cir Daytona Beach FL 32114	ele			



Suncoast Manor				Provider Number:	0 212709-00
6909 9th Street South				Date:	12/29/2011
St. Petersburg FL 33705	-6272			Fiscal Year End:	3/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 177.81	New Rate 178.12	Effective Date  1/1/2012
- ·· <b>g</b> · ·	<b>g</b>	_			
	Level H: AIDS	_	324.01	325.73	1/1/2012
	Level U: Fragile Under 21	_	441.34	444.19	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - Is	costs nterim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted a Total Prospective with  The Rating Change and Customary Limitation at a limitation change	n Interim Component
	ent / Fiscal Agent			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For informa No Change	•	-3	tyr	hus Ru	mell
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801				



Oceanside Extended Care	e Center		Provider Number	: 0 212733-00
550 9th Street			Date	: 12/29/2011
Miami Beach FL 33139			Fiscal Year End:	
			Audit Status	: Unaudited [3]
Provider Type:  Nursing Home	Single Level	Curre Rate <b>150.</b>	Rate	Effective Date 1/1/2012
L	evel H: AIDS	296.	33 298.12	1/1/2012
I	evel U: Fragile Under 21	413.	416.58	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Changes:  Lic Usu Tar FR	Total Prospective Prospective Adjuste Total Prospective Adjuste Total Prospective w  ensure Rating Change al and Customary Limita get Rate limitation chang VS Change e Semester Change FRV [2] as of 10/01/198	ation
Distribution:  Contract Management Permanent File  For informate  No Change in	ion Only		Stephen Russell	ent Analysis
Home Office:	SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circ Daytona Beach FL 32114	2		



Florida Lutheran Retire				Provider Number:	0 212792-00
450 NORTH MCDONA	ALD AVENUE			Date:	12/29/2011
DeLand FL 32724				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		183.59		1/1/2012
	Level H: AIDS		329.79	332.39	1/1/2012
	Level U: Fragile Under 21		447.12	450.85	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Managem  Permanent File  For inform  No Chang	nation Only			Stephen Russell d Cost Reimbursement Russ Russ	
Home Office:	Evangelical Lutheran Good Kim Kouri 4800 West 57th Street Sioux Falls SD 57117	Samaritan			



Palmetto Sub Acute Car	re Center			Provider Number:	0 212806-00
7600 S.W. 8th Street				Date:	12/29/2011
Miami FL 33144				Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:	Charle I and		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		243.91		1/1/2012
	Level H: AIDS	_3	390.11	392.46	1/1/2012
	Level U: Fragile Under 21		507.44	510.92	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
<b>Distribution:</b>	(F) 1.4			Stephen Russell	
Contract Managem Permanent File	ent / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
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No Change	<u> </u>	130	ye ti	hus Ru	ani
Home Office:	1 - No Home Office				



Tarpon Bayou Center			Provider Number:	0 212849-00	
515 Chesapeake Drive			Date:	12/29/2011	
Tarpon Springs FL 346	89		Fiscal Year End:	8/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	191.36		1/1/2012	
	Level H: AIDS	337.56	340.13	1/1/2012	
	Level U: Fragile Under 21	454.89	458.59	1/1/2012	
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	costs interim portion	Usual a Target FRVS  X Rate S	tive Total Prospective Prospective Adjusted Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 10/01/1985	n Interim Component	
<b>Distribution:</b>	(F) 1.A		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
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No Chang	e in Rate	my.	mis / in	,	
Home Office:	1 - No Home Office				



V6.998.1.2:RV35K

# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Lakeland Hills Center			Provider Number:	0 212865-00	
610 East Bella Vista D	rive		Date:	12/29/2011	
Lakeland FL 33805			Fiscal Year End:	8/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type:	Strade Lead	Current Rate	Rate	Effective Date	
<b>Nursing Home</b>	Single Level	182.41	183.36	1/1/2012	
	Level H: AIDS	328.61	330.97	1/1/2012	
	Level U: Fragile Under 21	445.94	449.43	1/1/2012	
Basis:  Budget X Unaudited compiled audited Field audited Desk audited Desk audited	d costs interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted	h Interim Component	
<b>Distribution:</b>	· / E' 1 A		Stephen Russell		
Contract Managen Permanent File	nent / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
	nation Only	<i>n.</i>	1 –		
No Chang	<u> </u>	My	hus Ru		
Home Office:	1 - No Home Office				



The Groves Center				Provider Number:	0 212881-00		
512 South 11th Street	t	_		Date:	12/29/2011		
Lake Wales FL 3385	3	<del>-</del>		Fiscal Year End:	8/31/2010		
				Audit Status:	Unaudited [3]		
Provider Type:			Current Rate	New Rate	Effective Date		
Nursing Home	Single Level		176.07	<u> 177.12</u> _	1/1/2012		
	Level H: AIDS		322.27	324.73	1/1/2012		
	Level U: Fragile Under 21		439.60	443.19	1/1/2012		
Rate Type:							
Interim		X	Prospectiv	⁄e			
	Total Interim	-	_ X	Total Prospective			
	Interim Component			Prospective Adjusted	for New Costs		
	Settlement based on costs			Total Prospective with			
	Prior Provider Prospective data			Total Prospective with	Timerim Component		
	Thoi Trovider Prospective data	1					
Basis:		Change	es:				
-			Licanova	a Dating Change			
Budget				e Rating Change			
X Unaudited		-		d Customary Limitatio	on		
Field audit		Target Rate limitation change					
Field audit	t - interim portion		FRVS C	hange			
Desk audit							
	- Interim Portion	X		nester Change			
	t - Prospective portion		On FRV	[2] as of 10/01/1985			
<b>Distribution:</b>				Stephen Russell			
•	ement / Fiscal Agent		Medicaid Cost Reimbursement Analysis				
Permanent File							
	rmation Only		Stepl	hus Ru	sell		
No Chai	nge in Rate			*			
Home Office:	1 - No Home Office						



Egret Cove Center			Provider Number:	0 212890-00	
550 62nd Street South			Date:	12/29/2011	
St. Petersburg FL 3370	07		Fiscal Year End:	7/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	188.75		1/1/2012	
	Level H: AIDS	334.95	337.54	1/1/2012	
	Level U: Fragile Under 21	452.28	456.00	1/1/2012	
Basis:  Budget X Unaudited c Field audite Field audite Desk audite Desk audit	d costs - interim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  are Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 10/01/1985	n Interim Component	
<b>Distribution:</b>			Stephen Russell		
•	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File	nation Only				
	ge in Rate	Sty.	low Ru	sell	
Home Office:	1 - No Home Office				



V6.998.1.2:RV35K

# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Emerald Coast Center			Provider Number:	0 212903-00	
114 Third Street South			Date:	12/29/2011	
Ft. Walton Beach FL 32	2548		Fiscal Year End:	7/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:	a	Current Rate	Rate	Effective Date	
<b>Nursing Home</b>	Single Level	185.77	186.91	1/1/2012	
	Level H: AIDS	331.97	334.52	1/1/2012	
	Level U: Fragile Under 21	449.30	452.98	1/1/2012	
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	costs interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 10/01/1985	h Interim Component	
<b>Distribution:</b>	· / E' · 1.4		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For inform	ation Only	4	hus Ru	raell	
No Change	e in Rate	my	my /w		
Home Office:	1 - No Home Office				



Clearwater Center				Provider Number:	0 212911-00
1270 Turner Street				Date:	12/29/2011
Clearwater FL 34616				Fiscal Year End:	8/31/2010
				Audit Status:	Unaudited [3]
Provider Type:		(	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		202.71	204.96	1/1/2012
	Level H: AIDS		348.91	352.57	1/1/2012
	Level U: Fragile Under 21		466.24	471.03	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Changes:	Usual ar Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Cate limitation change Thange	n Interim Component
	nent / Fiscal Agent			Stephen Russell	
Permanent File	nation Only	In.		d Cost Reimbursement	
Home Office:	1 - No Home Office				



Florida Presbyterian I	Homes, Inc.		Provider Number:	0 212971-00
16 Lake Hunter Drive			Date:	12/29/2011
Lakeland FL 33803			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	192.77	200.59	1/1/2012
	Level H: AIDS	338.97	348.20	1/1/2012
	Level U: Fragile Under 21	456.30	466.66	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  The Rating Change and Customary Limitation Rate limitation change Change The Ration Change Change The Ration Change The Rati	n Interim Component
	ment / Fiscal Agent		Stephen Russell	
Permanent File For infor	mation Only ge in Rate		id Cost Reimbursement	-
Home Office:	1 - No Home Office			



Bay Center			Provider Number:	0 212989-00
<u>-</u> -	1336 St. Andrew Blvd		Date:	12/29/2011
Panama City FL 3240	95		Fiscal Year End:	8/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 196.06	New Rate 197.27	Effective Date  1/1/2012
Truibing Home	Single Devel	170.00		1/1/2012
	Level H: AIDS	342.26	344.88	1/1/2012
	Level U: Fragile Under 21	459.59	463.34	1/1/2012
Basis:  Budget X Unaudited Field audit Field audit Desk audit Desk Audit	ed costs - interim portion	Usual a Target l FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with  Trotal Prospective with  Trotal Prospective with  Trotal Prospective with  Trotal Prospective with	n Interim Component
<b>Distribution:</b>	( / E' 1 A		Stephen Russell	
Permanent File For infor	ement / Fiscal Agent mation Only age in Rate		id Cost Reimbursement	-
Home Office:	1 - No Home Office			



Bartow Center			Provider Numbe	r: 0 212997-00
2055 East Georgia Street			Date	e: 12/29/2011
Bartow FL 33830			Fiscal Year End	: 8/31/2011
			Audit Status	s: Unaudited [3]
Provider Type:	Single Level	Curre Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level	187.	91 190.54	1/1/2012
	Level H: AIDS	334.	338.15	1/1/2012
	Level U: Fragile Under 21	451.	44 456.61	1/1/2012
			<u> </u>	
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes:  Lice Usu Tar FR	Total Prospective Prospective Adjust Total Prospective Adjust Total Prospective v  ensure Rating Change al and Customary Limit get Rate limitation change VS Change e Semester Change FRV [2] as of 10/01/19	with Interim Component  cation ge
Distribution:			Stephen Russel	····
Contract Manage	ement / Fiscal Agent			
Permanent File			licaid Cost Reimbursem	
	mation Only ge in Rate	Sty	chus Re	usell
No Chan	ge iii Nate			
Home Office:	1 - No Home Office			



Boca Ciega Center			Provider Number:	0 213004-00	
1414 59th Street South			Date:	12/29/2011	
Gulfport FL 33707			Fiscal Year End:	8/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:		Curren Rate	Rate	Effective Date	
<b>Nursing Home</b>	Single Level	196.3	<u> </u>	1/1/2012	
	Level H: AIDS	342.5	2 345.16	1/1/2012	
	Level U: Fragile Under 21	459.8	5 463.62	1/1/2012	
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component	
Distribution:	eent / Fiscal Agent		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	0+	hus Ru	sell	
No Chang	ge in Rate	my	my /w		
Home Office:	1 - No Home Office				



Tamarac Rehabilitation	and Health Center		Provider Number:	0 213098-00
7901 NW 88th Avenue	7901 NW 88th Avenue		Date:	12/29/2011
Tamarac FL 33321			Fiscal Year End:	1/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 216.65	New Rate 218.34	Effective Date 1/1/2012
	Level H: AIDS	362.85	365.95	1/1/2012
	Level U: Fragile Under 21	480.18	484.41	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Total Prospective with Total Prospective with	n Interim Component
Distribution:  Contract Managem  Permanent File  For inform  No Chang	nation Only		id Cost Reimbursement	•
Home Office:	Millenium Health Systems Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309			



Water's Edge Extende	d Care		Provider Number:	0 213152-00
1500 S.W. Capri	1500 S.W. Capri		Date:	12/29/2011
Palm City FL 34990			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	242.69		1/1/2012
	Level H: AIDS	388.89	390.90	1/1/2012
	Level U: Fragile Under 21	506.22	509.36	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target l FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  The Rating Change The Rating Chang	n Interim Component
Distribution:	mant / Final A and		Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis		
	mation Only	et	In Ru	saell
No Chan	ge in Rate	my	my / Com	
Home Office:	1 - No Home Office			



Date:   12/29/2011	Life Care Center at W	Vells Crossing			Provider Number:	0 213161-00
Provider Type:   Current Rate Rate Date   Date	355 Crossing Boulevard				Date:	12/29/2011
Provider Type:    Current   New   Effective   Date	Orange Park FL 3207	3				-
Nursing Home  Single Level  Level H: AIDS Level U: Fragile Under 21  At 2.10  At 2.10  At 2.11  At 2.11  At 2.12  At 2.12  At 2.12  At 2.12  At 2.12  At 2.13  At 2.14  At 2.10  At 2.1						
Nursing Home  Single Level  Level H: AIDS Level U: Fragile Under 21  Stephen Home  Rate Type:  Interim  Total Interim  Total Interim  Total Interim  Total Interim  Total Interim  Total Prospective  Prospective Adjusted for New Costs  Settlement based on costs Frior Provider Prospective data  Basis:  Budget  X Unaudited costs Field audit costs Field audit interim portion Desk audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Life Care Centers Of America Doug Ruth 3570 NW Keith Street	<b>Provider Type:</b>					
Level H: AIDS   334.77   342.14   1/1/2012						
Level H: AIDS Level U: Fragile Under 21    Asign						
Level U: Fragile Under 21   452.10   460.60   1/1/2012	Nursing Home	Single Level		188.57		1/1/2012
Interim		Level H: AIDS		334.77	342.14	1/1/2012
Interim		Level U: Fragile Under 21		452.10	460.60	1/1/2012
Interim						
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Changes:  Budget X Unaudited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Prospective with Interim Component  Interim Component Prospective Adjusted for New Costs Total Prospective with Interim Component  Interim Component Prospective Adjusted for New Costs Total Prospective with Interim Component  Interim Component Prospective Adjusted for New Costs Total Prospective with Interim Component  Interim Component Prospective Adjusted for New Costs  Interim Component  Interim Com	Rate Type :					
Interim Component Settlement based on costs Prior Provider Prospective data    Basis:	Interim		X	Prospectiv	ve .	
Budget X Unaudited costs Field audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Settlement based on costs Total Prospective with Interim Component Total Prospective with Interim Component Total Prospective with Interim Component Target Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Stephen Russell Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street		Total Interim		X	Total Prospective	
Budget  X Unaudited costs Field audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Stephen Russell Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  The Care Centers Of America Doug Ruth 3570 NW Keith Street		Interim Component			Prospective Adjusted	for New Costs
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  N Rate Semester Change On FRV [2] as of 07/23/1997  Stephen Russell Medicaid Cost Reimbursement Analysis  Augustus  A		Settlement based on costs			Total Prospective with	n Interim Component
Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Stephen Russell  Medicaid Cost Reimbursement Analysis  Augustus  Rate Semester Change On FRV [2] as of 07/23/1997  Stephen Russell  Medicaid Cost Reimbursement Analysis  The Care Centers Of America Doug Ruth 3570 NW Keith Street	I	Prior Provider Prospective data				
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Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Field audit - interim portion  FRVS Change  X Rate Semester Change On FRV [2] as of 07/23/1997  Stephen Russell  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  The Contract Management / Fiscal Agent  Medicaid Cost Reimbursement Analysis  The Contract Management Analysis	X Unaudited	costs			•	on
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street	Field audit	ed costs			=	
Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Life Care Centers Of America Doug Ruth 3570 NW Keith Street	Field audit	- interim portion		FRVS C	hange	
Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Life Care Centers Of America Doug Ruth 3570 NW Keith Street						
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Permanent File  For information Only  No Change in Rate  Life Care Centers Of America Doug Ruth 3570 NW Keith Street	,	amont / Fiscal A cont			Stephen Russell	
For information Only No Change in Rate  Home Office:  Life Care Centers Of America Doug Ruth 3570 NW Keith Street	_	ement / Fiscai Agent		Medicaio	l Cost Reimbursement	Analysis
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Doug Ruth 3570 NW Keith Street		-0				
Doug Ruth 3570 NW Keith Street	Hama OCC	Life Come Contain Of A				
3570 NW Keith Street	Home Office:		l			
Cleveland TN 37320						
		Cleveland TN 37320				



Haborchase of Venice			Provider Number:	0 213322-00
950 Pinebrook Road			Date:	12/29/2011
Venice FL 34292			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.58		1/1/2012
	Level H: AIDS	346.78	350.10	1/1/2012
	Level U: Fragile Under 21	464.11	468.56	1/1/2012
Basis:  Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	Usual a Target FRVS  X Rate So	tive Total Prospective Prospective Adjusted Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 04/01/1997	n Interim Component
	ement / Fiscal Agent		Stephen Russell	
Permanent File For infor	mation Only age in Rate		aid Cost Reimbursement	-
Home Office:	1 - No Home Office			



Life Care Center Of	Orlando			Provider Number:	0 213403-00
3211 Rouse Road				Date:	12/29/2011
Orlando FL 32817				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>				Tradit Status	
			Current	New	Effective
		_	Rate	Rate	Date
<b>Nursing Home</b>	Single Level	_	196.15	199.90	1/1/2012
	Level H: AIDS		342.35	347.51	1/1/2012
	Level U: Fragile Under 21		459.68	465.97	1/1/2012
Rate Type :					
Interim		X	Prospectiv	WA.	
	Total Interim		$-\frac{1105\text{pectry}}{X}$	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Trospective with	· ····································
			<u> </u>		
Basis:		Change	S:		
<b>D</b> 1			Liconsur	e Rating Change	
Budget  X Unaudited	agets				
Field audi				d Customary Limitation change	)II
			FRVS C	=	
Desk audit	t - interim portion		_ 11000	mange	
	t - Interim Portion	X	Rate Ser	nester Change	
	t - Prospective portion			[2] as of 10/02/1997	
<b>Distribution:</b>	-			Stephen Russell	
Contract Manag	ement / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
Permanent File					<u> </u>
	rmation Only		steres	hus Ru	sell
No Cha	nge in Rate			. , , .	
Home Office:	Life Care Centers Of Amer	ca			
	Doug Ruth 3570 NW Keith Street				
	Cleveland TN 37320				
	Cicvetand TN 3/320				



Madison Nursing Cent	er		Provider Number:	0 213462-00
2481 West US 90			Date:	12/29/2011
Madison FL 32340	_		Fiscal Year End:	7/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 212.74	New Rate 215.22	Effective Date 1/1/2012
	Level H: AIDS	358.94	362.83	1/1/2012
	Level U: Fragile Under 21	476.27	481.29	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usual a Target FRVS X Rate So	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 09/01/1996	n Interim Component
Permanent File	nent / Fiscal Agent nation Only ge in Rate		Stephen Russell aid Cost Reimbursement Ann Russell	•
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Circl Tallahassee FL 32308	Ste. D		



VI at Lakeside Village			Provider Number	: 0 213837-00	
2792 Donnelly Drive			Date	: 12/29/2011	
Lantana FL 33462			Fiscal Year End:	12/31/2010	
			Audit Status	: Unaudited [3]	
Provider Type:		Curre Rate	Rate	Effective Date	
Nursing Home	Single Level	226.1	234.63	1/1/2012	
	Level H: AIDS	372.3	382.24	1/1/2012	
	Level U: Fragile Under 21	489.0	500.70	1/1/2012	
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Changes:  Lice Usu Targ FRV X Rate	Total Prospective Prospective Adjuste Total Prospective we  Prospective Adjuste Total Prospective we  Prospective Adjuste  Prospective We  Prosp	ntion	
<b>Distribution:</b>			Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	1	Mus Re	mell	
No Chang	ge in Rate	ng	mus / c		
Home Office:	1 - No Home Office				



Page Rehabilitation and Healthcare Center		Provider Number:	0 213900-00
2310 North Airport Road		Date:	12/29/2011
Fort Myers FL 33907		Fiscal Year End:	9/30/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 220.81	New Rate	Effective Date 1/1/2012
Level H: AIDS	367.01	370.64	1/1/2012
Level U: Fragile Under 21	484.34	489.10	1/1/2012
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:  Budget  X Unaudited costs		Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation	n Interim Component
Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	Target R FRVS C  X Rate Ser	tate limitation change	JII
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate		Stephen Russell d Cost Reimbursement	•
Home Office: 1 - No Home Office			



TMH Skilled Nursing Facility			Provider Number:	0 213934-00	)
1609 Medical Drive			Date:	12/29/2011	
Tallahassee FL 32308			Fiscal Year End:	9/30/2010	
			Audit Status:	Unaudited [3	]
Provider Type:  Nursing Home Single Level	_	Current Rate 201.18	New Rate 202.57	Effective Date 1/1/2012	
Level H: AIDS		347.38	350.18	1/1/2012	
Level U: Fragile Under 21	_	464.71	468.64	1/1/2012	
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data  Basis: BudgetXUnaudited costsField audited costsField audit - interim portionDesk audit - Interim PortionDesk Audit - Prospective portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Componer	nt
<u>Distribution:</u> Contract Management / Fiscal Agent			Stephen Russell		_
Permanent File			d Cost Reimbursement		
For information Only No Change in Rate	B	tyr	hus Ru	sell	
Home Office: 1 - No Home Office					



Gramercy Park Nursing	Center		Provider Number:	0 214027-00
17475 S. Dixie Highway			Date:	12/29/2011
Miami FL 33157			Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 197.08	New Rate <b>198.27</b>	Effective Date 1/1/2012
	Level H: AIDS	343.28	345.88	1/1/2012
	Level U: Fragile Under 21	460.61	464.34	1/1/2012
Basis:  Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	costs interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with	n Interim Component
Distribution:  Contract Management File  For information No Change	ation Only		Stephen Russell aid Cost Reimbursement	•
Home Office:	Seniors Management, Inc Lenard Brown 1114 Wynwood Avenue Cherry Hill NJ 08002			



MIAMI SHORES NUR	SING AND REHAB CENTER			Provider Number:	0 214035-00
9380 N.E 7TH AVENUE				Date:	12/29/2011
Miami FL 33150	_			Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 236.72	New Rate <b>239.56</b>	Effective Date  1/1/2012
	Level H: AIDS		382.92	387.17	1/1/2012
	Level U: Fragile Under 21		500.25	505.63	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - I	costs interim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Change Change Thange Th	n Interim Component
Contract Managem	ent / Fiscal Agent			Stephen Russell	
Permanent File For information No Change	ation Only	-In		d Cost Reimbursement	•
Home Office:	DOS Health Care, Inc Jorge Hernando 300 71st Street, Suite 400 Miami FL 33141				



Marion House Health Ca	are Center		Provider N	umber:	0 214043-00
3930 E Silver Springs B	lvd			Date:	12/29/2011
Ocala FL 32670			Fiscal Yea		7/31/2010
			Audit	Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curr Ra <b>223</b>	te Rate		Effective Date 1/1/2012
- (	2 <b>g</b> .v 2.v, v.			<u> </u>	1/1/2012
	Level H: AIDS	369	.96 372.7	2	1/1/2012
	Level U: Fragile Under 21	487	.29 491.1	8	1/1/2012
	tal Interim erim Component	X Pros	spective  X Total Prospective A		For New Costs
Set	tlement based on costs or Provider Prospective data	Changes:		-	Interim Component
Budget  X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I Desk Audit - I	costs nterim portion	Lio Us Ta FF	censure Rating Chaual and Customary rget Rate limitation RVS Change te Semester Change FRV [2] as of 04/	Limitatio change	n
Distribution:  Contract Manageme Permanent File For informa No Change	ation Only		Stephen Fedicaid Cost Reimb	ursement	· ·
Home Office:	Seniors Management, Inc Lenard Brown 1114 Wynwood Avenue Cherry Hill NJ 08002				



Life Care Center of I	Hilliard			Provider Number:	0 214060-00
US 1 & 3rd Street		•	Date:		12/29/2011
Hilliard FL 32046				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>				Tradit Status.	e maanea [e]
Trovider Types			Current	New	Effective
Nuncing Homo	Single Level	_	Rate	Rate	Date
<b>Nursing Home</b>	Single Level	_	186.69	<u> 192.17</u> _	1/1/2012
	Level H: AIDS		332.89	339.78	1/1/2012
	Level U: Fragile Under 21	•	450.22	458.24	1/1/2012
		•			
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Changes	<b>:</b>		
		- 3			
Budget			Licensur	e Rating Change	
X Unaudited	costs	-	Usual an	nd Customary Limitatio	on
Field audi	ted costs		Target R	tate limitation change	
Field audi	t - interim portion		FRVS C	Change	
Desk audit	_		_	_	
	t - Interim Portion	X	Rate Ser	nester Change	
Desk Audi	t - Prospective portion			[2] as of 05/01/1990	
<b>Distribution:</b>				Stephen Russell	
Contract Manag	ement / Fiscal Agent		M. 1''		A1
Permanent File				d Cost Reimbursement	•
For info	rmation Only	يو	tins	hus Ru	sell
No Cha	nge in Rate		reje i.		
Home Office:	Life Care Centers Of Ame	ca			
	Doug Ruth				
	3570 NW Keith Street				
	Cleveland TN 37320				



Baldomero Lopez State Veterans Nursing Home 6919 Parkway Blvd.				Provider Number:	0 214914-00
				Date:	12/29/2011
Land O Lakes FL 34639	<del>)</del>			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 209.16	New Rate 213.06	Effective Date 1/1/2012
J	J	_			
	Level H: AIDS		355.36	360.67	1/1/2012
	Level U: Fragile Under 21		472.69	479.13	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation The Rating Change The Rating Chan	n Interim Component
<b><u>Distribution:</u></b> Contract Managem	ent / Fiscal Agent		Modicai	Stephen Russell	Anolycic
Permanent File For inform No Change	-	مر مرا		hus Ru	•
Home Office:	Florida Dept. of Veterans Af Walter Gilchrist 11351 Ulmerton Road, Roon Largo Fl 33778-1630				



Osprey Point Nursing Co	enter		Provider Number:	0 215597-00
1104 South Main Street			Date:	12/29/2011
Bushnell FL 33513			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 192.96	New Rate 194.24	Effective Date 1/1/2012
	Level H: AIDS	339.16	341.85	1/1/2012
	Level U: Fragile Under 21	456.49	460.31	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - is Desk audited Desk audit - Is	costs nterim portion costs	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management File  For information No Change	ntion Only		Stephen Russell d Cost Reimbursement	•
Home Office:	Health Care Managers, Inc Ivonne Burrell 2380 Sadler Road Suite 201 Fernandina Beach FL 32034			



Harbour's Edge			Provider Number:	0 216399-00
401 E. Linton Boulevard	1		Date:	12/29/2011
Delray Beach FL 33483			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 231.78	New Rate 234.86	Effective Date  1/1/2012
Truising Home	bingle Devel			1/1/2012
	Level H: AIDS	377.98	382.47	1/1/2012
	Level U: Fragile Under 21	495.31	500.93	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	sts costs nterim portion	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Cate limitation change	n Interim Component
<b>Distribution:</b> Contract Manageme	ent / Fiscal Agent		Stephen Russell	
Permanent File	ont / 1 isour Agont	Medicai	d Cost Reimbursement	Analysis
For informa No Change	•	My 1.	hus Ru	ssell
Home Office:	LifeSpace Communities, Inc.  100 East Grand Ave. Des Moines IA 50309			



Crystal River Health & R	Rehabilitation Center		Provider Number:	0 217263-00
136 Northeast 12th Avenue			Date:	12/29/2011
Crystal River FL 34429			Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 201.42	Rate	Effective Date 1/1/2012
I	Level H: AIDS	347.62	351.18	1/1/2012
I	Level U: Fragile Under 21	464.95	469.64	1/1/2012
Basis:  Budget X Unaudited cos Field audit - ir Desk audited co Desk audit - Ir	costs nterim portion costs	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitation t Rate limitation change Change Semester Change RV [2] as of 07/01/1999	h Interim Component
Distribution:  Contract Manageme Permanent File For informat No Change	tion Only		Stephen Russell caid Cost Reimbursement Ann Rus	•
Home Office:	NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406			



Ocala Health & Rehal	pilitation Center		Provider Number:	0 217395-00
1201 Southeast 24th Road			Date:	12/29/2011
Ocala FL 34471			Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type:	Single Level	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	187.09		1/1/2012
	Level H: AIDS	333.29	336.03	1/1/2012
	Level U: Fragile Under 21	450.62	454.49	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk Audite Desk Audite	ed costs - interim portion	Usual a Target I FRVS 0 X Rate Se	ive Total Prospective Prospective Adjusted Total Prospective with  Total Prospective with  are Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 07/01/1999	n Interim Component
Distribution:	ment / Fiscal Agent		Stephen Russell	
Permanent File	i ioui rigoni		id Cost Reimbursement	•
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No Chan	ge in Rate	my		
Home Office:	NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406			



West Melbourne Healtl	n & Rehabilitation Center		Provider Number:	0 217727-00
2125 West New Haven			Date:	12/29/2011
West Melbourne FL 32	904		Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Currer <u>Rate</u> <b>197.</b> 4	Rate	Effective Date 1/1/2012
S	<u> </u>			
	Level H: AIDS	343.6	346.26	1/1/2012
	Level U: Fragile Under 21	460.9	464.72	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
Contract Managen	nent / Fiscal Agent		Stephen Russell	
Permanent File	· · · · · · · · · · · · · · · · · · ·		icaid Cost Reimbursemen	•
For inform No Chang	nation Only e in Rate	Sty	Mus Ru	ssell
Home Office:	NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406			



St. Augustine Health & l	Rehabilitation Center			Provider Number:	0 217735-00
51 Sunrise Boulevard				Date:	12/29/2011
St. Augustine FL 32086				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 205.26	New Rate 207.23	Effective Date 1/1/2012
	Level H: AIDS		351.46	354.84	1/1/2012
	Level U: Fragile Under 21		468.79	473.30	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	costs nterim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management File  For information No Change	ntion Only	- Br		Stephen Russell d Cost Reimbursement	•
Home Office:	NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406				



Daytona Beach Health	and Rehabilitation Center		Provide	er Number:	0 217743-00
1055 Third Avenue				Date:	12/29/2011
Daytona Beach FL 321	17		Fiscal	Year End:	6/30/2010
			Au	udit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curre Rat 199	<u>e</u> R	New Rate	Effective Date  1/1/2012
	Level H: AIDS	345.	34 34	7.97	1/1/2012
	Level U: Fragile Under 21	462		66.43	1/1/2012
Basis:  Budget X Unaudited conception Field audited. Field audited.	d costs - interim portion	Changes:  Lic Us Tar	•	ve Adjusted spective with the spective with the spective with the spective with the spection of the specific of the spection of the specific of the spection of the specific o	for New Costs  In Interim Component
	Interim Portion - Prospective portion		te Semester Cha FRV [2] as of		
Permanent File	nent / Fiscal Agent nation Only ge in Rate		dicaid Cost Rei		Analysis
Home Office:	NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406				



Life Care Center of Port	St. Lucie		Provider Number:	0 217824-00
3720 South Jennings Roa	ad		Date:	12/29/2011
Port St Lucie FL 34952			Fiscal Year End:	7/31/2011
			Audit Status:	Unaudited [3]
Provider Type:			110010 2 000031	
		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	206.99	211.82	1/1/2012
1	Level H: AIDS	353.19	359.43	1/1/2012
1	Level U: Fragile Under 21	470.52	477.89	1/1/2012
Rate Type :				
Inte	al Interim erim Component element based on costs or Provider Prospective data		re Total Prospective Prospective Adjusted Total Prospective with	
Desk audited o	ots costs interim portion costs	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/01/1999	on
Distribution:  Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell I Cost Reimbursement	•
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Lakeshore Villas Healtl	n Care Center			Provider Number:	0 218057-00
16002 Lakeshore Villas	s Drive			Date:	12/29/2011
Tampa FL 33613				Fiscal Year End:	1/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Rate	New Rate 201.85	Effective Date  1/1/2012
	Level H: AIDS	34	19.72	349.46	1/1/2012
	Level U: Fragile Under 21	4	67.05	467.92	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Changes:	Usual an Farget R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Contract Managem	nent / Fiscal Agent			Stephen Russell	
Permanent File				d Cost Reimbursement	-
For inform	ation Only	0-1		hus Ru	raell
No Chang	e in Rate		eze ri	my / the	,
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619				



W. JACKSONVILLE H	HEALTH AND REHAB CENTE		Provider Number:	0 218171-00
1650 Fouraker Road			Date:	12/29/2011
Jacksonville FL 32221			Fiscal Year End:	8/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren Rate <b>192.8</b> ′	Rate	Effective Date 1/1/2012
	Level H: AIDS	339.0	7 342.63	1/1/2012
	Level U: Fragile Under 21	456.40	461.09	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - I	costs interim portion	Usua Targe FRV X Rate	Total Prospective Prospective Adjusted	h Interim Component on
Distribution:  Contract Managem  Permanent File  For information No Change	ation Only		Stephen Russell caid Cost Reimbursemen	•
Home Office:	Lyric Health Care Timothy J Trybus 7150 Columbia Gateway Driv Columbia MD 21046	e Suite J		



Life Care Center of Wint	er Haven		Provider Number:	0 219380-00
1510 Cypress Gardens Bo	oulevard		Date:	12/29/2011
Winter Haven FL 33884			Fiscal Year End:	7/31/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 194.53	New Rate <b>199.84</b>	Effective Date 1/1/2012
I	Level H: AIDS	340.73	347.45	1/1/2012
I	Level U: Fragile Under 21	458.06	465.91	1/1/2012
Basis:  Budget X Unaudited cost Field audit - ir Desk audited cost Desk audit - In	ts costs nterim portion costs	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Manageme Permanent File For informat No Change	tion Only		Stephen Russell d Cost Reimbursement	•
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Century Care Center.			Provider Number:	0 220604-00
6020 Industrial Blvd.			Date:	12/29/2011
Century FL 32535			Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 212.09	New Rate 214.52	Effective Date 1/1/2012
, , , , , , , , , , , , , , , , , , ,				
	Level H: AIDS	358.29	362.13	1/1/2012
	Level U: Fragile Under 21	475.62	480.59	1/1/2012
Basis:  Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	Usual a Target FRVS  X Rate So	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  are Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 08/12/1994	n Interim Component
,	ement / Fiscal Agent		Stephen Russell	
Permanent File For infor	mation Only age in Rate		aid Cost Reimbursement	•
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Cir Tallahassee FL 32308	e, Ste. D		



Santa Rosa Health &	Rehabilitation Center		Provider Number:	0 220612-00
5386 Broad Steeet			Date:	12/29/2011
Milton FL 32570			Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	202.85		1/1/2012
	Level H: AIDS	349.05	351.81	1/1/2012
	Level U: Fragile Under 21	466.38	470.27	1/1/2012
Desk audi Desk audi Desk Aud	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  d costs it - interim portion ited costs it - Interim Portion lit - Prospective portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change and Customary Limitation Change Change The Rating Change Change The Rating Change Change Change The Rating Change Ch	n Interim Component
Distribution Contract Manag	<u>:</u> gement / Fiscal Agent		Stephen Russell	
Permanent File For info	•		id Cost Reimbursement	•
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Ci Tallahassee FL 32308	e, Ste. D		



Sandy Ridge Care Ce	nter		Provider Number:	0 220621-00
5360 Glover Lane			Date:	12/29/2011
Milton FL 32570			Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 217.03	New Rate 219.46	Effective Date 1/1/2012
- ·· <b>g</b> · · · · ·	2 <b>g</b> -0 = 0 \ 10			
	Level H: AIDS	363.23	367.07	1/1/2012
	Level U: Fragile Under 21	480.56	485.53	1/1/2012
Basis:  Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	Usual a Target FRVS  X Rate So	Total Prospective Prospective Adjusted Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 02/29/2000	n Interim Component
	ement / Fiscal Agent		Stephen Russell	
Permanent File For infor	mation Only age in Rate		aid Cost Reimbursement	•
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Circ Tallahassee FL 32308	e, Ste. D		



Clermont Health and Re				Provider Number:	0 221465-00
151 East Minnehaha Av	ve			Date:	12/29/2011
Clermont FL 34711				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:	C' I I I		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		179.50	<u> 176.19</u>	1/1/2012
	Level H: AIDS		325.70	323.80	1/1/2012
	Level U: Fragile Under 21		443.03	442.26	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
<b>Distribution:</b> Contract Managem	ent / Fiscal Agent			Stephen Russell	
Permanent File	Cont. I isom i igont		Medicai	d Cost Reimbursement	Analysis
For inform	•	£7	tens	hus Ru	sell
No Change	e in Rate	المريد			
Home Office:	1 - No Home Office				



Calusa Harbour			Provider Number:	0 221473-00
2525 East First St			Date:	12/29/2011
Ft. Myers FL 33901			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  S	ingle Level	Current Rate 229.26	New Rate 230.72	Effective Date  1/1/2012
Le	evel H: AIDS	375.46	378.33	1/1/2012
Le	evel U: Fragile Under 21	492.79	496.79	1/1/2012
Basis:  Budget X Unaudited costs Field audit - int Desk audited co Desk audit - Inte	erim portion ests	Usual ar Target F FRVS (	Total Prospective Prospective Adjusted Total Prospective with  Tre Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:  Contract Management Permanent File For information No Change in  Home Office:	on Only		Stephen Russell d Cost Reimbursement	•



Delaney Park Health	and Rehabilitation Center			Provider Number:	0 221589-00
215 Annie St				Date:	12/29/2011
Orlando FL 32806				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:	Single Level	Cur Ra	te	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		.64	<u> 196.98</u> _	1/1/2012
	Level H: AIDS	341	.84	344.59	1/1/2012
	Level U: Fragile Under 21	459	.17	463.05	1/1/2012
Basis:  Budget X Unaudited of Field audited audited audited audited audited audited besk audited besk audited besk audited besk audited besk audited besk audited audited besk	ed costs - interim portion	Changes:	censur sual an rget R RVS C	Total Prospective Prospective Adjusted Total Prospective with  Re Rating Change d Customary Limitation ate limitation change hange  mester Change [2] as of 03/30/1993	n Interim Component
Distribution:	1 1				
	ement / Fiscal Agent			Stephen Russell	<del></del>
Permanent File				d Cost Reimbursement	-
	mation Only	Ste	e l	hus Ru	sell
No Chan	ge in Rate			·	
Home Office:	1 - No Home Office				



Regents Park at Aventura		Provider Number	: 0 223239-00
18905 NE 25th Avenue		Date	: 12/29/2011
North Miami Beach FL 33180		Fiscal Year End:	8/31/2010
		Audit Status	: Unaudited [3]
Provider Type:  Nursing Home Single Level	Curre Rat <b>212.</b>	e Rate	Effective
Level H: AIDS	358.	97 362.35	1/1/2012
Level U: Fragile Under 21	476.	480.81	1/1/2012
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs	Changes: Lic	Total Prospective Prospective Adjuste Total Prospective w  Total Prospective w  ensure Rating Change all and Customary Limita get Rate limitation change	rith Interim Component
Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	FR X Rat	VS Change e Semester Change FRV [2] as of 11/21/198	
Distribution:		Stephen Russell	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate		dicaid Cost Reimburseme	
Home Office: 1 - No Home Office			



V6.998.1.2:RV35K

### State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Orlando Health and Re	ehabilitation Center		Provider Number:	0 223654-00
830 West 29th Street			Date:	12/29/2011
Orlando FL 32805			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type:	Single Level	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	182.39		1/1/2012
	Level H: AIDS	328.59	331.02	1/1/2012
	Level U: Fragile Under 21	445.92	449.48	1/1/2012
Basis:  Budget X Unaudited c Field audite Field audit Desk audite Desk audit	d costs - interim portion	Usual Target FRVS  X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 10/01/1985	n Interim Component
<b>Distribution:</b>			Stephen Russell	
•	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis		
Permanent File	nation Only			-
	ge in Rate	Sty.	hus Ru	soll !
Home Office:	1 - No Home Office			



Life Care Center of Sara	asota		Provider Number:	0 223786-00
8104 North Tuttle Aven	nue		Date:	12/29/2011
Sarasota Fl 34243			Fiscal Year End:	1/31/2011
			Audit Status:	Unaudited [3]
Provider Type:	Cingle I aval	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	214.91	214.04	1/1/2012
	Level H: AIDS	361.11	361.65	1/1/2012
	Level U: Fragile Under 21	478.44	480.11	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	sts costs interim portion	Licensure Usual and Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
<b>Distribution:</b> Contract Managem	ent / Fiscal Agent		Stephen Russell	
Permanent File For informa No Change	ation Only		Cost Reimbursement	•
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Avante at Orlando, inc.			Provider Number:	0 223808-00
2000 North Semoran Bo	pulevard		Date:	12/29/2011
Orlando FL 32807			Fiscal Year End:	5/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 218.53	New Rate 225.34	Effective Date 1/1/2012
	Level H: AIDS	364.73	372.95	1/1/2012
	Level U: Fragile Under 21	482.06	491.41	1/1/2012
Basis:  Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	costs interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change  Semester Change EV [2] as of 11/01/1990	n Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	ation Only		Stephen Russell aid Cost Reimbursement  Muss Russell	•
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	40-N		



Doctors Lake of Orange	e Park		Provider Number:	0 223883-00
833 Kingsley Avenue			Date:	12/29/2011
Orange Park FL 32073			Fiscal Year End:	9/30/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 191.91	New Rate 202.61	Effective Date  1/1/2012
0	0			
	Level H: AIDS	338.11	350.22	1/1/2012
	Level U: Fragile Under 21	455.44	468.68	1/1/2012
Basis:  Budget X Unaudited confield audited Field audited Desk audited Desk Audited Desk Audited	l costs interim portion	Usual a Target FRVS  X Rate S	tive Total Prospective Prospective Adjusted Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 11/03/1987	n Interim Component
<b>Distribution:</b> Contract Managem	pont / Fiscal Agant		Stephen Russell	
Permanent File	iciii / Piscai Ageiii	Medicaid Cost Reimbursement Analysis		
For inform No Change	•	Step.	hus Ru	mell
Home Office:	SV / Home Office, Inc. 4178 Malbeth Ct Winston-Salem NC 27104			



Pensacola Health Care Fa	acility			Provider Number:	0 224243-00
1717 West Avery Street				Date:	12/29/2011
Pensacola FL 32501				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:	g	-	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	_	198.15	201.56	1/1/2012
I	Level H: AIDS		344.35	349.17	1/1/2012
I	Level U: Fragile Under 21		461.68	467.63	1/1/2012
Rate Type :					
Basis:  Budget X Unaudited cos Field audit - in Desk audited co Desk audit - Ir	costs nterim portion costs	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	tion Only			Stephen Russell d Cost Reimbursement	-
Home Office:	1 - No Home Office				



MK of Haines City LLC			Provider Number:	0 224341-00
409 10TH STREET			Date:	12/29/2011
Haines City FL 33844			Fiscal Year End:	11/30/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 195.81	New <u>Rate</u> 197.46	Effective Date  1/1/2012
G				
I	Level H: AIDS	342.01	345.07	1/1/2012
I	Level U: Fragile Under 21	459.34	463.53	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	ts costs nterim portion costs	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 12/01/1998	n Interim Component
<b>Distribution:</b> Contract Manageme	nt / Fiscal Agent		Stephen Russell	
Permanent File For informat No Change	tion Only		l Cost Reimbursement	· ·
Home Office:	M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 Cordova TN 38016-0633			



V6.998.1.2:RV35K

### State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

South Tampa Health a	and Rehabilitation Center			Provider Number:	0 224910-00
4610 S. Manhattan Av	venue			Date:	12/29/2011
Tampa FL 33611				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	]	urrent Rate	New Rate 202.81	Effective Date  1/1/2012
nursing frome	Single Level		70.13		1/1/2012
	Level H: AIDS	3	42.33	350.42	1/1/2012
	Level U: Fragile Under 21	4	59.66	468.88	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk Audite	ed costs - interim portion	Changes:	Usual an Target R FRVS C Rate Sen	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change	n Interim Component
Distribution:	ment / Fiscal Agent			Stephen Russell	
Permanent File	mont, i isoui rigolit		Medicaio	d Cost Reimbursement	Analysis
	mation Only	0-3		hus Ru	raell
No Chan	ge in Rate	M	ezeri,	m, / m	,
Home Office:	1 - No Home Office				



MK of North Port LLC			Provider Number:	0 225053-00
6940 Outreach Way			Date:	12/29/2011
North Port FL 34287			Fiscal Year End:	2/28/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 208.51	New Rate 210.36	Effective Date  1/1/2012
,	Level H: AIDS	254.71	257.07	1/1/2012
1	Level H. AIDS	354.71	357.97	1/1/2012
]	Level U: Fragile Under 21	472.04	476.43	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - in Desk audited of Desk audit - In	costs mterim portion costs	Licensure Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 11/01/1997	n Interim Component
Contract Manageme	ent / Fiscal Agent		Stephen Russell	
Permanent File For informa No Change	tion Only		Cost Reimbursement	<u> </u>
Home Office:	M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 Cordova TN 38016-0633			



Victoria Nursing and I	Rehabilitation Center		Provider Number:	0 225177-00
955 NW 3rd Street			Date:	12/29/2011
Miami Fl 33128			Fiscal Year End:	2/28/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Currer Rate 212.5	Rate	Effective Date 1/1/2012
	Level H: AIDS	358.7	358.59	1/1/2012
	Level U: Fragile Under 21	476.0	95 477.05	1/1/2012
Basis:  Budget X Unaudited c Field audite Field audite Desk audite Desk Audit	d costs - interim portion	Changes:  Lice Usu Targ FRV	Prospective Adjusted	ith Interim Component
Distribution:	ment / Fiscal Agent		Stephen Russell	
Permanent File For inform	nation Only ge in Rate		licaid Cost Reimburseme	•
Home Office:	Stacey Enterprises, Inc Richard E. Stacey 421 Garrard Street Covington KY 41011			



MK of Fernandina Beach	LLC		Provider Number:	0 225274-00
1625 Lime St			Date:	12/29/2011
Fernandina Beach FL 320	)34		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 195.40	New Rate 197.83	Effective Date 1/1/2012
L	evel H: AIDS	341.60	345.44	1/1/2012
L	evel U: Fragile Under 21	458.93	463.90	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Interest of the second content o	osts terim portion osts	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Managemer  Permanent File  For informati  No Change i	ion Only		Stephen Russell d Cost Reimbursement	•
Home Office:	M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 Cordova TN 38016-0633			



MK of Winter Garden LL	.C		Provider Number:	0 225410-00
12751 W Colonial Dr			Date:	12/29/2011
Winter Garden FL 34787	<u> </u>		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 210.97	New Rate 212.77	Effective Date 1/1/2012
L	evel H: AIDS	357.17	360.38	1/1/2012
L	evel U: Fragile Under 21	474.50	478.84	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Interest of the second content o	s osts terim portion osts	Licensure Usual and Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Managemer  Permanent File  For informate  No Change i	ion Only		Stephen Russell  Cost Reimbursement  Russell	· ·
Home Office:	M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 Cordova TN 38016-0633			



Springtree Rehab &	Health Center, LLC			Provider Number:	0 225631-00	
4251 Springtree Driv	ve			Date:	12/29/2011	
Sunrise FL 33351				Fiscal Year End:	8/31/2010	
				Audit Status:	Unaudited [3]	
<b>Provider Type:</b>						
			Current	New	Effective	
		_	Rate	Rate	Date	
<b>Nursing Home</b>	Single Level	_	207.27	208.62	1/1/2012	
	Level H: AIDS		353.47	356.23	1/1/2012	
	Level U: Fragile Under 21	<u>-</u>	470.80	474.69	1/1/2012	
		_				
Data Type						
Rate Type :						
Interim		X	Prospectiv			
	Total Interim		<u>X</u>	Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	n Interim Component	
	Prior Provider Prospective data					
Basis:		Changes	:			
			<del></del>			
Budget			_	re Rating Change		
X Unaudited			Usual and Customary Limitation			
Field audi			Target Rate limitation change			
	t - interim portion		FRVS C	Change		
Desk audit			_			
	t - Interim Portion	X		mester Change		
Distribution:	it - Prospective portion		On FRV	[2] as of 03/06/1990		
	ement / Fiscal Agent			Stephen Russell		
Permanent File	ement / Fiscai Agent	Medicaid Cost Reimbursement Analysis				
	rmation Only			/>	//	
	nge in Rate		tyer	hus Ru	sell	
No Cha	nge in Nate					
II 000	Mill II 141 G					
Home Office:	Millenium Health Systems Armando Vazquez					
	5310 NW 33rd Avenue					
	Ft. Lauderdale FL 33309					



Pinecrest Convalescent Center			Provider Number:	0 225754-00
13650 NE Third Street			Date:	12/29/2011
North Miami FL 33161			Fiscal Year End:	8/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 230.42	New Rate 231.48	Effective Date 1/1/2012
I	Level H: AIDS	376.62	379.09	1/1/2012
I	Level U: Fragile Under 21	493.95	497.55	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with  Tre Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate			Stephen Russell id Cost Reimbursement  Russell	•
Home Office:	Millenium Health Systems Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309			



Stuart Nursing & Resto	orative Care Center		Provider Number:	0 225991-00
1500 Palm Beach Road	d		Date:	12/29/2011
Stuart FL 33494			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 192.32	Rate	Effective Date 1/1/2012
	Ll H. AIDC	220.52		1/1/2010
	Level H: AIDS	338.52	341.17	1/1/2012
	Level U: Fragile Under 21	455.85	459.63	1/1/2012
Basis:  Budget X Unaudited c Field audite Field audit - Desk audite Desk Audit	d costs - interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 10/01/1985	h Interim Component
Distribution:	nent / Fiscal Agent		Stephen Russell	
Permanent File	nont / Piscai Agont	Medicaid Cost Reimbursement Analysis		
	nation Only ge in Rate	Step	hus Ru	sell
Home Office:	Eden Park Health Services, Inc Joseph Ficocello 45 Learned Street Albany NY 12207			



Port St. Lucie Nursing & 1	Restorative Care Center		Provider Number:	0 226009-00
7300 Oleander Avenue			Date:	12/29/2011
Port St. Lucie FL 34952			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home S	Single Level	Current Rate 203.57	New Rate 205.28	Effective Date  1/1/2012
-				
L	evel H: AIDS	349.77	352.89	1/1/2012
L	evel U: Fragile Under 21	467.10	471.35	1/1/2012
Basis:  Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int	osts terim portion osts	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation ate limitation change Thange T	n Interim Component
Contract Managemen	nt / Fiscal Agent		Stephen Russell	
Permanent File For informati No Change in	on Only		d Cost Reimbursement	•
Home Office:	Eden Park Management, Inc. Thomas R. Ellis 22 Holland Avenue Albany NY 12209			



Plantation Nursing & Rehab Center			Provider Number:	0 226017-00	
4250 NW 5th Street			Date:	12/29/2011	
Plantation FL 33317			Fiscal Year End:	8/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:					
		Current	New	Effective	
	a	Rate	Rate	Date	
<b>Nursing Home</b>	Single Level	228.51		1/1/2012	
	Level H: AIDS	374.71	378.48	1/1/2012	
	Level U: Fragile Under 21	492.04	496.94	1/1/2012	
Rate Type :					
Interim		X Prospect	tive		
	Гotal Interim	X	Total Prospective		
]	Interim Component		Prospective Adjusted	for New Costs	
	Settlement based on costs		Total Prospective with	n Interim Component	
I	Prior Provider Prospective data				
Basis:		Changes:			
		Li	Dating Change		
Budget			ure Rating Change		
XUnaudited Field audit		Usual and Customary Limitation Target Rate limitation change			
		FRVS Change			
Desk audite	- interim portion	TRVS	Change		
	- Interim Portion	X Rate Se	emester Change		
	z - Prospective portion		V [2] as of 10/01/1985		
<b>Distribution:</b>			Stephen Russell		
_	ement / Fiscal Agent	Medica	aid Cost Reimbursement	Analysis	
Permanent File				•	
For information Only		Step	In Ru	sell	
No Char	age in Rate		·		
Home Office:	Millenium Health Systems				
	Armando Vazquez				
	5310 NW 33rd Avenue				
	Ft. Lauderdale FL 33309				



Martin Nursing and Res	storative Care Center		Provider Number:	0 226033-00
6001 SE Tower Road			Date:	12/29/2011
Stuart FL 34997			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 201.63	New Rate 202.00	Effective Date  1/1/2012
	Level H: AIDS	347.83	349.61	1/1/2012
	Level U: Fragile Under 21	465.16	468.07	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Usual ar Target F FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with Total Prospective Adjusted Total Prospective Total Prosp	n Interim Component
Contract Managem	ent / Fiscal Agent		Stephen Russell	
Permanent File For inform No Change	ation Only		d Cost Reimbursement	•
Home Office:	Eden Park Management, Inc. Thomas R. Ellis 22 Holland Avenue Albany NY 12209			



The Manor At Blue Water	er Bay			Provider Number:	0 226041-00
1500 North White Pt. Ro	oad			Date:	12/29/2011
Niceville FL 32578				Fiscal Year End:	8/31/2010
				Audit Status:	Unaudited [3]
Provider Type:	Cin alo Lovel		urrent Rate	New Rate	Effective Date
Nursing Home	Single Level		97.35	199.56	1/1/2012
I	Level H: AIDS	3	43.55	347.17	1/1/2012
I	Level U: Fragile Under 21	4	60.88	465.63	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited co Desk audit - Ir	costs nterim portion costs	Changes:	Usual an Target R FRVS C Rate Ser	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 02/02/1993	n Interim Component
Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File				d Cost Reimbursement	-
For information No Change	<u> </u>	30	iz r	un Ru	mell
Home Office:	1 - No Home Office				



Cathedral Gerontolog	y Center		Provider Number:	0 226068-00
333 East Ashley Stree			Date:	12/29/2011
Jacksonville FL 3220	2		Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level	209.87	211.40	1/1/2012
	Level H: AIDS	356.07	359.01	1/1/2012
	Level U: Fragile Under 21	473.40	477.47	1/1/2012
Basis:  Budget X Unaudited Field audit Field audit Desk audit Desk Audit	ed costs - interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted	h Interim Component
<b>Distribution:</b>	mant / Figure 1 A game		Stephen Russell	
Permanent File	ement / Fiscal Agent	Medicaid Cost Reimbursement Analysis		
	mation Only	14	1 7	
	ige in Rate	mje	hus Ru	
Home Office:	1 - No Home Office			



Broward Nursing and Reh	nab Center		Provider Number:	0 226335-00
1330 South Andrew Aver	nue		Date:	12/29/2011
Ft. Lauderdale FL 33316			Fiscal Year End:	8/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate <b>213.32</b>	New Rate <b>214.65</b>	Effective Date 1/1/2012
L	evel H: AIDS	359.52	362.26	1/1/2012
L	evel U: Fragile Under 21	476.85	480.72	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Interest of the second content o	osts terim portion osts	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change  Semester Change RV [2] as of 10/01/1985	n Interim Component
Permanent File For information	Contract Management / Fiscal Agent  Medicaid Cost Reimbursement Analysis		•	
Home Office:	Millenium Health Systems Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309			



Ocean View Nursing and	Rehabilitation Center		Provider Number:	0 226351-00
2810 S. Atlantic Avenue			Date:	12/29/2011
New Smyrna Beach FL 32	2069		Fiscal Year End:	1/31/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Currer Rate <b>199.</b> 1	Rate	Effective Date 1/1/2012
L	evel H: AIDS	345.3	35 345.32	1/1/2012
L	evel U: Fragile Under 21	462.6	463.78	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audit - In Desk Audit - Property of the second content o	osts terim portion osts	Changes:  Lice Usu Targ FRV	Prospective Adjusted	th Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Stephen Russell  Medicaid Cost Reimbursement Analy  Medicaid Cost Reimbursement Analy  Medicaid Cost Reimbursement Analy		•		
Home Office:	Millenium Health Systems Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309			



	and Rehabilitation Center			Provider Number:	0 226360-00
718 Lakeview Avenue				Date:	12/29/2011
St. Petersburg FL 337	05			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 204.31	New Rate 209.21	Effective Date  1/1/2012
Tursing Home	Single Level		204.31	209.21	1/1/2012
	Level H: AIDS		350.51	356.82	1/1/2012
	Level U: Fragile Under 21		467.84	475.28	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change	n Interim Component
<b>Distribution:</b>				Stephen Russell	
•	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis			Analysis
Permanent File	mation Only				•
	ge in Rate	130	ty 1	hus Ru	sell
	<del>-</del>	•	-		
Home Office:	1 - No Home Office				



Treasure Isle Care Center		Provider Number:	0 226602-00
1735 North Treasure Drive		Date:	12/29/2011
North Bay Village FL 33141		Fiscal Year End:	6/30/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 192.29	New Rate 193.45	Effective Date 1/1/2012
Level H: AIDS	338.49	341.06	1/1/2012
Level U: Fragile Under 21	455.82	459.52	1/1/2012
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs	Changes:  Licensur Usual an	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation	n Interim Component
Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	FRVS C  X Rate Sen	ate limitation change hange nester Change [2] as of 01/01/1997	
<b>Distribution:</b> Contract Management / Fiscal Agent Permanent File		Stephen Russell	
For information Only No Change in Rate	Styl	mes Ru	mell
Home Office: 1 - No Home Office			



Fair Havens Center, LLC			Provider Nu	mber:	0 227226-00
201 Curtiss Parkway				Date:	12/29/2011
Miami Springs FL 33166			Fiscal Year		12/31/2010
			Audit S	Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Curr Ra <b>154</b>	te Rate		Effective Date 1/1/2012
L	evel H: AIDS	301	.00 303.28	1.	/1/2012
L	evel U: Fragile Under 21	418	.33 421.74	1	/1/2012
Basis:  Budget X Unaudited cost: Field audit - in Desk audited co	osts terim portion osts	Changes:  Lie Us Ta FF	Total Prospect Prospective A Total Prospect Prospective A Total Prospect Censure Rating Chan ual and Customary I rget Rate limitation of RVS Change te Semester Change of FRV [2] as of 10/0	djusted for ive with Ingge	New Costs terim Component
Distribution:  Contract Managemer  Permanent File  For informati  No Change i	ion Only		Stephen Redicaid Cost Reimbu	rsement An	•
Home Office:	SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circ Daytona Beach FL 32114	÷			



Alpine Health and Rehabilitation Center		Provider Number:	0 227251-00
3456 21st Avenue South		Date:	12/29/2011
St. Petersburg FL 33711		Fiscal Year End:	6/30/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 214.91	New Rate 217.47	Effective Date 1/1/2012
Turising frome Single Dever	217.71	217.47	1/1/2012
Level H: AIDS	361.11	365.08	1/1/2012
Level U: Fragile Under 21	478.44	483.54	1/1/2012
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion	Changes:  Licensure Usual and Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent		Stephen Russell	
Permanent File		l Cost Reimbursement	<u> </u>
For information Only No Change in Rate	Steph	un Ru	soll
<u> </u>			
Home Office: 1 - No Home Office			



Lady Lake Specialty Car	e Center			Provider Number:	0 227561-00
630 Griffen Avenue				Date:	12/29/2011
Lady Lake FL 32159				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 211.54	New Rate 213.36	Effective Date 1/1/2012
- ( <del></del>	Z <b>g</b> -00 \ 0.				1/1/2012
I	Level H: AIDS		357.74	360.97	1/1/2012
I	Level U: Fragile Under 21		475.07	479.43	1/1/2012
Basis:  Budget X Unaudited cos Field audit - ir Desk audited co Desk audit - Ir	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 03/30/1999	n Interim Component
Contract Manageme	nt / Fiscal Agent			Stephen Russell	
Permanent File For information No Change	tion Only			l Cost Reimbursement	•
Home Office:	Greystone Healthcare Manag 4042 Park Oaks Blvd, Suite 3 Tampa FL 33610				



Wilton Manors Health &	Rehab Center			Provider Number:	0 227579-00
2675 North Andrews Ave				Date:	12/29/2011
Wilton Manors FL 33311				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate <b>217.75</b>	New Rate 219.04	Effective Date 1/1/2012
I	evel H: AIDS		363.95	366.65	1/1/2012
I	evel U: Fragile Under 21		481.28	485.11	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informate No Change in	ion Only			Stephen Russell  Cost Reimbursement  Russell	•
Home Office:	Greystone Healthcare Manag 4042 Park Oaks Blvd, Suite Tampa FL 33610				



Rockledge Rehab & Nu	rsing Center		Provider Number:	0 227587-00
587 Barton Blvd.			Date:	12/29/2011
Rockledge FL 32955			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 207.28	New Rate 209.61	Effective Date 1/1/2012
	Level H: AIDS	353.48	357.22	1/1/2012
	Level U: Fragile Under 21	470.81	475.68	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - i Desk audited Desk audit - I	costs interim portion	Usual a Target 1 FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  The Rating Change The Rating Chang	n Interim Component
Distribution:  Contract Managem  Permanent File  For informa  No Change	ation Only		Stephen Russell id Cost Reimbursement	•
Home Office:	Greystone Healthcare Manag 4042 Park Oaks Blvd, Suite 3 Tampa FL 33610			



Greenbriar Rehab & 1	Nursing Center	_		Provider Number:	0 227625-00
210 21st Avenue Wes	st	-		Date:	12/29/2011
Bradenton FL 34205		_		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 218.48	New Rate 220.58	Effective Date  1/1/2012
Tursing Home	Single Level	_	210.40		1/1/2012
	Level H: AIDS	<u>-</u> -	364.68	368.19	1/1/2012
	Level U: Fragile Under 21	_	482.01	486.65	1/1/2012
Rate Type :		X	Prospectiv		
	Total Interim		<u>X</u>	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
	Prior Provider Prospective data				
Basis:		Changes:	Licensur	e Rating Change	
X Unaudited	costs		Usual an	d Customary Limitation	on
Field audit	ed costs		Target R	ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite	ed costs				
	- Interim Portion	X	Rate Ser	nester Change	
Desk Audit	t - Prospective portion				
,	ement / Fiscal Agent			Stephen Russell	
Permanent File	ment/Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
	mation Only	_		/ ->	//
	nge in Rate	_3	type	en Ru	soll
	.50 Italio				
Home Office:	Greystone Healthcare Man	agement, LLC			
	4042 Park Oaks Blvd, Suit	2 300			
	Tampa FL 33610				
	F 200020				



Apollo Health & Rehab	Center			Provider Number:	0 227633-00
1000 24th Street North				Date:	12/29/2011
St. Petersburg FL 33713				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	F	errent Rate	New Rate 205.09	Effective Date  1/1/2012
rursing frome	Single Level		14.20	203.09	1/1/2012
1	Level H: AIDS	36	50.48	352.70	1/1/2012
]	Level U: Fragile Under 21	47	77.81	471.16	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited co	costs nterim portion costs	Changes:	Licensur Usual an Farget R FRVS C	Total Prospective Prospective Adjusted a Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
<b>Distribution:</b>				Stephen Russell	
Contract Manageme Permanent File	ent / Fiscal Agent		Medicaio	l Cost Reimbursement	Analysis
For informa	tion Only				-
No Change	•	20	z ti	en Ru	sacri
Home Office:	Greystone Healthcare Manag 4042 Park Oaks Blvd, Suite Tampa FL 33610				



North Rehabilitation Cer	nter		Provider Number:	0 227641-00
1301 16th Street North			Date:	12/29/2011
St. Petersburg FL 33705			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	206.12		1/1/2012
	Level H: AIDS	352.32	355.81	1/1/2012
	Level U: Fragile Under 21	469.65	474.27	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - is Desk audited Desk audit - Is	costs nterim portion costs	Usual a Target FRVS	tive Total Prospective Prospective Adjusted Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change	n Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell aid Cost Reimbursement	•
Home Office:	Greystone Healthcare Manag 4042 Park Oaks Blvd, Suite 3 Tampa FL 33610	ment, LLC		



Lexington Health & Reh	abilitation Center			Provider Number:	0 227650-00
6300 46th Avenue North				Date:	12/29/2011
St. Petersburg FL 33709				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 215.02	New Rate 212.13	Effective Date 1/1/2012
8	8	•			
:	Level H: AIDS		361.22	359.74	1/1/2012
	Level U: Fragile Under 21		478.55	478.20	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b> Contract Manageme	ant / Fiscal Agant			Stephen Russell	
Permanent File	711 / 1 150ut / 150ttt		Medicaio	d Cost Reimbursement	Analysis
For informa No Change	•		styer	m, Ru	mell
Home Office:	Greystone Healthcare Mana 4042 Park Oaks Blvd, Suite Tampa FL 33610				



Liberty Inn				Provider Number:	0 227676-00
5858 Heritage Park W				Date:	12/29/2011
Delray Beach FL 3348	84			Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:	Single Level		Current Rate 218.55	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		218.55		1/1/2012
	Level H: AIDS		364.75	367.66	1/1/2012
	Level U: Fragile Under 21		482.08	486.12	1/1/2012
Rate Type :					
Interim		X	Prospectiv	re.	
	Total Interim			Total Prospective	
	nterim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Trosposition with	- Inversion Component
	Tior Tio (Table Tiospective data)				
Basis:		Chang	ges:		
			<b>T</b> ·	D .'	
Budget				e Rating Change	
X Unaudited		-		d Customary Limitatio	on
Field audite		-		ate limitation change	
	- interim portion		FRVS C	hange	
Desk audite				~	
	- Interim Portion	X		nester Change [2] as of 06/17/1998	
Distribution:	- Prospective portion		Oli FK v		
	ment / Fiscal Agent			Stephen Russell	
Permanent File	<i>6</i> · · · · · · · · · · · · · · · · · · ·		Medicaio	l Cost Reimbursement	Analysis
	mation Only			1 -	
	ge in Rate		Gregori	un Ru	sacri
Home Office:	Heritage Park Retirement Co	omm.			
	14565 Sims Road				
	Delray Beach FL 33484				



Park Meadows Health	& Rehab Center		Provider Number:	0 227765-00
3250 SW 41st Place			Date:	12/29/2011
Gainesville FL 32608			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	210.15		1/1/2012
	Level H: AIDS	356.35	359.87	1/1/2012
	Level U: Fragile Under 21	473.68	478.33	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	d costs interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change	h Interim Component
<b>Distribution:</b>	oost / Eigen Agest		Stephen Russell	
Contract Managem Permanent File	ient / Fiscai Agent	Medic	aid Cost Reimbursement	t Analysis
	nation Only	1.	hus Ru	mell
No Chang	e in Rate	ny	my / w	
Home Office:	Greystone Healthcare Mana 4042 Park Oaks Blvd, Suite Tampa FL 33610	•		



New Horizon Health &	Rehab Center			Provider Number:	0 227773-00
635 SE 17th Street				Date:	12/29/2011
Ocala FL 34471				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
		-	Rate	Rate	Date
Nursing Home	Single Level	-	214.15	216.00	1/1/2012
	Level H: AIDS		360.35	363.61	1/1/2012
	Level U: Fragile Under 21		477.68	482.07	1/1/2012
Rate Type :					
Interim		<u>X</u>	Prospectiv		
	tal Interim			Total Prospective	C. M. G.
	erim Component			Prospective Adjusted	
	tlement based on costs			Total Prospective with	h Interim Component
Pri	or Provider Prospective data				
Basis:		Change	s:		
Budget			Licensur	e Rating Change	
X Unaudited co	sts	-	Usual an	d Customary Limitation	on
Field audited	costs		Target R	ate limitation change	
Field audit - i	interim portion		FRVS C	hange	
Desk audited	*	<u> </u>			
	Interim Portion	$\overline{\mathbf{x}}$	Rate Sen	nester Change	
	Prospective portion			C	
<b>Distribution:</b>				Stephen Russell	
Contract Managem	ent / Fiscal Agent		M . 1' . '		. A a1a.
Permanent File				l Cost Reimbursement	•
For information	ation Only	و	It is 1	hus Ru	sell
No Change	e in Rate		ngen	my / Car	
Home Office:	Greystone Healthcare Mana	gement, LLC			
	4042 Park Oaks Blvd, Suite	300			
	Tampa FL 33610				



First Coast Health and	l Rehab Center		Provider Number:	0 227838-00	
7723 Jasper Avenue			Date:	12/29/2011	
Jacksonville FL 3221	1		Fiscal Year End:	6/30/2010	
			Audit Status:	Unaudited [3]	
Provider Type:		Currer Rate	nt New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	195.8	196.97	1/1/2012	
	Level H: AIDS	342.0	0 344.58	1/1/2012	
	Level U: Fragile Under 21	459.3	463.04	1/1/2012	
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk Audite Desk Audite	ed costs - interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	tith Interim Component	
<u>Distribution:</u>	mont / Fiscal Agant		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
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Home Office:	1 - No Home Office				



Ayers Health & Rehab Center			Provider Number:	0 227871-00
606 NE 7th Street			Date:	12/29/2011
Trenton FL 32693			Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type:	Cin ala Laval	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	179.69		1/1/2012
	Level H: AIDS	325.89	328.78	1/1/2012
	Level U: Fragile Under 21	443.22	447.24	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk Audite Desk Audit	ed costs - interim portion	Usual a Target FRVS	ive Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  are Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 01/01/2000	n Interim Component
Distribution:	ment / Fiscal Agent	Stephen Russell		
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate			id Cost Reimbursement	•
Home Office:	Health Services Mgt., Inc. Preston Sweeney 206 Fortress Blvd. Murfreesboro TN 37128			



Heritage Nursing & Rehabilitation Cente	r		Provider Number:	0 228001-00
2201 N.E. 170th Street			Date:	12/29/2011
North Miami Beach FL 33160			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level		Current Rate 239.42	New Rate <b>241.99</b>	Effective Date 1/1/2012
Level H: AIDS		385.62	389.60	1/1/2012
Level U: Fragile	Under 21	502.95	508.06	1/1/2012
Interim Total Interim Interim Component Settlement based on Prior Provider Prosp  Basis:  Budget X Unaudited costs Field audited costs	costs pective data	Pr To	otal Prospective ospective Adjusted otal Prospective with Rating Change Customary Limitation	n Interim Component
Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective porti		FRVS Cha  X Rate Semes		
<u>Distribution:</u>			Stephen Russell	
Contract Management / Fiscal Agen Permanent File For information Only No Change in Rate	- -		Cost Reimbursement	•
•	Jealthcare Management, LI Daks Blvd, Suite 300 3610	LC		



The Gardens Court			Provider Number:	0 228320-00
3803 PGA Boulevard			Date:	12/29/2011
Palm Beach Gardens FL	33410		Fiscal Year End:	8/31/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 216.70	New Rate 222.71	Effective Date  1/1/2012
C				
L	evel H: AIDS	362.90	370.32	1/1/2012
L	evel U: Fragile Under 21	480.23	488.78	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited co Desk Audit - Property of the second control o	osts terim portion osts	Licensure Usual and Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
<u>Distribution:</u>	et / Figgal A gant		Stephen Russell	
Contract Managemer Permanent File For informat No Change i	ion Only		Cost Reimbursement	<u> </u>
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Life Care Center of Melb	oourne		Provider Number:	0 228338-00
606 East Sheridan Street			Date:	12/29/2011
Melbourne FL 32901			Fiscal Year End:	2/28/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 197.36	New Rate 198.92	Effective Date 1/1/2012
I	Level H: AIDS	343.56	346.53	1/1/2012
I	Level U: Fragile Under 21	460.89	464.99	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	ts costs costs costs costs	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informate No Change in the Permanent File No Change in the Permanent Fi	tion Only		Stephen Russell d Cost Reimbursement Russell Russell	· ·
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Park Ridge Nursing Center			Provider Number:	0 228401-00	
730 College Street			Date:	12/29/2011	
Jacksonville FL 32204			Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home	Single Level	Current Rate 185.74	New Rate 182.46	Effective Date  1/1/2012	
_	117 170				
1	evel H: AIDS	331.94	330.07	1/1/2012	
Ι	Level U: Fragile Under 21	449.27	448.53	1/1/2012	
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk Audit - P	ess costs terim portion osts	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component	
Distribution:	nt / Fiscal Agent		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For informat No Change i	•	Stept	m, Ru	sell	
Home Office:	Health Care Managers, Inc Ivonne Burrell 2380 Sadler Road Suite 201 Fernandina Beach FL 32034				



Bear Creek Nursing Center				Provider Number:	0 228567-00
8041 State Road 52				Date:	12/29/2011
Hudson FL 34667				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:	Single Level	F	irrent Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		11.99	180.50	1/1/2012
	Level H: AIDS	_ 32	24.19	328.11	1/1/2012
	Level U: Fragile Under 21	4	41.52	446.57	1/1/2012
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Changes:	Usual an Farget R FRVS C Rate Sen	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b> Contract Managen	nent / Fiscal Agent	Stephen Russell			
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
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No Chang	ge in Rate	200	ye u		
Home Office:	Health Services Mgt., Inc. Preston Sweeney 206 Fortress Blvd. Murfreesboro TN 37128				



Royal Oak Nursing Center			Provider Number:	0 228575-00	
37300 Royal Oak Lane			Date:	12/29/2011	
Dade City FL 33525			Fiscal Year End:	7/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type:	Single Level	Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	188.40		1/1/2012	
	Level H: AIDS	334.60	339.25	1/1/2012	
	Level U: Fragile Under 21	451.93	457.71	1/1/2012	
Basis:  Budget X Unaudited c Field audite Field audit - Desk audited Desk audit -	d costs - interim portion	Usual a Target FRVS X Rate Se	Total Prospective Prospective Adjusted Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 01/01/2000	n Interim Component	
	nent / Fiscal Agent	Stephen Russell			
Permanent File		Medicaid Cost Reimbursement Analysis			
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No Chang	ge in Rate	2007.	- , , , , , , , ,		
Home Office:	Health Services Mgt., Inc. Preston Sweeney 206 Fortress Blvd. Murfreesboro TN 37128				



Heather Hill Nursing Home			Provider Number:	0 228591-00	
6630 Kentucky Avenue			Date:	12/29/2011	
New Port Richey FL 34	.653		Fiscal Year End:	7/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	Current Rate 189.84	New Rate 192.37	Effective Date 1/1/2012	
Tituling Home	Single Devel	107.04		1/1/2012	
	Level H: AIDS	336.04	339.98	1/1/2012	
	Level U: Fragile Under 21	453.37	458.44	1/1/2012	
Basis:  Budget X Unaudited co Field audited Field audit - Desk audit - Desk Audit - Desk Audit -	costs interim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Total Prospective with  Total Prospective with  Total Prospective with  Total Prospective with  Total Prospective with  Total Prospective with	n Interim Component	
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No Change	-	my	my tu		
Home Office:	Health Services Mgt., Inc. Preston Sweeney 206 Fortress Blvd. Murfreesboro TN 37128				



Inn at Sarasota Bay Club			Provider Number:	0 228621-00	
1303 N. Tamiami Trail			Date:	12/29/2011	
Sarasota Fl 34236			Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:	Cin ala Laval	Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	249.98		1/1/2012	
	Level H: AIDS	396.18	397.91	1/1/2012	
	Level U: Fragile Under 21	513.51	516.37	1/1/2012	
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Usual a Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 06/20/2001	n Interim Component	
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Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
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Home Office:	1 - No Home Office				



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# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Winter Haven Health a	nd Rehab Center		Provider Numb	per: 0 228702-00	
202 Avenue ^'O^' NE			Da	ate: 12/29/2011	
Winter Haven FL 3388	1		Fiscal Year En	d: 6/30/2010	
			Audit Stat	us: Unaudited [3]	
Provider Type:		Curre Rate	Rate	Effective Date	
<b>Nursing Home</b>	Single Level	180.	<u>181.89</u>	1/1/2012	
	Level H: AIDS	327.	329.50	1/1/2012	
	Level U: Fragile Under 21	444.	35 447.96	1/1/2012	
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Changes:  Lice Use Tar FR' X Rat		sted for New Costs with Interim Component itation nge	
<u>Distribution:</u>			Stephen Russ	ell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	ation Only	14	elm K	2 100//	
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Home Office:	1 - No Home Office				



Woodland Terrace of Cit	rus County			Provider Number:	0 228711-00
124 W. Norvell Bryant H	Iwy			Date:	12/29/2011
Hernando FL 34442				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 165.91	New Rate 166.83	Effective Date  1/1/2012
- ( <del></del>	~ <b>g</b> (				1/1/2012
I	Level H: AIDS		312.11	314.44	1/1/2012
I	Level U: Fragile Under 21		429.44	432.90	1/1/2012
Basis:  Budget X Unaudited cos Field audit - ir Desk audited co Desk audit - Ir	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b>				Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For information No Change	•		stye r	m, Ru	sell
Home Office:	SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circ Daytona Beach FL 32114	le			



East Ridge Retiremen			Provider Numb	per: 0 228788-00
19301 SW 87th Avenu	ue		Da	ate: 12/29/2011
Miami Fl 33157			Fiscal Year En	nd: 12/31/2010
			Audit Stat	us: Unaudited [3]
Provider Type:		Curre Rate	e Rate	Effective Date
<b>Nursing Home</b>	Single Level	227.	227.50	
	Level H: AIDS	373.	47 375.11	1/1/2012
	Level U: Fragile Under 21	490.	80 493.57	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes:  Lice Use Tar FR		sted for New Costs with Interim Component itation nge
<b>Distribution:</b>	· / Ti - 1 A		Stephen Russ	ell
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Home Office:	1 - No Home Office			



Cypress Cove Care Ce	nter		Provider Number:	0 228940-00
700 SE 8th Avenue			Date:	12/29/2011
Crystal River FL 3442	9		Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 185.72	New Rate 187.29	Effective Date 1/1/2012
runsing frome	Single Devel	103.72		1/1/2012
	Level H: AIDS	331.92	334.90	1/1/2012
	Level U: Fragile Under 21	449.25	453.36	1/1/2012
Basis:  Budget X Unaudited c Field audite Field audite Desk audite Desk Audit	d costs - interim portion	Usual Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Bure Rating Change and Customary Limitation Rate limitation change Change emester Change EV [2] as of 01/01/2000	n Interim Component
Distribution:	ment / Fiscal Agent		Stephen Russell	
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Home Office:	Health Services Mgt., Inc. Preston Sweeney 206 Fortress Blvd. Murfreesboro TN 37128			



Brooksville Healthcare Co	enter			Provider Number:	0 228958-00
1114 Chatman Boulevard				Date:	12/29/2011
Brooksville FL 34601				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 178.20	New Rate 185.71	Effective Date 1/1/2012
L	evel H: AIDS		324.40	333.32	1/1/2012
L	evel U: Fragile Under 21		441.73	451.78	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Interest of the second content o	osts terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component
Distribution:  Contract Managemer  Permanent File  For informati  No Change i	ion Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Health Services Mgt., Inc. Preston Sweeney 206 Fortress Blvd. Murfreesboro TN 37128				



Lake Harris Health Cent	er		Provider Number:	0 228966-00
701 Lake Port Boulevard	<u>d</u>		Date:	: 12/29/2011
Leesburg FL 34748			Fiscal Year End:	12/31/2010
			Audit Status:	: Unaudited [3]
Provider Type:	Single Level	Currer Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level	190.6	55 192.39	1/1/2012
	Level H: AIDS	336.8	340.00	1/1/2012
	Level U: Fragile Under 21	454.1	458.46	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - I	costs nterim portion	Changes:  Lice Usu Targ FRV	Prospective Adjuste	tion
<b>Distribution:</b>			Stephen Russell	
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Home Office:	1 - No Home Office			



Sylvan Health Center			Provider Number:	0 229164-00
2770 Regency Oaks Blv	vd.		Date:	12/29/2011
Clearwater FL 33759			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 198.38	New Rate 199.32	Effective Date 1/1/2012
C				
	Level H: AIDS	344.58	346.93	1/1/2012
	Level U: Fragile Under 21	461.91	465.39	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 10/07/1991	n Interim Component
<b>Distribution:</b> Contract Managem	ant / Fiscal Agant		Stephen Russell	
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Home Office:	1 - No Home Office			



Shell Point Village Re	-		Provider Number:	0 229202-00
15000 Shell Point Bou	levard		Date:	12/29/2011
Ft. Myers Fl 33908			Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type:	Charala I amal	Current Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level	195.44	202.79	1/1/2012
	Level H: AIDS	341.64	350.40	1/1/2012
	Level U: Fragile Under 21	458.97	468.86	1/1/2012
Basis:  Budget X Unaudited c Field audite Field audit Desk audite Desk audit	d costs - interim portion	Usual Targe FRV:	Total Prospective Prospective Adjusted	h Interim Component
<b>Distribution:</b>	( <del></del>		Stephen Russell	
Contract Manager Permanent File	ment / Fiscal Agent	Medi	caid Cost Reimbursemen	t Analysis
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	ge in Rate	mje	mus tu	
Home Office:	1 - No Home Office			



Parthenon Healthcare of	Ft. Walton			Provider Number:	0 229237-00
1 LBJ Sr. Drive				Date:	12/29/2011
Ft. Walton Beach FL 32.	548			Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 186.63	New Rate 192.30	Effective Date  1/1/2012
- (	2 <b>g</b> .v 2.v v	•	10000		1/1/2012
	Level H: AIDS		332.83	339.91	1/1/2012
	Level U: Fragile Under 21		450.16	458.37	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs nterim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:	ont / Figgal A gant			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
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Home Office:	Parthenon Group 909 Gardengate Circle Pensacola Fl 32504				



Gainesville Health Care	Center		Provider Number:	0 229288-00
1311 SW 16th Street			Date:	12/29/2011
Gainesville FL 32608			Fiscal Year End:	8/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 201.38	New Rate <b>201.48</b>	Effective Date 1/1/2012
]	Level H: AIDS	347.58	349.09	1/1/2012
1	Level U: Fragile Under 21	464.91	467.55	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - in Desk audited of Desk audit - In	costs nterim portion costs	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with  Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell id Cost Reimbursement  Russell	•
Home Office:	Council on Aging of Florida, Ir 1311 SW 16th Street Gainesville FL 32608	c.		



Lake View Care Center a	at Delray			Provider Number:	0 229610-00
5430 Linton Blvd				Date:	12/29/2011
DelRay Beach FL 33484				Fiscal Year End:	3/31/2011
				Audit Status:	Unaudited [3]
Provider Type:	Standa I and	_	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		201.30	203.55	1/1/2012
1	Level H: AIDS	_	347.50	351.16	1/1/2012
1	Level U: Fragile Under 21	_	464.83	469.62	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audit - In Desk Audit - In	costs nterim portion costs	Changes:  X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change	n Interim Component
<b>Distribution:</b> Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File				d Cost Reimbursement	-
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Home Office:	1 - No Home Office				



Menorah House			Provider Number:	0 229628-00
9945 Central Park Blv	⁄d		Date:	12/29/2011
Boca Raton FL 33428			Fiscal Year End:	3/31/2011
			Audit Status:	Unaudited [3]
Provider Type:	Single Level	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.84		1/1/2012
	Level H: AIDS	353.04	353.33	1/1/2012
	Level U: Fragile Under 21	470.37	471.79	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk Audite	ed costs - interim portion	Usual a Target FRVS  X Rate S	tive Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 10/01/1990	n Interim Component
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Permanent File	ment / Fiscal Agent	Medica	aid Cost Reimbursement	Analysis
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Home Office:	1 - No Home Office			



Alexander Nininger S	tate Veterans Nursing Home		Provider Number:	0 229849-00
8401 West Cypress D	3401 West Cypress Drive		Date:	12/29/2011
Pembroke Pines Fl 33	025		Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 218.36	Rate	Effective Date 1/1/2012
	Level H: AIDS	364.56	366.68	1/1/2012
	Level U: Fragile Under 21	481.89	485.14	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion ed costs - Interim Portion	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 09/06/2001	n Interim Component
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<u> </u>	ment / Fiscal Agent	Medic	Stephen Russell caid Cost Reimbursement	t Analysis
For infor	mation Only ge in Rate	Sty	hus Ru	sall
Home Office:	Florida Dept. of Veterans Af Walter Gilchrist 11351 Ulmerton Road, Roon Largo Fl 33778-1630			



HIALEAH SHORES N	URSING AND REHAB CENTE		Provider Number:	0 250988-00
8785 NW 32 AVE			Date:	12/29/2011
Miami FL 33147			Fiscal Year End:	8/31/2011
			Audit Status:	
Provider Type: Nursing Home	Single Level	Curre Rate  226.5	Rate	Effective Date 1/1/2012
	Level H: AIDS	372.7	71 375.19	1/1/2012
	Level U: Fragile Under 21	490.0	94 493.65	1/1/2012
Basis:  Budget X Unaudited cos Field audit - i Desk audited Desk audit - I	costs nterim portion	Changes:  Lice Usu Targ FRV	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Prospective Adjusted Prospective with Prospective Adjusted Prospective Adjusted Prospective with Prospective	ith Interim Component tion
Distribution:  Contract Management File  For information No Change	ation Only		Stephen Russell licaid Cost Reimburseme	•
Home Office:	DOS Health Care, Inc Jorge Hernando 300 71st Street, Suite 400 Miami FL 33141			



Parthenon Healthcare of E	Blountstown			Provider Number:	0 251097-00
17884 N.E. Crozier Street				Date:	12/29/2011
Blountstown FL 32424				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate	New Rate 182.40	Effective Date 1/1/2012
L	evel H: AIDS		323.69	330.01	1/1/2012
L	evel U: Fragile Under 21		441.02	448.47	1/1/2012
Basis:  Budget X Unaudited costs Field audit - ins Desk audited co	osts terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component
Distribution:  Contract Management Permanent File  For informati  No Change i	on Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Parthenon Group  909 Gardengate Circle Pensacola Fl 32504				



Parthenon Healthcare of	Crestview			Provider Number:	0 251101-00
1849 First Avenue, East				Date:	12/29/2011
Crestview FL 32539				Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 177.75	New Rate 179.19	Effective Date  1/1/2012
G	G	-			
]	Level H: AIDS		323.95	326.80	1/1/2012
1	Level U: Fragile Under 21		441.28	445.26	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audit - Ir Desk Audit - F	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change d Customary Limitatio ate limitation change	n Interim Component
<u>Distribution:</u> Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For informa No Change	•	ليب	rtyer	m, Ru	mell
Home Office:	Parthenon Group  909 Gardengate Circle Pensacola Fl 32504				



Brandywyne Health Ca	re Center			Provider Number:	0 251399-00
1801 North Lake Maria	m Drive			Date:	12/29/2011
Winter Haven FL 33884	4			Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 195.90	New Rate 197.14	Effective Date 1/1/2012
	Level H: AIDS		342.10	344.75	1/1/2012
	Level U: Fragile Under 21		459.43	463.21	1/1/2012
Basis:  Budget X Unaudited confield audited Field audit -	costs interim portion	Change	Licensur Usual an	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
	costs Interim Portion Prospective portion	X		nester Change [2] as of 11/01/1999	
<u>Distribution:</u>				Stephen Russell	
Contract Managem	ent / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File For inform No Change	•			my Ru	•
Home Office:	1 - No Home Office				



V6.998.1.2:RV35K

# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Concordia Manor			Provider Number:	0 251666-00	
321 13th Avenue North			Date:	12/29/2011	
St. Petersburg FL 3370	1		Fiscal Year End:	6/30/2010	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	Rate	Effective Date	
<b>Nursing Home</b>	Single Level	194.81	196.15	1/1/2012	
	Level H: AIDS	341.01	343.76	1/1/2012	
	Level U: Fragile Under 21	458.34	462.22	1/1/2012	
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted	h Interim Component	
<b>Distribution:</b>	/ E' 1 A		Stephen Russell		
Contract Managem Permanent File	ient / Fiscai Agent	Medicaid Cost Reimbursement Analysis			
	nation Only	11.4	1 7		
No Chang	•	My	hus Ru		
Home Office:	1 - No Home Office				



Oakhurst Care & Reha	abilitation Center		Provider Number:	0 251721-00
1501 SE 24th Road			Date:	12/29/2011
Ocala FL 34471			Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 190.91	New Rate 192.09	Effective Date 1/1/2012
	Level H: AIDS	337.11	339.70	1/1/2012
	Level U: Fragile Under 21	454.44	458.16	1/1/2012
Basis:  Budget X Unaudited control Field audited audit	ed costs - interim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change	n Interim Component
Permanent File For inform	ment / Fiscal Agent mation Only ge in Rate		Stephen Russell  aid Cost Reimbursement  Ann Russell	•
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109			



Bradford Terrace, Ll	LC			Provider Number:	0 251739-00
808 S. Colley Road		_		Date:	12/29/2011
Starke FL 32091		<u> </u>		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>				Tradit Status.	
31			Current	New	Effective
	a		Rate	Rate	Date
<b>Nursing Home</b>	Single Level		164.87	164.22	1/1/2012
	Level H: AIDS		311.07	311.83	1/1/2012
	Level U: Fragile Under 21		428.40	430.29	1/1/2012
Rate Type:					
Interim	1	X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:	•	Chang	Des:		
<b>Dustin</b>		Chang	9681		
Budget			Licensur	e Rating Change	
X Unaudited	l costs			d Customary Limitation	on
Field audi				ate limitation change	
	it - interim portion		FRVS C	=	
Desk audi	_	-		C	
	t - Interim Portion	<u> </u>	Rate Sen	nester Change	
	it - Prospective portion			[2] as of 06/30/1992	
<b>Distribution</b> :	<u>.</u>			Stephen Russell	
Contract Manag	gement / Fiscal Agent	-	Madiani		. A a la i a
Permanent File				d Cost Reimbursement	•
	ormation Only		Stend	hus Ru	sell
No Cha	ange in Rate		Jojen	, , ,	
Home Office:	SMJ Enterprises, LLC				
	Donna Marsh	Timala			
	1704 Huntington Village	Lircie			
	Daytona Beach FL 32114				



Avante at Melbourne, In	c.		Provider Number:	0 252018-00
1420 South Oak Street			Date:	12/29/2011
Melbourne FL 32901			Fiscal Year End:	5/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate	Rate	Effective Date 1/1/2012
]	Level H: AIDS	372.23	375.28	1/1/2012
1	Level U: Fragile Under 21	489.56		1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - in Desk audited of Desk audit - In	costs nterim portion costs	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitation change Ref Rate limitation change Change Semester Change RV [2] as of 04/01/1992	h Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell caid Cost Reimbursemen  Aug Rus	•
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 5 Hollywood FL 33021-6744	40-N		



Avante at Ormond Beach,	Inc.			Provider Number:	0 252034-00
170 North Kings Road				Date:	12/29/2011
Ormond Beach FL 32807				Fiscal Year End:	5/31/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 210.34	New Rate 215.95	Effective Date 1/1/2012
L	evel H: AIDS		356.54	363.56	1/1/2012
L	evel U: Fragile Under 21	_	473.87	482.02	1/1/2012
Basis:  Budget X Unaudited costs Field audit - ins Desk audited co	osts terim portion osts	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informatic No Change in the contract of	on Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	540-N			



Avante at Mt. Dora, Inc	2.		Provider Number:	0 252042-00
3050 Brown Avenue			Date:	12/29/2011
Mount Dora FL 32757			Fiscal Year End:	5/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren Rate 213.2	Rate	Effective Date 1/1/2012
	Level H: AIDS	359.4	5 361.42	1/1/2012
	Level U: Fragile Under 21	476.7	8 479.88	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - I	costs interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
Distribution:  Contract Managem Permanent File For inform No Change	ation Only		Stephen Russell icaid Cost Reimbursemen  Russell Russell Russell	•
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	540-N		



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# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

San Jose Health and R	ehabilitation Center		Provider Number:	0 252051-00
9355 San Jose Boulevard			Date:	12/29/2011
Jacksonville FL 32257			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Currer Rate <b>192.7</b>	Rate	Effective
- ( <del></del>	~g-0 ==0 \ 0.1			1/1/2012
	Level H: AIDS	338.9	342.44	1/1/2012
	Level U: Fragile Under 21	456.2	460.90	1/1/2012
Basis:  Budget X Unaudited c Field audite Field audite Desk audite Desk Audit	d costs - interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
Distribution:	ment / Fiscal Agent		Stephen Russell	
Permanent File	110111 / 1 15011 / 150111	Med	icaid Cost Reimbursemer	nt Analysis
	nation Only	<i>a</i> .	hus Ru	nach
No Chang	ge in Rate	my	my /w	,
Home Office:	1 - No Home Office			



Bradenton Health Care			Provider Number:	0 252069-00
6305 Cortez Road West			Date:	12/29/2011
Bradenton FL 34210			Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level	199.60	202.46	1/1/2012
	Level H: AIDS	345.80	350.07	1/1/2012
	Level U: Fragile Under 21	463.13	468.53	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit	costs interim portion	Usua Targe FRV:	Total Prospective Prospective Adjusted	h Interim Component
<b>Distribution:</b> Contract Managem	ant / Fiscal Agant		Stephen Russell	
Permanent File	ont / 1 isoai Agont	Medi	caid Cost Reimbursemen	t Analysis
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Home Office:	1 - No Home Office			



Brandon Health and R	ehab. Center		Provider Number:	0 252077-00	
1465 Oakfield Drive			Date:	12/29/2011	
Brandon FL 33511			Fiscal Year End:	6/30/2010	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	184.76		1/1/2012	
	Level H: AIDS	330.96	334.02	1/1/2012	
	Level U: Fragile Under 21	448.29	452.48	1/1/2012	
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk Audite Desk Audit	ed costs - interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change Gemester Change EV [2] as of 05/07/1997	n Interim Component	
Distribution:	mont / Fiscal Agant		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	1	hus Ru	2011	
No Chan	ge in Rate	ng	my /m		
Home Office:	1 - No Home Office				



Coral Trace Health Care			]	Provider Number:	0 252107-00
216 Santa Barbara Blvd				Date:	12/29/2011
Cape Coral FL 33991				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curr <u>Ra</u> <b>192</b>	te	New Rate 200.39	Effective Date 1/1/2012
- · · · · · · · · · · · · · · · · · · ·	g				1, 1, 1 0 1 1
	Level H: AIDS	338	.24	348.00	1/1/2012
	Level U: Fragile Under 21	455	.57	466.46	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	costs nterim portion costs	Changes:	censure F ual and C rget Rate RVS Char te Semes	Rating Change Customary Limitation change	h Interim Component
Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File	711. / 1 150ul / 150llt	M	edicaid C	ost Reimbursemen	t Analysis
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No Change	in Rate			- / -	
Home Office:	1 - No Home Office				



Countryside Healthcar	e Center		Provider Number:	0 252115-00
3825 Countryside Blvc			Date:	12/29/2011
Palm Harbour FL 3468	34		Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 193.87	New Rate 195.85	Effective Date 1/1/2012
- · · · · · · · · · · · · · · · · · · ·	~			
	Level H: AIDS	340.07	343.46	1/1/2012
	Level U: Fragile Under 21	457.40	461.92	1/1/2012
Basis:  Budget X Unaudited c Field audite Field audit - Desk audited Desk Audit	d costs - interim portion	Usual a Target FRVS  X Rate So	tive Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 10/19/1987	n Interim Component
Distribution:	ment / Fiscal Agent		Stephen Russell	
Permanent File	nation Only		aid Cost Reimbursement	-
Home Office:	1 - No Home Office			



University Hills Health	and Rehab.			Provider Number:	0 252123-00
10040 Hillview Road				Date:	12/29/2011
Pensacola FL 32514				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		195.28	<u> 197.40</u> _	1/1/2012
	Level H: AIDS		341.48	345.01	1/1/2012
	Level U: Fragile Under 21		458.81	463.47	1/1/2012
Rate Type :					
Basis:  Budget X Unaudited co	d costs interim portion	Change	Licensur Usual an	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Desk audit -	Interim Portion Prospective portion	X		mester Change [2] as of 10/01/1985	
<u>Distribution:</u>	/ F' 1 A	L		Stephen Russell	
Contract Managen Permanent File	nent / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
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Home Office:	1 - No Home Office				



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# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Deltona Health Care		Provider Number:	0 252158-00
1851 Elkcam Boulevard		Date:	12/29/2011
Deltona FL 32725		Fiscal Year End:	6/30/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 196.33	New Rate 197.60	Effective Date 1/1/2012
Level H: AIDS	342.53	345.21	1/1/2012
Level U: Fragile Under 21	459.86	463.67	1/1/2012
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:	Usual a Target l FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with  Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component
Contract Management / Fiscal Agent		Stephen Russell	
Permanent File		id Cost Reimbursement	•
For information Only No Change in Rate	Steps	Ines Rus	sall
Home Office: 1 - No Home Office			



Destin Healthcare an	d Rehab. Center	_		Provider Number:	0 252166-00
195 Mattie M. Kelly Blvd.		_		Date:	12/29/2011
Destin FL 32541		-		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate	New Rate	Effective Date 1/1/2012
Nursing Home	Single Level		190.41	<u> 192.98</u> _	1/1/2012
	Level H: AIDS	_3	336.61	340.59	1/1/2012
	Level U: Fragile Under 21		153.94	459.05	1/1/2012
Rate Type :					
Interim		X 1	Prospecti	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	Interim Component
	Prior Provider Prospective data				
Basis:		<b>Changes:</b>			
Dasis.		Changes.			
Dudget			Licensiii	e Rating Change	
Budget  X Unaudited	costs			d Customary Limitation	nn.
Field audi				ate limitation change	Ш
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	t - interim portion		TRVSC	mange	
Desk audit	ted costs t - Interim Portion	X	Data Can		
	it - Prospective portion	A		nester Change [2] as of 08/11/1994	
Distribution:				Stephen Russell	
_	ement / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
Permanent File					-
	rmation Only	51	teel	hus Ru	sell
No Cha	nge in Rate			. , , -	
Home Office:	1 - No Home Office				



Heron Pointe Health a	nd Rehab.		Prov	vider Number:	0 252174-00
1445 Howell Avenue				Date:	12/29/2011
Brooksville FL 34601			Fisc	cal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:		Curr Rat	<u> </u>	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	188	<u>.10                                    </u>	189.80	1/1/2012
	Level H: AIDS	334	.30	337.41	1/1/2012
	Level U: Fragile Under 21	451	.63	455.87	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk Audite Desk Audit	ed costs - interim portion	Changes:  Lid Us Ta FR	Prospector	Prospective with the prospecti	for New Costs h Interim Component on
Distribution:	ment / Fiscal Agent		Ste	phen Russell	
Permanent File	mont / 1 150th / 150th	Me	edicaid Cost	Reimbursemen	t Analysis
	nation Only	14		7	ssell
No Chang	ge in Rate	m	eny		
Home Office:	1 - No Home Office				



V6.998.1.2:RV35K

## State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Magnolia Health and Ro	ehab. Center			Provider Number:	0 252182-00
1507 South Tuttle Ave				Date:	12/29/2011
Sarasota FL 34239				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 201.38	New Rate 203.21	Effective Date 1/1/2012
Tituling Home	Single Devel	-	201.50		1/1/2012
	Level H: AIDS		347.58	350.82	1/1/2012
	Level U: Fragile Under 21		464.91	469.28	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Contract Managem	ent / Fiscal Agent			Stephen Russell	
Permanent File	2 19 <del>001</del> 1 19011			d Cost Reimbursement	-
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Home Office:	1 - No Home Office				



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# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Emerald Shores Health	and Rehab.		Provider Number:	0 252191-00
626 North Tyndall Par	kway		Date:	12/29/2011
Callaway Fl 32404			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	194.27	196.52	1/1/2012
	Level H: AIDS	340.47	344.13	1/1/2012
	Level U: Fragile Under 21	457.80	462.59	1/1/2012
Basis:  Budget X Unaudited c Field audite Field audit - Desk audited Desk audit -	d costs - interim portion	Usual a Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 08/30/2000	n Interim Component
<b>Distribution:</b>	. / E' 1 A		Stephen Russell	
Permanent File	ment / Fiscal Agent	Medica	aid Cost Reimbursement	Analysis
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No Chang	•	My	hus Ru	sacci,
Home Office:	1 - No Home Office			



Englewood Healthcar	e & Rehab. Center			Provider Number:	0 252204-00
1111 Drury Lane				Date:	12/29/2011
Englewood FL 34224				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:		R	rent ate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	18	6.55	<u> 187.69</u>	1/1/2012
	Level H: AIDS	33	2.75	335.30	1/1/2012
	Level U: Fragile Under 21	45	0.08	453.76	1/1/2012
					_
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes:	sual ar arget R RVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
<u>Distribution:</u>				Stephen Russell	
_	ment / Fiscal Agent	<u></u>	ledicai:	d Cost Reimbursement	Analysis
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Home Office:	1 - No Home Office				



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## State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Evans Health Care			Provider Number:	0 252212-00
3735 Evans Avenue	35 Evans Avenue Date:		Date:	12/29/2011
Ft Myers FL 33901			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		200.03	201.70	1/1/2012
Level H: AIDS		346.23	349.31	1/1/2012
Level U: Fragile Under 21		463.56	467.77	1/1/2012
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:  Budget  X Unaudited costs  Field audited costs  Field audited costs  Field audited costs  Desk audited costs  Desk Audit - Interim Portion  Desk Audit - Prospective portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate			Stephen Russell d Cost Reimbursement	•
Home Office: 1 - No Home Office				



V6.998.1.2:RV35K

# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Fletcher Health and Ro	ehab. Center		Provider Num	nber: 0 252221-00
518 West Fletcher Ave			Γ	Date: 12/29/2011
Tampa FL 33612			Fiscal Year E	End: 6/30/2010
			Audit Sta	atus: Unaudited [3]
Provider Type:		Curre Rat	e Rate	Effective Date
<b>Nursing Home</b>	Single Level	192.	98 194.69	
	Level H: AIDS	339.	18 342.30	1/1/2012
	Level U: Fragile Under 21	456.	51 460.76	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes:  Lic Usi Tai FR		usted for New Costs we with Interim Component  emitation ange
<b>Distribution:</b>			Stephen Rus	ssell
Contract Manager Permanent File	ment / Fiscal Agent	Me	dicaid Cost Reimburs	ement Analysis
	nation Only		/ -	n .//
	ge in Rate	My	Mus /	Pussell
Home Office:	1 - No Home Office			



Fort Pierce Health Car	re		Provider Number	: 0 252239-00
611 South 13th Street			Date	: 12/29/2011
Ft. Pierce FL 34950			Fiscal Year End:	6/30/2010
			Audit Status	: Unaudited [3]
Provider Type:		Currer Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level	204.1	206.43	1/1/2012
	Level H: AIDS	350.3	354.04	1/1/2012
	Level U: Fragile Under 21	467.6	472.50	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes:  Lice Usu Targ FRV	Prospective Adjusted Total Prospective we will a receive the service of the prospective will be a service of the prospecti	ntion e
	ment / Fiscal Agent		Stephen Russell	
Permanent File For inform	mation Only ge in Rate		licaid Cost Reimburseme	-
Home Office:	1 - No Home Office			



Sea Breeze Health Car	e		Provider Number:	0 252247-00
1937 Jenks Avenue			Date:	12/29/2011
Panama City FL 32405	5		Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type:	Simple Land	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	177.86		1/1/2012
	Level H: AIDS	324.06	326.53	1/1/2012
	Level U: Fragile Under 21	441.39	444.99	1/1/2012
Basis:  Budget X Unaudited c Field audite	d costs - interim portion	Usual a	Total Prospective Prospective Adjusted Total Prospective with  Trotal Prospective with  Trotal Prospective with  Trotal Prospective with  Trotal Prospective with	h Interim Component
	Interim Portion - Prospective portion		emester Change V [2] as of 12/01/2001	
Distribution:	-		Stephen Russell	
Permanent File	ment / Fiscal Agent nation Only ge in Rate		id Cost Reimbursement	-
Home Office:	1 - No Home Office			



### State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Harbor Beach Nursing a	nd Rehab. Center			Provider Number:	0 252255-00
1615 South Miami Road				Date:	12/29/2011
Ft. Lauderdale FL 33316	5			Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	<u></u>	214.80	216.24	1/1/2012
	Level H: AIDS		361.00	363.85	1/1/2012
	Level U: Fragile Under 21		478.33	482.31	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - is Desk audited Desk audit - Is	costs nterim portion costs	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b>				Stephen Russell	
Contract Manageme Permanent File	ent / Fiscal Agent	_	Medicaio	d Cost Reimbursement	Analysis
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Home Office:	1 - No Home Office				



## State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Health Center at Brentwood		Provider Number:	0 252263-00
2333 North Brentwood Circle		Date:	12/29/2011
Lecanto FL 34461		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 193.65	New Rate 199.14	Effective Date 1/1/2012
Level H: AIDS	339.85	346.75	1/1/2012
Level U: Fragile Under 21	457.18	465.21	1/1/2012
Interim  Total Interim  Interim Component  Settlement based on costs Prior Provider Prospective data  Basis:  Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change Emester Change V [2] as of 12/01/2001	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent	M. F.	Stephen Russell	A1
Permanent File		id Cost Reimbursement	
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Home Office: 1 - No Home Office			



Heritage Health Care C	enter			Provider Number:	0 252271-00
1026 Albee Farm Road	1026 Albee Farm Road			Date:	12/29/2011
Venice FL 34292				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:	Chala Land	-	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	-	202.65	205.51	1/1/2012
	Level H: AIDS		348.85	353.12	1/1/2012
	Level U: Fragile Under 21		466.18	471.58	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
<b>Distribution:</b>	/ E' 1 A			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
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Home Office:	1 - No Home Office				



Heritage Healthcare and Reha	ab. Center			Provider Number:	0 252280-00	l
777 Ninth Street North				Date:	12/29/2011	
Naples FL 34102				Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	J
Provider Type:  Nursing Home Sing	gle Level	-	Current Rate 213.00	New Rate 214.39	Effective Date 1/1/2012	
- ····· - · · · · · · · · · · · · · · ·	5-0 (	-			1/1/2012	
Leve	l H: AIDS		359.20	362.00	1/1/2012	
Leve	U: Fragile Under 21		476.53	480.46	1/1/2012	
Budget  X Unaudited costs Field audited costs Field audit - interin Desk audit - Interin Desk Audit - Prosp	Component ont based on costs ovider Prospective data  m portion n Portion	Change  X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Componen	t
<b>Distribution:</b> Contract Management / l	Fiscal Agent			Stephen Russell		
Permanent File	ibout rigorit			d Cost Reimbursement		
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Home Office:	1 - No Home Office					



# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Heritage Healthcare C	Center		Provider Number:	0 252298-00
3101 Ginger Drive			Date:	12/29/2011
Tallahassee FL 32308	3		Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type:	a	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	182.12		1/1/2012
	Level H: AIDS	328.32	332.87	1/1/2012
	Level U: Fragile Under 21	445.65	451.33	1/1/2012
Basis:  Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with  Trotal Prospective with  Trotal Prospective with  Trotal Prospective with  Trotal Prospective with	n Interim Component
	ement / Fiscal Agent		Stephen Russell	
Permanent File For infor	rmation Only age in Rate		id Cost Reimbursement	-
Home Office:	1 - No Home Office			



Lake Mary Health and	Rehab.Center			Provider Number:	0 252310-00
710 North Sun Drive				Date:	12/29/2011
Lake Mary Fl 32746				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:		Curr Ra	te	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	194	.65	196.38	1/1/2012
	Level H: AIDS	340	.85	343.99	1/1/2012
	Level U: Fragile Under 21	458	.18	462.45	1/1/2012
Basis:  Budget X Unaudited comprised audited a	d costs interim portion	Changes:	censure ual and rget Ra RVS Ch	Prospective Adjusted Prospective Adjusted Prospective with Rating Change Customary Limitation change	n Interim Component
<b>Distribution:</b>				Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
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Home Office:	1 - No Home Office				



Wedgewood Healthca	re Center		Provider Number:	0 252328-00
1010 Carpenters Way			Date:	12/29/2011
Lakeland FL 33809			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type:	Single Level	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	195.10		1/1/2012
	Level H: AIDS	341.30	344.88	1/1/2012
	Level U: Fragile Under 21	458.63	463.34	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Tree Rating Change and Customary Limitation Rate limitation change Change The Prospective with	n Interim Component
<b>Distribution:</b>			Stephen Russell	
ŭ	ment / Fiscal Agent	Medica	id Cost Reimbursement	Analysis
	mation Only ge in Rate		hus Ru	-
Home Office:	1 - No Home Office			



Largo Health Care Ce	enter		Provider Number:	0 252336-00
9035 Bryan Dairy Rd			Date:	12/29/2011
Largo FL 33777			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	199.05		1/1/2012
	Level H: AIDS	345.25	348.44	1/1/2012
	Level U: Fragile Under 21	462.58	466.90	1/1/2012
Basis:  Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	Usual a Target l FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  The Rating Change and Customary Limitation Rate limitation change Change The Change The Rating Change The	n Interim Component
	ement / Fiscal Agent		Stephen Russell	
Permanent File For infor	mation Only age in Rate		id Cost Reimbursement	-
Home Office:	1 - No Home Office			



Heritage Park Rehab. a	nd Healthcare			Provider Number:	0 252344-00
2826 Cleveland Avenue	2826 Cleveland Avenue			Date:	12/29/2011
Ft. Myers FL 33901				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:	Chala Land	-	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	-	203.55	207.16	1/1/2012
	Level H: AIDS		349.75	354.77	1/1/2012
	Level U: Fragile Under 21		467.08	473.23	1/1/2012
			_		
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change d Customary Limitatio ate limitation change	n Interim Component
<u>Distribution:</u>				Stephen Russell	
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis			
Permanent File	nation Only				-
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Home Office:	1 - No Home Office				



Island Health and Rehab. Center		Provider Number:	0 252352-00
125 Alma Boulevard		Date:	12/29/2011
Merritt Island FL 32953		Fiscal Year End:	6/30/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 183.75	New Rate	Effective Date 1/1/2012
Nursing Home Single Level	103./3		1/1/2012
Level H: AIDS	329.95	332.50	1/1/2012
Level U: Fragile Under 21	447.28	450.96	1/1/2012
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:  Budget  X Unaudited costs  Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	Usual ar Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with  The Rating Change and Customary Limitation Cate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate		Stephen Russell d Cost Reimbursement	·
Home Office: 1 - No Home Office			



North Florida Rehab.	and Specialty Care		Provider Number:	0 252361-00	
6700 NW 10th Place			Date:	12/29/2011	
Gainesville FL 32605			Fiscal Year End:	6/30/2011	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	190.45		1/1/2012	
	Level H: AIDS	336.65	342.77	1/1/2012	
	Level U: Fragile Under 21	453.98	461.23	1/1/2012	
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target FRVS  X Rate So	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 12/01/2001	h Interim Component	
<b>Distribution:</b>			Stephen Russell		
Contract Manage Permanent File	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
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	ge in Rate	sty.	hus Ru	sau	
Home Office:	1 - No Home Office				



Shoal Creek Rehabilita	tion Center			Provider Number:	0 252379-00	
500 Hospital Drive				Date:	12/29/2011	
Crestview Fl 32539				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	-	Current Rate	New Rate 179.90	Effective Date 1/1/2012	
Truising Home	Single Devel	_	1/2,2/		1/1/2012	
	Level H: AIDS	_	318.47	327.51	1/1/2012	
	Level U: Fragile Under 21		435.80	445.97	1/1/2012	
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component	
	nent / Fiscal Agent			Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
	nation Only ge in Rate		typi	hus Ru	mell	
Home Office:	1 - No Home Office					



Governor's Creek Heal	th and Rehab.			Provider Number:	0 252387-00
803 Oak Street				Date:	12/29/2011
Green Cove Springs FI	L 32043			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 199.98	Effective Date  1/1/2012
	Level H: AIDS	_	339.08	347.59	1/1/2012
	Level U: Fragile Under 21	<del>-</del>	456.41	466.05	1/1/2012
Basis:  Budget X Unaudited confield audited Field audited Field audit -	d costs interim portion	Changes	Licensur Usual an	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change d Customary Limitatio ate limitation change	n Interim Component
	l costs Interim Portion - Prospective portion	Rate Semester Change On FRV [2] as of 01/01/1997			
<b>Distribution:</b>	(T) 1.4			Stephen Russell	
Contract Managen Permanent File For inform No Chang	nation Only	Medicaid Cost Reimbursement Analysis  Hyphus Russell			•
Home Office:	1 - No Home Office				



The Palms Rehab. and	l Healthcare Center		Provider Number:	0 252395-00		
5405 Babcock Street 1	NE		Date:	12/29/2011		
Palm Bay FL 32905			Fiscal Year End:	6/30/2010		
			Audit Status:	Unaudited [3]		
Provider Type:		Current Rate	New Rate	Effective Date		
Nursing Home	Single Level			1/1/2012		
	Level H: AIDS	347.31	350.00	1/1/2012		
	Level U: Fragile Under 21	464.64	468.46	1/1/2012		
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 03/11/1998	h Interim Component		
Distribution:	ment / Figural A gent		Stephen Russell			
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
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Home Office:	1 - No Home Office					



Grand Oaks Health and Rehab. Center		Provider Number:	0 252409-00
3001 Palm Coast Parkway SE		Date:	12/29/2011
Palm Coast FL 32137		Fiscal Year End:	6/30/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 188.01	New Rate 189.66	Effective Date  1/1/2012
Level H: AIDS	334.21	337.27	1/1/2012
Level U: Fragile Under 21	451.54	455.73	1/1/2012
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:  Budget  X Unaudited costs  Field audited costs  Field audited costs  Desk audited costs  Desk audited costs  Desk Audit - Interim Portion  Desk Audit - Prospective portion  Distribution:	Usual at Target FRVS C	Total Prospective Prospective Adjusted Total Prospective with  Tre Rating Change and Customary Limitation Rate limitation change	n Interim Component
Contract Management / Fiscal Agent	-	Stephen Russell	
Permanent File		d Cost Reimbursement	•
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Home Office: 1 - No Home Office			



### State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Harts Harbor Health C	Care Center			Provider Number:	0 252417-00	
11565 Harts Road				Date:	12/29/2011	
Jacksonville FL 32218	3			Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level		166.03	172.58	1/1/2012	
	Level H: AIDS		312.23	320.19	1/1/2012	
	Level U: Fragile Under 21		429.56	438.65	1/1/2012	
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component	
<b>Distribution:</b>				Stephen Russell		
Contract Manager Permanent File	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
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Home Office:	1 - No Home Office					



Marshall Health and Rehab. Center		Provider Number:	0 252425-00
207 Marshall Drive		Date:	12/29/2011
Perry FL 32347		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 175.33	New Rate 177.27	Effective Date 1/1/2012
Single zever			1/1/2012
Level H: AIDS	321.53	324.88	1/1/2012
Level U: Fragile Under 21	438.86	443.34	1/1/2012
Rate Type :			
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:  Budget  X Unaudited costs  Field audited costs  Field audited costs  Field audit - interim portion  Desk audited costs  Desk Audit - Interim Portion  Desk Audit - Prospective portion	Usual a Target FRVS X Rate So	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 10/01/1985	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate		Stephen Russell aid Cost Reimbursement	-
Home Office: 1 - No Home Office			



## State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

SeaView Nursing and	Rehab. Center		F	Provider Number:	0 252433-00	
2401 NE 2nd Street				Date:	12/29/2011	
Pompano Beach FL 33	3062		]	Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:	Single Level	Curr <u>Ra</u> <b>198</b>	e	New Rate	Effective Date 1/1/2012	
<b>Nursing Home</b>	Single Level		.55	201.26	1/1/2012	
	Level H: AIDS	344	.75	348.87	1/1/2012	
	Level U: Fragile Under 21	462	.08	467.33	1/1/2012	
Basis:  Budget X Unaudited c Field audite Field audite Desk audite Desk audit	d costs - interim portion	Changes:  Lie Us Ta FF	eensure R ual and C rget Rate VS Char	ating Change Customary Limitation change	h Interim Component	
<b>Distribution:</b>	· (T)			Stephen Russell		
Contract Manager Permanent File	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
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Home Office:	1 - No Home Office					



# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Plantation Bay Rehabili				Provider Number:	0 252441-00
4641 Old Canoe Creek l	Road			Date:	12/29/2011
St. Cloud FL 34769				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 200.85	Effective Date  1/1/2012
runsing nome	Single Level	_	170.04	200.65	1/1/2012
	Level H: AIDS	_	344.84	348.46	1/1/2012
	Level U: Fragile Under 21	-	462.17	466.92	1/1/2012
Rate Type :					
Basis:  Budget X Unaudited confield audit - in Desk audited Desk audit - Interim  Set Prior  Budget X Unaudited confield audit - in Desk audited Desk audited Desk audit - Interim Tool Int	costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
<b>Distribution:</b> Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File For informa No Change	•	<u></u>		d Cost Reimbursement	-
Home Office:	1 - No Home Office				



Rio Pinar Health Care			Prov	ider Number:	0 252450-00	
7950 Lake Underhill Ro	oad			Date:	12/29/2011	
Orlando FL 32822			Fisc	al Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	Curr <u>Rat</u> <b>198</b>	<u>e</u>	New Rate 199.50	Effective Date 1/1/2012	
C				_		
	Level H: AIDS	344	.48	347.11	1/1/2012	
	Level U: Fragile Under 21	461	.81	465.57	1/1/2012	
Basis:  Budget X Unaudited confield audited Field audited Desk audited Desk Audited Desk Audited	costs interim portion	Changes:  Lic Us Ta FR	Prospector Total Prospector Ratingual and Custor Rate limits VS Change	g Change omary Limitation	for New Costs h Interim Component on	
<u>Distribution:</u>	ant / Fiscal Agant		Step	hen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
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Home Office:	1 - No Home Office					



## State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Rosewood Health and	l Rehab. Center		Provider Number	: 0 252468-00		
3920 Rosewood Way	·		Date	: 12/29/2011		
Orlando FL 32808			Fiscal Year End:	6/30/2010		
			Audit Status	: Unaudited [3]		
Provider Type:		Curre Rate	e Rate	Effective Date		
<b>Nursing Home</b>	Single Level	195.	65 197.29	1/1/2012		
	Level H: AIDS	341.	<u>344.90</u>	1/1/2012		
	Level U: Fragile Under 21	459.	18 463.36	1/1/2012		
Basis:  Budget X Unaudited Field audit Field audit Desk audit Desk Audit	ed costs - interim portion	Changes:  Lice Use Tar FR	Total Prospective Prospective Adjuste Total Prospective Adjuste Total Prospective w  ensure Rating Change all and Customary Limita get Rate limitation change VS Change e Semester Change FRV [2] as of 12/01/200	tion		
Distribution:	ement / Fiscal Agent		Stephen Russell			
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
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Home Office:	1 - No Home Office					



OAKTREE HEALTHC	ARE			Provider Number:	0 252476-00	
650 Reed Canal Road				Date:	12/29/2011	
South Daytona FL 3201	9			Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	Cur <u>Ra</u> <b>19</b> 2		New Rate 195.74	Effective Date  1/1/2012	
	<b>G</b>					
	Level H: AIDS	338	.98	343.35	1/1/2012	
	Level U: Fragile Under 21	456	5.31	461.81	1/1/2012	
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - I	costs nterim portion	Changes:  Li U Ta Fi X Ra	censure sual and rget Ra RVS Ch	Prospective Adjusted Prospective Adjusted Total Prospective with Rating Change Customary Limitation te limitation change ange ester Change 2] as of 05/21/1993	n Interim Component	
Contract Manageme	ent / Fiscal Agent			Stephen Russell		
Permanent File	<b></b>	Medicaid Cost Reimbursement Analysis				
For informa No Change	•	Step	e li	ny Ru	mell	
Home Office:	1 - No Home Office					



## State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Edinborough Healthcare Co	enter			Provider Number:	0 252484-00
1061 Virginia Street				Date:	12/29/2011
Dunedin FL 34698				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  Si	ngle Level	-	Current Rate 207.14	New Rate 208.49	Effective Date 1/1/2012
Ιe	vel H: AIDS	-	353.34	356.10	1/1/2012
Le	vel U: Fragile Under 21		470.67	474.56	1/1/2012
Interio Settler	erim portion sts rim Portion	Change  X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b> Contract Management	/ Fiscal Agent		Maria	Stephen Russell	And the
Permanent File				d Cost Reimbursement	
For informatio No Change in	•	ئير	step to	mes Ru	sell
Home Office:	1 - No Home Office				



Spring Hill Health and Rehab. Center		Provider Number:	0 252492-00
12170 Cortez Blvd.		Date:	12/29/2011
Brooksville FL 34613		Fiscal Year End:	6/30/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 191.31	New Rate 192.98	Effective Date 1/1/2012
Level H: AIDS	337.51	340.59	1/1/2012
Level U: Fragile Under 21	454.84	459.05	1/1/2012
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs		Total Prospective Prospective Adjusted Total Prospective with Tetal Prospective with The Rating Change and Customary Limitation	n Interim Component
Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	FRVS C  X Rate Ser	Change Change mester Change [2] as of 08/01/1997	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate		Stephen Russell d Cost Reimbursement	
Home Office: 1 - No Home Office			



# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Habana Health Care C	Genter Genter			Provider Number:	0 252506-00
2916 Habana Way				Date:	12/29/2011
Tampa FL 33614				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:	Strala Larral	Curr Ra	te	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	187	.43	<u> 194.20</u> _	1/1/2012
	Level H: AIDS	333	.63	341.81	1/1/2012
	Level U: Fragile Under 21	450	.96	460.27	1/1/2012
I	Cotal Interim nterim Component ettlement based on costs	X Pro.	]	Total Prospective Prospective Adjusted	for New Costs h Interim Component
	rior Provider Prospective data				
Desk audite Desk audit -	ed costs - interim portion	Us FF X Ra	ual and rget Ra VS Cl te Sem	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 05/01/1989	on
<b>Distribution:</b>				Stephen Russell	
•	ment / Fiscal Agent	M	edicaid	Cost Reimbursemen	t Analysis
	mation Only ge in Rate			un Ru	-
Home Office:	1 - No Home Office				



Vista Manor		_		Provider Number:	0 252522-00	
1550 Jess Parrish Court		-		Date:	12/29/2011	
Titusville FL 32796		-		Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home  Sing	gle Level	-	Current Rate 196.83	New Rate 198.57	Effective Date  1/1/2012	
		-				
Leve	l H: AIDS		343.03	346.18	1/1/2012	
Leve	l U: Fragile Under 21		460.36	464.64	1/1/2012	
Settleme	Component ent based on costs ovider Prospective data	Change	Licensur Usual an	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Desk audit - Interir Desk audit - Interir Desk Audit - Prosp	n Portion	X	Rate Sen	nester Change [2] as of 12/01/2001		
<b>Distribution:</b>				Stephen Russell		
Contract Management / I Permanent File	Fiscal Agent		Medicaio	l Cost Reimbursement	Analysis	
For information	Only			1 –		
No Change in R	•	سير	nger	m, Ru	sall!	
Home Office:	1 - No Home Office					



	Rehabilitation Center		Provide	er Number:	0 252531-00
4200 Washington Stre	eet			Date:	12/29/2011
Hollywood FL 33021			Fiscal	Year End:	6/30/2011
			Αι	ıdit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curro Rat <b>195</b> .	e R	lew ate	Effective Date  1/1/2012
runsing frome	Single Level				1/1/2012
	Level H: AIDS	342.	14 34	5.78	1/1/2012
	Level U: Fragile Under 21	459	47 46	4.24	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes:  Lice Us Tai FR X Ra		ve Adjusted spective with the change ary Limitation change unge	for New Costs h Interim Component on
Distribution:			Ctonho	n Duggell	
Contract Manage	ement / Fiscal Agent	Stephen Russell  Medicaid Cost Reimbursement Analysis			
Permanent File					•
	mation Only	Sty	elm	Ru	sell
No Chan	age in Rate				
Home Office:	1 - No Home Office				



Renaissance Health and Rehabilitation		Provider Number:	0 252549-00
5065 Wallis Road		Date:	12/29/2011
West Palm Beach FL 33415		Fiscal Year End:	6/30/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 219.74	New Rate 222.23	Effective Date  1/1/2012
Level H: AIDS	365.94	369.84	1/1/2012
Level U: Fragile Under 21	483.27	488.30	1/1/2012
Interim  Total Interim  Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes:  Licensure Usual and Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent Permanent File For information Only		Stephen Russell I Cost Reimbursement	
No Change in Rate	Styl	mes Ru	sell.
Home Office: 1 - No Home Office			



# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Colonial Lakes Health	Care		Provider Number:	: 0 252557-00
15204 West Colonial D			Date	12/29/2011
Winter Garden FL 3478	37		Fiscal Year End:	6/30/2010
			Audit Status:	: Unaudited [3]
Provider Type:		Curre Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level	188.2	<u>190.01</u>	1/1/2012
	Level H: AIDS	334.4	337.62	1/1/2012
	Level U: Fragile Under 21	451.7	79 456.08	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	costs interim portion	Changes:  Lice Usu Targ FRV	Prospective Prospective Adjuste Total Prospective Adjuste Total Prospective w  ensure Rating Change al and Customary Limita get Rate limitation change VS Change  e Semester Change FRV [2] as of 09/01/199	tion
<b>Distribution:</b>	and / E' and A and		Stephen Russell	
Contract Managem Permanent File	ient / Fiscai Agent	Med	licaid Cost Reimburseme	ent Analysis
For inform	ation Only	1+	Mus Re	mall
No Change	e in Rate	my	my /	
Home Office:	1 - No Home Office			



Pinebrook Care & Reha	bilitation Center			Provider Number:	0 252662-00
1240 Pinebrook Road				Date:	12/29/2011
Venice FL 34292				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	R	Rate	New Rate 211.55	Effective Date 1/1/2012
	Level H: AIDS	35	54.50	359.16	1/1/2012
	Level U: Fragile Under 21	47	71.83	477.62	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - i Desk audited Desk audit - I	costs interim portion	Changes:	Licensur Usual an Farget R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Managem  Permanent File  For informa  No Change	ation Only			Stephen Russell d Cost Reimbursement Russell Russell	•
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



Palms of Sebring			Provider Number:	0 252671-00
725 South Pine Street			Date:	12/29/2011
Sebring FL 33870			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 205.70	New Rate 192.25	Effective Date 1/1/2012
	Level H: AIDS	351.90	339.86	1/1/2012
	Level U: Fragile Under 21	469.23	458.32	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - Desk audit -	osts I costs interim portion	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Managem  Permanent File  For inform  No Change	ation Only		Stephen Russell d Cost Reimbursement	•
Home Office:	Covington Senior Living, LLC Ted McMullen 1175 Peachtree Street Atlanta GA			



Orchard Ridge Care &	Rehabilitation Center		Provider Number:	0 252689-00		
4927 Voorhees Road			Date:	12/29/2011		
New Port Richey FL 34	1653		Fiscal Year End:	7/31/2010		
			Audit Status:	Unaudited [3]		
Provider Type: Nursing Home	Single Level	Current Rate 199,23	New Rate 200.48	Effective Date 1/1/2012		
Tituling Home	Single Devel			1/1/2012		
	Level H: AIDS	345.43	348.09	1/1/2012		
	Level U: Fragile Under 21	462.76	466.55	1/1/2012		
Basis:  Budget X Unaudited confield audited Field audited Desk audited Desk Audited Desk Audited	l costs interim portion	Usual Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change  Semester Change	n Interim Component		
<b>Distribution:</b> Contract Managem	nent / Fiscal Agent		Stephen Russell			
Permanent File	10111 / 1 15041 / 150111	Medicaid Cost Reimbursement Analysis				
For inform	ation Only	1	hus Ru	mell		
No Change	e in Rate	my	my /w	,		
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109					



Leesburg Health & Rehal	)			Provider Number:	0 252956-00
715 East Dixie Avenue	e Avenue Date:		12/29/2011		
Leesburg FL 32748				Fiscal Year End:	2/28/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	-	Current Rate 210.86	New Rate	Effective Date 1/1/2012
I	evel H: AIDS	-	357.06	360.67	1/1/2012
I	evel U: Fragile Under 21		474.39	479.13	1/1/2012
Basis:  Budget X Unaudited cost Field audited c Field audit - in	costs aterim portion	Change	Licensur Usual an	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Desk audited c Desk audit - In Desk Audit - P		X		nester Change [2] as of 09/01/1989	
Distribution: Contract Management File For informat No Change in	ion Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Anchor Management Phil Castleberg 1344 Longhill Drive Apopka FL 32712				



Springwood Care & Re	chabilitation Center		Provider Number:	0 253014-00		
4602 Northgate Court			Date:	12/29/2011		
Sarasota FL 34234			Fiscal Year End:	7/31/2010		
			Audit Status:	Unaudited [3]		
Provider Type: Nursing Home	Single Level	Current Rate 210.80	Rate	Effective Date  1/1/2012		
runsing frome	Single Level	210.00		1/1/2012		
	Level H: AIDS	357.00	359.77	1/1/2012		
	Level U: Fragile Under 21	474.33	478.23	1/1/2012		
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 01/01/2005	h Interim Component		
<b>Distribution:</b>	t /Eissal At		Stephen Russell			
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis				
	nation Only	1.5	hus Ru	22//		
No Chang	•	my	my tu			
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109					



Southern Oaks Health	n Care			Provider Number:	0 253146-00	
3855 Old Canoe Cree	k Road			Date:	12/29/2011	
St. Cloud FL 34769				Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 179.22	New Rate 187.60	Effective Date 1/1/2012	
, g	. <b>.</b>	•				
	Level H: AIDS		325.42	335.21	1/1/2012	
	Level U: Fragile Under 21		442.75	453.67	1/1/2012	
Rate Type:		X	Prospectiv	<i>1</i> 0		
	Total Interim		- X	Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with		
	Prior Provider Prospective data			Total Prospective with	i interim Component	
	Thoi Frovider Frospective data					
Basis:		Change	es:			
Budget			Licensur	e Rating Change		
X Unaudited	costs			d Customary Limitation	าท	
Field audit		Target Rate limitation change				
	- interim portion	-	FRVS C			
Desk audite	=	-		nunge		
	- Interim Portion	<u> X</u>	Rate Ser	nester Change		
	t - Prospective portion			nester Change		
<b>Distribution:</b>				Stephen Russell		
· ·	ement / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis	
Permanent File						
	mation Only		Steel	hus Ru	sell	
No Char	nge in Rate			. , , .		
Home Office:	1 - No Home Office					



The Palms At Park Plac	e			Provider Number:	0 253421-00
221 Park Place Blvd.				Date:	12/29/2011
Kissimmee FL 34741				Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:		R	rent ate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		6.98	<u> 178.02</u>	1/1/2012
	Level H: AIDS	32	3.18	325.63	1/1/2012
	Level U: Fragile Under 21	44	0.51	444.09	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Changes:  I I I I I I I I I I I I I I I I I I	sual an arget R RVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b>	ent / Figgal A gent			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For information	ation Only	1+		hus Ru	mell
No Change	e in Rate	m	ger l	my / land	- · - •
Home Office:	1 - No Home Office				



Sunset Point Care & Re	ehabilitation Center		Provider Number:	0 253430-00
1980 Sunset Point Road	d		Date:	12/29/2011
Clearwater FL 33765			Fiscal Year End:	7/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren Rate 183.2'	Rate	Effective
Trumbing Trumb	Single 20 (C)		100.20	1/1/2012
	Level H: AIDS	329.47	333.89	1/1/2012
	Level U: Fragile Under 21	446.80	452.35	1/1/2012
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usua Targe FRV X Rate	Total Prospective Prospective Adjusted	h Interim Component  on
<u>Distribution:</u> Contract Managem	nent / Fiscal Agent	Stephen Russell		
Contract Management / Fiscal Agent Permanent File			caid Cost Reimbursemen	-
For inform No Chang	nation Only e in Rate	Step	hus Ru	ssell
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109			



Bay Tree Care & Rehabi	litation Center		Provider Number:	0 253448-00
2600 Highlands Boulevard, North			Date:	12/29/2011
Palm Harbor FL 34684	<u> </u>		Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 201.64	New Rate 202.91	Effective Date 1/1/2012
I	Level H: AIDS	347.84	350.52	1/1/2012
I	Level U: Fragile Under 21	465.17	468.98	1/1/2012
Basis:  Budget X Unaudited cos Field audit - ir Desk audited co Desk audit - Ir	costs nterim portion costs	Usual at Target FRVS C	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:  Contract Manageme Permanent File For informat No Change	tion Only		Stephen Russell d Cost Reimbursement	•
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109			



Hawthorne Health and	Rehab of Ocala		Provider Number:	0 253456-00	
4100 S.W. 33rd Avenu	ie		Date:	12/29/2011	
Ocala FL 32674			Fiscal Year End:	6/30/2011	
			Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	Current Rate 192.52	Rate	Effective Date 1/1/2012	
nursing nome	Single Level	172.32	170.33	1/1/2012	
	Level H: AIDS	338.72	2 343.94	1/1/2012	
	Level U: Fragile Under 21	456.05	462.40	1/1/2012	
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk Audit	d costs - interim portion	Usua Targe FRV	Total Prospective Prospective Adjusted	th Interim Component	
<b>Distribution:</b>			Stephen Russell		
•	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File	nation Only			-	
	ge in Rate	Step	hus Ru	issell	
Home Office:	1 - No Home Office				



West Bay Care & Rehab	vilitation Center		Provider Number:	0 253464-00
3865 Tampa Road			Date:	12/29/2011
Oldsmar FL 34677			Fiscal Year End:	7/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 201.78	New Rate 204.57	Effective Date 1/1/2012
<b>B</b> 1	6			
]	Level H: AIDS	347.98	352.18	1/1/2012
]	Level U: Fragile Under 21	465.31	470.64	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - in Desk audited of Desk audit - In	osts  costs  nterim portion  costs	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation ate limitation change Thange T	n Interim Component
Contract Manageme	ent / Fiscal Agent		Stephen Russell	
Permanent File For informa No Change	ation Only		d Cost Reimbursement	•
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109			



Forum at Deer Creek				Provider Number:	0 253481-00
3001 Deer Creek Blvd				Date:	12/29/2011
Deerfield Beach FL 3344	12			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	R	rrent ate	New Rate 242.45	Effective Date 1/1/2012
ituising Home	Single Devel		0.07	<u></u>	1/1/2012
I	Level H: AIDS	38	2.87	390.06	1/1/2012
I	Level U: Fragile Under 21	50	0.20	508.52	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audit - Ir Desk Audit - F	costs nterim portion costs	Changes:	icensur Isual an Target R TRVS C	Total Prospective Prospective Adjusted a Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:	ent / Fiscal A cont			Stephen Russell	
Contract Manageme Permanent File	an / riscai Agein	Medicaid Cost Reimbursement Analysis			
For informa No Change	•	Sty	p li	my Ru	mell
Home Office:	FiveStar Quality Care Inc 400 Centre Street Newton MA 02458				



EDEN SPRINGS NURSI	NG & REHABILITATION C			Provider Number:	0 253707-00
4679 Crawfordville Highw	vay			Date:	12/29/2011
Crawfordville FL 32326	_			Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home S	ingle Level		Current Rate 214.19	New Rate 219.17	Effective Date 1/1/2012
L	evel H: AIDS		360.39	366.78	1/1/2012
L	evel U: Fragile Under 21		477.72	485.24	1/1/2012
Basis:  Budget X Unaudited costs Field audit - int Desk audited co Desk audit - Int	erim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution:  Contract Managemen  Permanent File  For informati  No Change in	on Only			Stephen Russell d Cost Reimbursement	•
Home Office:	DOS Health Care 300 71 Street Miami Beach Fl 33141				



Jackson Plaza Nursin	ng & Rehab			Provider Number:	0 253723-00	
1861 NW 8th Ave.		_		Date:	12/29/2011	
Miami FL 33136		_		Fiscal Year End:	2/28/2011	
				Audit Status:	Unaudited [3]	
<b>Provider Type:</b>						
• •			Current	New	Effective	
	~ <del>.</del> .		Rate	Rate	Date	
<b>Nursing Home</b>	Single Level		228.85		1/1/2012	
	Level H: AIDS		375.05	377.98	1/1/2012	
	Level U: Fragile Under 21		492.38	496.44	1/1/2012	
Rate Type :						
Interim		X	Prospectiv	ve		
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	n Interim Component	
	Prior Provider Prospective data					
Basis:		Change	es:			
Dodoot			I icensur	re Rating Change		
Budget  X Unaudited	costs	-		d Customary Limitation	nn -	
Field audi		-	Target Rate limitation change			
	t - interim portion	-	FRVS C	_		
Desk audit	-	-		6.		
	t - Interim Portion	X	Rate Ser	nester Change		
Desk Audi	t - Prospective portion		On FRV	[2] as of 07/26/2002		
<b>Distribution:</b>				Stephen Russell		
Contract Management / Fiscal Agent			Medicaio	d Cost Reimbursement	Analysis	
Permanent File					•	
	rmation Only		Stepl	mes Ru	sell	
No Cha	nge in Rate					
11 000	***					
Home Office:	Hebrew Home Manageme Steve Beaujon	nt Services				
	1800 NE 168th Street, Sui	te 200				
	Miami Beach FL 33162					



Manor Pines Convalesce	nt Center, LLC		Provider Number:	0 254177-00
1701 NE 26th Street			Date:	12/29/2011
Ft. Lauderdale FL 33305			Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 194.21	New Rate <b>198.64</b>	Effective Date 1/1/2012
I	Level H: AIDS	340.41	346.25	1/1/2012
I	Level U: Fragile Under 21	457.74	464.71	1/1/2012
Basis:  Budget X Unaudited cos Field audit - ir Desk audited co Desk audit - Ir	costs nterim portion costs	Usual a Target FRVS  X Rate S	Total Prospective  Total Prospective Prospective Adjusted Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 03/06/2002	n Interim Component
Distribution:  Contract Manageme Permanent File For information No Change	tion Only		Stephen Russell aid Cost Reimbursement Russell Russell	•
Home Office:	1601 Management, LLC. Sally Bolen 1701 N.E. 26th Street Wilton Manors FL 33305			



Arch Plaza Nursing & Re	habilitation Center		Provider Number:	0 254291-00
12505 NE 16th Avenue			Date:	12/29/2011
North Miami FL 33161			Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 243.00	New Rate 245.26	Effective Date  1/1/2012
G		-		
L	evel H: AIDS	389.20	392.87	1/1/2012
L	evel U: Fragile Under 21	506.53	511.33	1/1/2012
Basis:  Budget X Unaudited cost: Field audited cost: Field audit - in: Desk audited co	osts terim portion osts	Usual a Target l FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with  Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component
<b>Distribution:</b>			Stephen Russell	
Contract Managemer Permanent File For informati No Change i	ion Only		id Cost Reimbursement	•
Home Office:	Hebrew Home Management Se Steve Beaujon 1800 NE 168th Street, Suite 20 Miami Beach FL 33162			



Wrights Healthcare & R	Rehabilitation Center			Provider Number:	0 254762-00
11300 110th Ave. North	1			Date:	12/29/2011
Seminole FL 33778				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New <u>Rate</u> 198.91	Effective Date 1/1/2012
- ( <del></del>	~ <b>9</b> -00 (	_	197701		1/1/2012
	Level H: AIDS	_	343.84	346.52	1/1/2012
	Level U: Fragile Under 21	_	461.17	464.98	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - i Desk audited Desk audit - I	costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change	n Interim Component
Contract Managem	ent / Fiscal Agent	Stephen Russell			
Permanent File For informa No Change	ation Only			d Cost Reimbursement	•
Home Office:	KR Management 3500 Oak Manor Lane Largo FL 33774				



EdgeWood Nursing Cent	ter		Provider Number:	0 254878-00
1771 Edgewood Avenue West			Date:	12/29/2011
Jacksonville FL 32208			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren Rate <b>179.1</b>	Rate	Effective Date 1/1/2012
I	Level H: AIDS	325.3	7 328.33	1/1/2012
I	Level U: Fragile Under 21	442.7	0 446.79	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited co Desk audit - Ir	costs nterim portion costs	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	ch Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell icaid Cost Reimbursemen  Language Reimbursemen	•
Home Office:	Sterling Healthcare Wendell Philips 16 Norcross St., STE 50B Roswell GA 30075			



Woodlands Care Center	of Alachua County			Provider Number:	0 255572-00
7207 SW 24th Avenue				Date:	12/29/2011
Gainesville Fl 32607				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	F	arrent Rate	New Rate 167.31	Effective Date 1/1/2012
	Level H: AIDS	31	13.51	314.92	1/1/2012
	Level U: Fragile Under 21	43	30.84	433.38	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - Is	costs nterim portion	Changes:	Licensur Usual an Farget R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management File  For information No Change	ation Only			Stephen Russell  I Cost Reimbursement  Russell  Russell	•
Home Office:	SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circ Daytona Beach FL 32114	e			



Diamond Ridge Hea	lth & Rehabilitation Center		Provider Number:	0 256269-00			
2730 W. Marc Knigl	hton Court		Date:	12/29/2011			
Lecanto FL 34461			Fiscal Year End:	12/31/2010			
			Audit Status:	Unaudited [3]			
<b>Provider Type:</b>			110010 200000				
• •		Curren	t New	Effective			
		Rate	Rate	Date			
<b>Nursing Home</b>	Single Level	194.55	<u> 196.76</u>	1/1/2012			
	Level H: AIDS	340.75	5 344.37	1/1/2012			
	Level U: Fragile Under 21	458.08	8 462.83	1/1/2012			
Rate Type :							
Interim	1	X Prospe	ective				
	Total Interim	X	Total Prospective				
	Interim Component		Prospective Adjusted	for New Costs			
	Settlement based on costs		Total Prospective wit	th Interim Component			
	Prior Provider Prospective data						
Basis:		Changes:					
Budget		Licer	sure Rating Change				
X Unaudited	l costs	Usua	l and Customary Limitati	on			
Field audi	ited costs	Targe	Target Rate limitation change				
Field aud	it - interim portion	FRV	S Change				
Desk audi	-		•				
	t - Interim Portion	X Rate	Semester Change				
	it - Prospective portion		RV [2] as of 06/23/1989				
<b>Distribution</b>	=		Stephen Russell				
Contract Manag	gement / Fiscal Agent	Medi	caid Cost Reimbursemen	t Δnalveie			
Permanent File				•			
	ormation Only	Eter	hus Ru	soll			
No Cha	ange in Rate	200	. , , , ,				
Home Office:	Summit Care II, Inc						
	Guy Farmer	ala Sta D					
	2851 Remington Green Ci	cie, Sie. D					
	Tallahassee FL 32308						



Surrey Place Convalesce	nt Center of Bradenton		Provider Number:	0 256277-00
5525 21st Avenue West			Date:	12/29/2011
Bradenton FL 34209			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren Rate 222.3	Rate	Effective Date 1/1/2012
1	Level H: AIDS	368.59	9 370.17	1/1/2012
1	Level U: Fragile Under 21	485.9	2 488.63	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited co Desk Audit - Ir	costs nterim portion costs	Usua Targe FRV X Rate	Total Prospective Prospective Adjusted	ch Interim Component  on
Distribution:  Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell caid Cost Reimbursemen  Mus Rus	•
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Circl Tallahassee FL 32308	, Ste. D		



Lakeside Nursing & Re	ehabilitation Center		Provider Number:	0 256757-00
1141 Armsdale Road			Date:	12/29/2011
Jacksonville FL 32218			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Curren Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level	184.1	<u> 185.28</u>	1/1/2012
	Level H: AIDS	330.3	5 332.89	1/1/2012
	Level U: Fragile Under 21	447.6	8 451.35	1/1/2012
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	h Interim Component  on
<b>Distribution:</b> Contract Managen	nent / Fiscal Agent		Stephen Russell	
Permanent File	nation Only		icaid Cost Reimbursemen	•
Home Office:	Health Care Managers, Inc Ivonne Burrell 2380 Sadler Road Suite 201 Fernandina Beach FL 32034			



Lakeside Pavillion Care	& Rehabilitation Center		Provider Number:	0 256846-00
2900 Twelfth Street			Date:	12/29/2011
Naples FL 33940			Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 197.16	New Rate 198.40	Effective Date 1/1/2012
	Level H: AIDS	343.36	346.01	1/1/2012
	Level U: Fragile Under 21	460.69	464.47	1/1/2012
Basis:  Budget X Unaudited confield audit - infield audit - in	costs interim portion	Usual an Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution:  Contract Management File  For information No Change	ation Only		Stephen Russell d Cost Reimbursement	•
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109			



Manor Oaks Nursing &	k Rehab Center		Provider Number:	0 256935-00
2121 E. Commercial B	lvd.		Date:	12/29/2011
Ft. Lauderdale FL 3330	08		Fiscal Year End:	8/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 200.22	New Rate <b>202.47</b>	Effective Date 1/1/2012
	Level H: AIDS	346.42	350.08	1/1/2012
	Level U: Fragile Under 21	463.75	468.54	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audited Desk audited	d costs interim portion	Usual ar Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  The Rating Change and Customary Limitation change Change The Change and Customary Limitation change The Rating Change and Customary Limitation change The Rating Change and Customary Limitation change and Customary Limitation change	n Interim Component
Desk Audit -	- Prospective portion		[2] as of 12/01/2002	
Permanent File	nent / Fiscal Agent nation Only ge in Rate		Stephen Russell d Cost Reimbursement	<u> </u>
Home Office:	1601 Management, LLC. Sally Bolen 1701 N.E. 26th Street Wilton Manors FL 33305			



Date:   12/29/2011     Port St. Lucie FL 34952   Fiscal Year End:   6/30/2010     Audit Status:   Unaudited [3]	PG of Port St Lucie				Provider Number:	0 257249-00
Port St. Lucie FL 34952   Fiscal Year End: 6/30/2010   Audit Status: Unaudited [3]	1751 Hillmoor Drive				Date:	12/29/2011
Provider Type:         Current Rate         New Rate         Effective Date           Nursing Home         Single Level         185.40         186.53         1/1/2012           Level H: AIDS         331.60         334.14         1/1/2012	Port St. Lucie FL 34	952	_			
Provider Type:           Current Rate         New Rate         Effective Date           Nursing Home         Single Level         185.40         186.53         1/1/2012           Level H: AIDS         331.60         334.14         1/1/2012						
Current Rate         New Rate         Effective Date           Nursing Home         Single Level         185.40         186.53         1/1/2012           Level H: AIDS         331.60         334.14         1/1/2012	<b>Provider Type:</b>				Tadit Status	
Nursing Home         Single Level         185.40         186.53         1/1/2012           Level H: AIDS         331.60         334.14         1/1/2012	<b>.</b> 1		Ci	urrent	New	Effective
Level H: AIDS 331.60 334.14 1/1/2012					Rate	
331.00	<b>Nursing Home</b>	Single Level	1	85.40	186.53	1/1/2012
Level U: Fragile Under 21 448.93 452.60 1/1/2012		Level H: AIDS	3:	31.60	334.14	1/1/2012
		Level U: Fragile Under 21	4	48.93	452.60	1/1/2012
Rate Type :	Rate Type :					
Interim X Prospective	Interin	1	<b>X</b> P	rospectiv	ve	
Total Interim X Total Prospective		Total Interim		_		
Interim Component Prospective Adjusted for New Costs		Interim Component			Prospective Adjusted	for New Costs
Settlement based on costs  Total Prospective with Interim Component		Settlement based on costs			Total Prospective with	n Interim Component
Prior Provider Prospective data		Prior Provider Prospective data				
Basis: Changes:	Basis:		Changes:			
			a gan			
Budget Licensure Rating Change	Budget			Licensur	e Rating Change	
X Unaudited costs Usual and Customary Limitation		costs		Usual an	d Customary Limitation	on
Field audited costs Target Rate limitation change	Field aud	ited costs		Target R	ate limitation change	
Field audit - interim portion FRVS Change	Field aud	it - interim portion		FRVS C	hange	
Desk audited costs	Desk audi	ted costs				
Desk audit - Interim Portion X Rate Semester Change	Desk audi	t - Interim Portion				
Desk Audit - Prospective portion  On FRV [2] as of 02/25/1988				On FRV	[2] as of 02/25/1988	
<u>Distribution:</u> Stephen Russell	'	=			Stephen Russell	
Contract Management / Fiscal Agent  Medicaid Cost Reimbursement Analysis	_	· •	-	Medicai	d Cost Reimbursement	Analysis
Permanent File						·
For information Only No Change in Rate  Stephen Russell		•	130	is to	mes Ru	soll
No Change in Rate	No Cha	inge in Kate				
	II 0.00					
Home Office: Cypress Administrative Services, LLC Alan Wengrofsky	Home Office:		vices, LLC			
4 West Red Oak Lane, Suite 201			e 201			
White Plains NY 10604		*				



PG of West Palm Beach			Provider Number:	0 257257-00
300 EXECUTIVE CENT	TER DRIVE		Date:	12/29/2011
West Palm Beach FL 334	401		Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate <b>198.82</b>	New Rate 200.03	Effective Date 1/1/2012
I	Level H: AIDS	345.02	347.64	1/1/2012
I	Level U: Fragile Under 21	462.35	466.10	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs nterim portion costs	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change  Semester Change RV [2] as of 04/20/1988	n Interim Component
Distribution:  Contract Management Permanent File  For informate  No Change	tion Only		Stephen Russell aid Cost Reimbursement	•
Home Office:	Cypress Administrative Serv Alan Wengrofsky 4 West Red Oak Lane, Suite White Plains NY 10604			



PG of Gainesville			Provider Number:	0 257265-00
227SW 62nd Boulevard			Date:	12/29/2011
Gainesville FL 32607			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 193.22	New Rate 194.41	Effective Date 1/1/2012
I	Level H: AIDS	339.42	342.02	1/1/2012
I	Level U: Fragile Under 21	456.75	460.48	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited co Desk audit - Ir	costs nterim portion costs	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 08/01/1999	n Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell raid Cost Reimbursement  Mus Russell	•
Home Office:	Cypress Administrative Service Alan Wengrofsky 4 West Red Oak Lane, Suite 2 White Plains NY 10604			



PG of Jacksonville				Provider Number:	0 257273-00
5275 Spring Park Road				Date:	12/29/2011
Jacksonville FL 322	16	_		Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>				Tadit Status	
31			Current	New	Effective
			Rate	Rate	Date
<b>Nursing Home</b>	Single Level		202.03	203.29	1/1/2012
	Level H: AIDS		348.23	350.90	1/1/2012
	Level U: Fragile Under 21		465.56	469.36	1/1/2012
Rate Type :					
Interim	1	X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Change	PG•		
Dusis.		Change	CD•		
Budget			Licensur	e Rating Change	
X Unaudited	l costs	-	Usual an	nd Customary Limitation	on
Field audi	ited costs			Late limitation change	
Field audi	it - interim portion		FRVS C	=	
Desk audi	-	-		C	
	t - Interim Portion	X	Rate Ser	nester Change	
	it - Prospective portion			[2] as of 03/14/1990	
<b>Distribution</b> :	• •			Stephen Russell	
Contract Manag	gement / Fiscal Agent		Medicai	d Cost Reimbursement	· Analysis
Permanent File					•
	ormation Only	_	Steps	my Ru	sell
No Cha	inge in Rate			. , , -	
Home Office:	Cypress Administrative Ser	rvices, LLC			
	Alan Wengrofsky 4 West Red Oak Lane, Suit	te 201			
	White Plains NY 10604	201			
	Willie Fiallis IV F 10004				



PG of Ocala			Provider Number:	0 257290-00
2700 SW 34th Street			Date:	12/29/2011
Ocala FL 34474			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Currer Rate	Rate	Effective Date 1/1/2012
Tursing Home	Single Level		193.40	1/1/2012
	Level H: AIDS	338.4	8 341.07	1/1/2012
	Level U: Fragile Under 21	455.8	459.53	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk Audite	ed costs - interim portion	Changes:  Lice Usu Targ FRV	Prospective Adjusted	ion
<b>Distribution:</b>	. / T' 1 A		Stephen Russell	
Permanent File For information	ment / Fiscal Agent mation Only ge in Rate		icaid Cost Reimbursemer	•
Home Office:	Cypress Administrative Ser Alan Wengrofsky 4 West Red Oak Lane, Suit White Plains NY 10604			



PG of Orlando			Provider N	Number:	0 257303-00
654 East Econlockhatchee Trail				Date:	12/29/2011
Orlando FL 32825			Fiscal Ye		6/30/2010
			Audi	t Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curre Rat	e Rate	<u> </u>	Effective Date 1/1/2012
1	Level H: AIDS	344.	12 346.	76	1/1/2012
1	Level U: Fragile Under 21	461	45 465.2	22	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited co	costs nterim portion costs	Changes:  Lic Us Tar FR X Ra		Adjusted fective with	for New Costs  Interim Component
Distribution: Contract Manageme Permanent File For informa No Change	tion Only		Stephen dicaid Cost Reimb	oursement	•
Home Office:	Cypress Administrative Serv Alan Wengrofsky 4 West Red Oak Lane, Suite White Plains NY 10604				



PG of Vero Beach				Provider Number:	0 257311-00	
1755 37th Street			Date:		12/29/2011	
Vero Beach FL 3296	0	<u>-</u>		Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
<b>Provider Type:</b>				Tadit Status		
. 1		Cı	ırrent	New	Effective	
			Rate	Rate	Date	
<b>Nursing Home</b>	Single Level	13	89.78	<u>190.93</u>	1/1/2012	
	Level H: AIDS	33	35.98	338.54	1/1/2012	
	Level U: Fragile Under 21	4:	53.31	457.00	1/1/2012	
Rate Type:						
Interim		<b>X</b> Pr	rospectiv	ve		
	Total Interim		X	Total Prospective		
	Interim Component	•		Prospective Adjusted	for New Costs	
	Settlement based on costs	•		Total Prospective with	Interim Component	
	Prior Provider Prospective data	•				
Basis:		Changes:				
		g				
Budget		]	Licensur	e Rating Change		
X Unaudited	costs		Usual an	d Customary Limitation	on	
Field audi	ted costs		Гarget R	ate limitation change		
Field audi	t - interim portion		FRVS C	hange		
Desk audit	ted costs					
Desk audit	t - Interim Portion			nester Change		
	t - Prospective portion		On FRV	[2] as of 11/25/1987		
<b>Distribution:</b>	-			Stephen Russell		
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Analysis			
Permanent File	mation Only				•	
	rmation Only nge in Rate	30	pe 1	mes Ru	sell	
140 Cha	nge in Rate					
Homa Offia	Crimmona Administrati - Co	rviana II.C				
Home Office:	Cypress Administrative Se Alan Wengrofsky	vices, LLC				
	4 West Red Oak Lane, Sui	e 201				
	White Plains NY 10604					



PG of Winter Haven			Provider Number:	0 257320-00
1120 Cypress Garden Boulevard			Date:	12/29/2011
Winter Haven FL 33884			Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Curre Rate <b>186.</b>	Rate	Effective Date 1/1/2012
I	Level H: AIDS	332.8	335.76	1/1/2012
I	Level U: Fragile Under 21	450.	454.22	1/1/2012
Basis:  Budget X Unaudited cost Field audit - ir Desk audited cost Desk audit - In	costs nterim portion costs	Changes:  Lice Usu Tar; FRY	Prospective Prospective Adjusted Total Prospective Adjusted Total Prospective with Prospective Adjusted Total Prospective with Prospective Adjusted Prospective With P	ith Interim Component
Distribution:  Contract Manageme Permanent File For informat No Change	tion Only		Stephen Russell dicaid Cost Reimburseme	•
Home Office:	Cypress Administrative Serv Alan Wengrofsky 4 West Red Oak Lane, Suite White Plains NY 10604			



Citrus Health and Rehab	ilitation Center			Provider Number:	0 257419-00	
701 Medical Court East	701 Medical Court East			Date:	12/29/2011	
Inverness FL 34452				Fiscal Year End:	5/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 220.89	New Rate 216.62	Effective Date 1/1/2012	
runsing frome	Single Devel				1/1/2012	
1	Level H: AIDS		367.09	364.23	1/1/2012	
]	Level U: Fragile Under 21		484.42	482.69	1/1/2012	
Basis:  Budget X Unaudited cos Field audit - in Desk audit - Ir Desk Audit - F	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component	
<b>Distribution:</b> Contract Manageme	ent / Fiscal Agent			Stephen Russell		
Permanent File	1 150ai 1 1 <u>5</u> 0iit	Medicaid Cost Reimbursement Analysis				
For informa No Change	•		styet	hus Ru	mell	
Home Office:	Provident Resources Group, 5565 Bankers Ave. Baton Rouge LA 70808	Inc.				



PG of Clearwater			Provider Number	er: 0 257460-00
3480 McMullen Booth Road		<u>-</u>	Dat	te: 12/29/2011
Clearwater FL 33761		<u>-</u>	Fiscal Year End	d: 6/30/2011
			Audit Statu	-
<b>Provider Type:</b>				
• •		Curr		Effective
	~ <del>.</del> .	Rat		Date
<b>Nursing Home</b>	Single Level	203	.99 213.73	1/1/2012
	Level H: AIDS	350	.19 361.34	1/1/2012
	Level U: Fragile Under 21	467	.52 479.80	1/1/2012
Rate Type :				
Interim		X Pros	pective	
	Total Interim		X Total Prospective	
	Interim Component		Prospective Adjus	sted for New Costs
	Settlement based on costs		Total Prospective	with Interim Component
	Prior Provider Prospective data			
Basis:		<b>Changes:</b>		
D. L.		Lie	censure Rating Change	
Budget  X Unaudited	costs		ual and Customary Limi	itation
Field audi			rget Rate limitation chan	
	t - interim portion		VS Change	-8-
Desk audit	-		v b Change	
	t - Interim Portion	Ra	te Semester Change	
	it - Prospective portion		FRV [2] as of 09/18/19	987
<b>Distribution:</b>	-		Stephen Russe	ell
Contract Management / Fiscal Agent		Me	edicaid Cost Reimbursen	nent Analysis
Permanent File	rmation Only		, -	. //
	nge in Rate	Sty	elm R	usell
	<i>5</i>			
Home Office:	Cypress Administrative Se	vices LLC		
Tiome Office.	Alan Wengrofsky			
	4 West Red Oak Lane, Sui	e 201		
	White Plains NY 10604			



PG of Largo				Provider Number:	0 257478-00		
10500 Starkey Road		_	Date:		12/29/2011		
Largo FL 33777		_		Fiscal Year End:	6/30/2010		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
NI II	C' I. T I	-	Rate	Rate	Date		
Nursing Home	Single Level	<del>-</del>	210.57	211.92	1/1/2012		
	Level H: AIDS		356.77	359.53	1/1/2012		
	Level U: Fragile Under 21	•	474.10	477.99	1/1/2012		
Data Tyma .							
Rate Type :							
Interim		X	Prospectiv				
	Total Interim			Total Prospective	C. N. C.		
	Interim Component			Prospective Adjusted			
	Settlement based on costs			Total Prospective with	i interim Component		
	Prior Provider Prospective data						
Basis:		Change	s:				
Dudget			Licensur	e Rating Change			
Budget X Unaudited	costs			d Customary Limitation	nn		
Field audit			Target Rate limitation change				
	- interim portion		FRVS C	_			
Desk audite	_						
	- Interim Portion	X	Rate Sen	nester Change			
Desk Audi	t - Prospective portion		On FRV	[2] as of 07/31/1987			
<b>Distribution:</b>				Stephen Russell			
_	ement / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis		
Permanent File					-		
	mation Only		tepl	hus Ru	sell		
No Char	nge in Rate						
Home Office:	Cypress Administrative Se Alan Wengrofsky	rvices, LLC					
	4 West Red Oak Lane, Sui	te 201					
	White Plains NY 10604	-					



PG of North Miami				Provider Number:	0 257494-00
21251 East Dixie Highway			Date:		12/29/2011
Aventura FL 33180				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	]	urrent Rate 11.73	New Rate 213.38	Effective Date 1/1/2012
0	0				
I	Level H: AIDS	_ 3:	57.93	360.99	1/1/2012
I	Level U: Fragile Under 21	4	75.26	479.45	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited co Desk audit - Ir	costs nterim portion costs	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File For informa No Change	tion Only			Cost Reimbursement	•
Home Office:	Cypress Administrative Servi Alan Wengrofsky 4 West Red Oak Lane, Suite White Plains NY 10604				



PG of Pinellas			Provider Number:	0 257508-00
200 16th Avenue SE			Date:	12/29/2011
Largo FL 33771			Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren Rate 192.9	Rate	Effective Date 1/1/2012
	Level H: AIDS	339.18	349.37	1/1/2012
	Level U: Fragile Under 21	456.5	467.83	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Usua Targe FRV X Rate	Total Prospective Prospective Adjusted	h Interim Component
Contract Managem	ent / Fiscal Agent		Stephen Russell	
Permanent File For information No Change	ation Only		caid Cost Reimbursemen	•
Home Office:	Cypress Administrative Servi Alan Wengrofsky 4 West Red Oak Lane, Suite 2 White Plains NY 10604			



PG of Sun City			Provider Number:	0 257516-00
3850 Upper Creek Drive			Date:	12/29/2011
Sun City Center FL 3357	3		Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 196.38	Rate	Effective Date 1/1/2012
I	Level H: AIDS	342.58	347.89	1/1/2012
I	Level U: Fragile Under 21	459.91	466.35	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs nterim portion costs	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 06/01/1991	n Interim Component
Distribution:  Contract Management Permanent File  For informate No Change	tion Only		Stephen Russell caid Cost Reimbursement frage Russell Russell Russell	•
Home Office:	Cypress Administrative Servi Alan Wengrofsky 4 West Red Oak Lane, Suite White Plains NY 10604			



PG of Tampa			Provider Number:	0 257524-00
3612 138th Avenue			Date:	12/29/2011
Tampa FL 33613			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type:			riddit Status.	- Chaudited [2]
Transfer Types		Current	New	Effective
		Rate	Rate	Date
<b>Nursing Home</b>	Single Level	205.54	206.83	1/1/2012
	Level H: AIDS	351.74	354.44	1/1/2012
	Level U: Fragile Under 21	469.07	472.90	1/1/2012
Desk audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  d costs it ed costs it - interim portion ited costs it - Interim Portion lited costs it - Interim Portion lited costs it - Prospective portion	Usual a Target l FRVS 0	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  The Rating Change The Rating Chang	n Interim Component
Contract Manag	gement / Fiscal Agent			<del></del>
Permanent File			id Cost Reimbursement	•
	ormation Only	Steel	hus Ru	sell
No Cha	ange in Rate			
Home Office:	Cypress Administrative Ser Alan Wengrofsky 4 West Red Oak Lane, Suit White Plains NY 10604			



Oak Manor Healthcare an	nd Rehabilitation Center			Provider Number:	0 258342-00
3500 Oak Manor Lane				Date:	12/29/2011
Largo FL 33774				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	-	Current Rate 193.90	New Rate 194.67	Effective Date 1/1/2012
	,g.v = 0 v 0.	<del>-</del>	1,000		1/1/2012
L	evel H: AIDS		340.10	342.28	1/1/2012
L	evel U: Fragile Under 21		457.43	460.74	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audit - In Desk Audit - P	osts terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b> Contract Management	nt / Fiscal Agent			Stephen Russell	
Permanent File	n / 1 150ai / 150iii			d Cost Reimbursement	
For informat No Change i	•		styl	hus Ru	mell
Home Office:	KR Management 3500 Oak Manor Lane Largo FL 33774				



Indigo Manor			Provider Number:	0 258750-00
595 Williamson Blvd		Date:		12/29/2011
Daytona Beach FL 32114			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  S	Single Level	Current Rate 213.82	New Rate <b>216.06</b>	Effective Date 1/1/2012
L	evel H: AIDS	360.02	363.67	1/1/2012
L	evel U: Fragile Under 21	477.35	482.13	1/1/2012
Basis:  Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int	s osts terim portion osts	Licensure Usual and Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informati No Change in	on Only		Stephen Russell Cost Reimbursement	<u> </u>
Home Office:	Fairfax Senior Living Robert Hostler 10387 Main Street, Suite 200 Fairfax VA 22030			



Haven of Our Lady of I	Peace		Provider Number:	0 258831-00		
1900 Summit Boulevard			Date:	12/29/2011		
Pensacola Fl 32503			Fiscal Year End:	6/30/2010		
			Audit Status:	Unaudited [3]		
Provider Type: Nursing Home	Single Level	Curren Rate 203.7	Rate	Effective		
runsing Home	Single Level			1/1/2012		
	Level H: AIDS	349.9	6 353.02	1/1/2012		
	Level U: Fragile Under 21	467.2	9 471.48	1/1/2012		
Basis:  Budget X Unaudited confield audited Field audited Desk audited Desk Audited Desk Audited	l costs interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component		
<b>Distribution:</b> Contract Managem	nent / Fiscal Agent		Stephen Russell			
Permanent File	ioni, i isoni rigoni	Medicaid Cost Reimbursement Analysis				
For inform	ation Only	1.4	hus Ru	mell		
No Chang	e in Rate	mje	mus /w	,		
Home Office:	Sacred Heart Hospital Mike Myers 5151 North 9th Avenue Pensacola FL 32513-2700					



Life Care Center of Inve	rrary		Provider Number:	0 259080-00
4251 Rock Island Road			Date:	12/29/2011
Lauderhill FL 33319			Fiscal Year End:	8/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 206.65	New Rate 212.14	Effective Date  1/1/2012
G				
	Level H: AIDS	352.85	359.75	1/1/2012
	Level U: Fragile Under 21	470.18	478.21	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs mterim portion	Licensure Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
<b>Distribution:</b> Contract Manageme	ent / Fiscal Agent		Stephen Russell	
Permanent File For informa No Change	ation Only		Cost Reimbursement	•
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Lakeview Terrace Skill	led Nursing Facility		Provider Number:	0 259225-00
110 Lodge Terrace Dri	ve		Date:	12/29/2011
Altoona FL 32702			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Curren Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level	199.9	<u> 201.79</u> _	1/1/2012
	Level H: AIDS	346.1:	5 349.40	1/1/2012
	Level U: Fragile Under 21	463.4	8 467.86	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usua Targe FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
<b>Distribution:</b>			Stephen Russell	
Permanent File	nent / Fiscal Agent	Medi	caid Cost Reimbursemen	nt Analysis
	nation Only	d+	hus Ru	naell
No Chang	e in Rate	ng	my /w	,
Home Office:	1 - No Home Office			



UniHealth Post-Acut	e Care - Santa Rosa		Provider Number:	0 259331-00
5530 Northrop Road			Date:	12/29/2011
Milton FL 32570			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	191.87		1/1/2012
	Level H: AIDS	338.07	341.07	1/1/2012
	Level U: Fragile Under 21	455.40	459.53	1/1/2012
Basis:  Budget X Unaudited Field audit Field audit Desk audit Desk Audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  costs ted costs t - interim portion ted costs - Interim Portion t - Prospective portion	Usual a Target FRVS	ive _ Total Prospective _ Prospective Adjusted _ Total Prospective with _ Total Prospective with  are Rating Change and Customary Limitation Rate limitation change Change emester Change v [2] as of 02/13/2003	n Interim Component
Distribution:	ement / Fiscal Agent		Stephen Russell	
Permanent File	Cincin / Piscai Ageill	Medica	id Cost Reimbursement	Analysis
	rmation Only	1.	In Ru	mell
No Char	nge in Rate	ngi	my / w	,
Home Office:	1 - No Home Office			



Life Care Center of New 1	Port Richey		Provider Number:	0 259357-00
7400 Trouble Creek Road			Date:	12/29/2011
New Port Richey FL 3465	53		Fiscal Year End:	8/31/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  S	Single Level	Current Rate 194.44	New Rate 201.81	Effective Date 1/1/2012
L	evel H: AIDS	340.64	349.42	1/1/2012
L	evel U: Fragile Under 21	457.97	467.88	1/1/2012
Basis:  Budget X Unaudited costs Field audit - ins Desk audited co	s osts terim portion	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informati No Change i	ion Only		Stephen Russell d Cost Reimbursement	•
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



The Nursing Center	at University Village			Provider Number:	0 259462-00
12250 North 22nd Street		·	Date:		12/29/2011
Tampa FL 33612				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>				Tadit Status	
			Current	New	Effective
			Rate	Rate	Date
<b>Nursing Home</b>	Single Level		221.26	222.43	1/1/2012
	Level H: AIDS		367.46	370.04	1/1/2012
	Level U: Fragile Under 21		484.79	488.50	1/1/2012
Rate Type :					
Interim	1	X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
-	Interim Component			Prospective Adjusted	for New Costs
-	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data			•	-
Basis:	•	Change	PS•		
Dasis.		Change	CB.		
Budget			Licensur	e Rating Change	
X Unaudited	d costs	-		nd Customary Limitation	on
Field audi		-		Late limitation change	
Field aud	it - interim portion		FRVS C	hange	
Desk audi	-	-		· ·	
	t - Interim Portion	X	Rate Ser	nester Change	
Desk Aud	lit - Prospective portion		On FRV	[2] as of 11/09/1989	
<b>Distribution</b>	<u>:</u>			Stephen Russell	
Contract Manag	gement / Fiscal Agent		Medicai	d Cost Reimbursement	· Analysis
Permanent File					•
	ormation Only		Steps	hus Ru	sell
No Cha	ange in Rate				
Home Office:	John A. Mccoy, Inc. Samuel Sanders				
	3391 Cypress Gardens Roa	i			
	Winter Haven FL 33884	••			
	William Haven L 55004				



V6.998.1.2:RV35K

# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Hamlin Place			Provider Number:	0 259586-00
2180 Hypoluxo Road			Date:	12/29/2011
Lantana FL 33462			Fiscal Year End:	8/31/2011
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	232.84	234.89	1/1/2012
	Level H: AIDS	379.04	382.50	1/1/2012
	Level U: Fragile Under 21	496.37	500.96	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target FRVS  X Rate So	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 07/01/1995	h Interim Component
	ment / Fiscal Agent	-	Stephen Russell	
Permanent File For inform	mation Only ge in Rate		aid Cost Reimbursement	-
Home Office:	1 - No Home Office			



Avante at St. Cloud, In	nc.		Provider Number	: 0 259870-00
1301 Kansas Avenue			Date	: 12/29/2011
St. Cloud FL 34769			Fiscal Year End:	5/31/2011
			Audit Status	: Unaudited [3]
Provider Type:		Curre Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level		210.51	1/1/2012
	Level H: AIDS	356.	72 358.12	1/1/2012
	Level U: Fragile Under 21	474.	05 476.58	1/1/2012
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs - interim portion	Changes:  Lice Use Tar FR	Prospective Prospective Adjuste Total Prospective Adjuste Total Prospective w  ensure Rating Change al and Customary Limita get Rate limitation chang VS Change e Semester Change FRV [2] as of 04/01/199	ntion
<b>Distribution:</b> Contract Manager	ment / Fiscal Agent		Stephen Russell	
Permanent File	nation Only		dicaid Cost Reimburseme	•
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	540-N		



V6.998.1.2:RV35K

# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Beneva Lakes Healthca	are and Rehabilitation Center		Provi	ider Number:	0 259896-00
741 S. Beneva Road				Date:	12/29/2011
Sarasota FL 34232			Fisca	al Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:	Single Level	Curr <u>Rat</u> <b>196</b>	<u>e</u>	New Rate	Effective Date
<b>Nursing Home</b>	Siligle Level		.53	<u> 197.77                                  </u>	1/1/2012
	Level H: AIDS	342	.73	345.38	1/1/2012
	Level U: Fragile Under 21	460	.06	463.84	1/1/2012
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Changes:  Lice Us Ta FR X Ra	Prospector Total Prospector Ratingual and Custor Rate limits VS Change	g Change omary Limitation	for New Costs h Interim Component on
<b>Distribution:</b>	/ / Fr 1 A		Step	hen Russell	
Contract Managen Permanent File	nent / Fiscal Agent	Me	edicaid Cost F	Reimbursemen	t Analysis
	nation Only		. /	7	
No Chang	•	Sty	em	Ku	ssell
Home Office:	1 - No Home Office				



Central Park Healthca	are and Rehabilitation Center			Provider Number:	0 259900-00
702 S. Kings Avenue				Date:	12/29/2011
Brandon FL 33511				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		186.82		1/1/2012
	Level H: AIDS		333.02	336.28	1/1/2012
	Level U: Fragile Under 21	_	450.35	454.74	1/1/2012
Rate Type:					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
<del></del>	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
	Thor Trovider Trospective data				
Basis:		Changes:	_		
Budget			Licensur	e Rating Change	
X Unaudited	costs	-	- Usual an	d Customary Limitation	on
Field audit		-		ate limitation change	
	t - interim portion		FRVS C		
Desk audit	_		•	8.	
	- Interim Portion	X	Rate Ser	nester Change	
	t - Prospective portion	<u> </u>		[2] as of 02/25/1991	
<b>Distribution:</b>				Stephen Russell	
•	ement / Fiscal Agent	-	Medicaio	d Cost Reimbursement	Analysis
Permanent File					•
	rmation Only	J.	teel	hus Ru	sell
No Char	nge in Rate				
Home Office:	1 - No Home Office				



Coral Bay Healthcare a			Provider Number:	0 259918-00
2939 S. Haverhill Road			Date:	12/29/2011
West Palm Beach FL 3	3415		Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type:	Simple Level	Curren Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level	199.7	9 201.67 -	1/1/2012
	Level H: AIDS	345.99	9 349.28	1/1/2012
	Level U: Fragile Under 21	463.3	2 467.74	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
Distribution:	Trospective portion	0.1.1		
	nent / Fiscal Agent		Stephen Russell	
Permanent File	C		icaid Cost Reimbursemen	-
	nation Only	Sty	hus Ru	soll
No Chang	ge in Kate			
Home Office:	1 - No Home Office			



Oakbridge Healthca	re Center			Provider Number:	0 259926-00
3110 Oakbridge Blvd., E.		<u> </u>		Date:	12/29/2011
Lakeland FL 33803		_		Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:				Tada Sudusi	
<b>.</b> 1			Current	New	Effective
			Rate	Rate	Date
<b>Nursing Home</b>	Single Level		198.99	200.97	1/1/2012
	Level H: AIDS		345.19	348.58	1/1/2012
	Level U: Fragile Under 21		462.52	467.04	1/1/2012
Rate Type :					
Interin	1	X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	Interim Component
	Prior Provider Prospective data				
Basis:	·	Chang	es:		
			<u></u>		
Budget			Licensur	e Rating Change	
X Unaudited	l costs		Usual an	d Customary Limitatio	on
Field aud	ited costs		Target R	ate limitation change	
Field aud	it - interim portion		FRVS C	hange	
Desk audi	-				
Desk audi	t - Interim Portion	X		nester Change	
Desk Aud	lit - Prospective portion		On FRV	[2] as of 08/02/1991	
<b>Distribution</b>	_			Stephen Russell	
-	gement / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
Permanent File					•
	ormation Only		Step 1.	my Ru	sell
No Cha	ange in Rate			•	
Home Office:	Sea Crest Health Care Ma	nagement			
	Jim Culp 10210 Highland Manor Dr	•			
	Tampa FL 33610	· •			
	14111pu 1 12 33010				



The Parks Healthcare	and Rehabilitation Center		Provider Number:	0 259934-00
9311 S. Orange Bloss	om Trail		Date:	12/29/2011
Orlando FL 32837			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	192.27	194.39	1/1/2012
	Level H: AIDS	338.47	342.00	1/1/2012
	Level U: Fragile Under 21	455.80	460.46	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target I FRVS (	Total Prospective Prospective Adjusted Total Prospective with  Tre Rating Change and Customary Limitation Rate limitation change	n Interim Component
<b>Distribution:</b> Contract Manage	ment / Fiscal Agent		Stephen Russell	
Permanent File	-		id Cost Reimbursement	-
	mation Only ge in Rate	Stype	hus Ru	sell
Home Office:	1 - No Home Office			



Riverfront Nursing and	Rehab Center			Provider Number:	0 259942-00
105 15th Street East				Date:	12/29/2011
Bradenton FL 34208				Fiscal Year End:	8/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 208.29	New Rate 210.09	Effective Date 1/1/2012
	Level H: AIDS		354.49	357.70	1/1/2012
	Level U: Fragile Under 21		471.82	476.16	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - I	costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Managem  Permanent File  For information No Change	ation Only			Stephen Russell  Cost Reimbursement  Russell  Russell	•
Home Office:	Council on Aging of Florida, 1311 SW 16th Street Gainesville FL 32608	Inc.			



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# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Sarasota Memorial N	ursing & Rehabilitation Facilit		Provider Number	er: 0 260355-00
5640 Rand Blvd.			Dat	te: 12/29/2011
Sarasota FL 34238			Fiscal Year End	
			Audit Statu	-
Provider Type:			Audit State	onaudica [5]
		Currer	nt New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	204.5	205.66	1/1/2012
	Level H: AIDS	350.7	9 353.27	1/1/2012
	Level U: Fragile Under 21	468.1	2 471.73	1/1/2012
Rate Type :				
Interim	T . 17		ective	
	Total Interim Interim Component			sted for New Costs
	Settlement based on costs			with Interim Component
	Prior Provider Prospective data		rotal rrospective	with interim component
		Classic		
Basis:		Changes:		
Budget		Lice	nsure Rating Change	
X Unaudited	costs		al and Customary Limi	tation
Field audit			get Rate limitation chan	
Field audit	- interim portion	FRV	S Change	
	- Interim Portion	X Rate	Semester Change	
	t - Prospective portion			
<b>Distribution:</b>	. / E' 1 A		Stephen Russe	ell
•	ement / Fiscal Agent	Med	icaid Cost Reimbursen	nent Analysis
Permanent File	mation Only		/ -	
	nge in Rate	Sty	Mus R	usall
Home Office:	1 - No Home Office			



Bridgeview Center, L	LC		Provider Number:	0 260371-00
350 South Ridgewood			Date:	12/29/2011
Ormond Beach FL 32	174		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren Rate 212.76	Rate	Effective Date 1/1/2012
	Level H: AIDS	358.96	5 362.34	1/1/2012
	Level U: Fragile Under 21	476.29	9 480.80	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usua Targe FRV X Rate	Prospective Adjusted	h Interim Component  on
Permanent File For infor	ment / Fiscal Agent mation Only ge in Rate		Stephen Russell caid Cost Reimbursemen	•
Home Office:	OPIS Management Resource Jennifer Ziolowski 10150 Highland Manor Driv Tampa FL 33610			



Bayview Center, LLC				Provider Number:	0 260444-00
301 South Bay Street				Date:	12/29/2011
Eustis FL 32726				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				riddit Status.	
riotaer types			Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		207.65	208.10	1/1/2012
	Level H: AIDS		353.85	355.71	1/1/2012
	Level U: Fragile Under 21		471.18	474.17	1/1/2012
Inte	tal Interim erim Component tlement based on costs	X	Prospectiv	re Total Prospective Prospective Adjusted Total Prospective with	
	or Provider Prospective data	Changes	 ::		
Desk audited Desk audit - I Desk Audit -	costs interim portion	X	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 09/01/1991	on
<b>Distribution:</b>	(T)			Stephen Russell	
Contract Manageme Permanent File	ent / Fiscal Agent		Medicaio	l Cost Reimbursement	Analysis
For informa  For Change	•	مرات	ty	hus Ru	sall
Home Office:	OPIS Management Resource Jennifer Ziolowski 10150 Highland Manor Driv Tampa FL 33610				



Ruleme Center, LLC				Provider Number:	0 260452-00
2810 Ruleme Street		<b>-</b>		Date:	12/29/2011
Eustis FL 32726		_		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				Tadit Status	
• •			Current	New	Effective
		-	Rate	Rate	Date
<b>Nursing Home</b>	Single Level	-	211.28	209.91	1/1/2012
	Level H: AIDS		357.48	357.52	1/1/2012
	Level U: Fragile Under 21		474.81	475.98	1/1/2012
Desk audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  d costs ited costs it - interim portion ited costs it - Interim Portion lited rospective portion	Change	Licensur Usual ar Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change The Rester Change The	n Interim Component
	egement / Fiscal Agent			Stephen Russell	
Permanent File	•			d Cost Reimbursement	•
	ormation Only	نر	steer	hus Ru	sell
No Cha	ange in Rate			- , , , -	
Home Office:	OPIS Management Resour Jennifer Ziolowski 10150 Highland Manor Dr Tampa FL 33610				



Tierra Pines Center, LL	.C		Provider 1	Number:	0 260568-00
7380 Ulmerton Road				Date:	12/29/2011
Largo FL 33771			Fiscal Ye		12/31/2010
			Audi	it Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curro Rat <b>210</b> .	e Rat	<u>e</u>	Effective Date 1/1/2012
3	· ·			_	-
	Level H: AIDS	356.	36 355.	55	1/1/2012
	Level U: Fragile Under 21	473	69 474.	01	1/1/2012
Basis:  Budget X Unaudited conception Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Changes:  Lice Us Tar FR X Rai		Adjusted to ective with ange y Limitation of the change	for New Costs  Interim Component
Distribution:	cont / Eigeal Agant		Stephen	Russell	
Contract Managen Permanent File For inform No Chang	nation Only		dicaid Cost Reim		•
Home Office:	OPIS Management Resource Jennifer Ziolowski 10150 Highland Manor Driv Tampa FL 33610				



Highlands Lake Cent	ter, LLC			Provider Number:	0 260576-00
4240 Lakeland Highl	ands Road	-		Date:	12/29/2011
Lakeland FL 33813		-		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>					
••			Current	New	Effective
			Rate	Rate	Date
<b>Nursing Home</b>	Single Level		213.26		1/1/2012
	Level H: AIDS		359.46	362.53	1/1/2012
	Level U: Fragile Under 21		476.79	480.99	1/1/2012
Basis:  Budget X Unaudited Field audi Field audi Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Change Change The Change Th	n Interim Component
Contract Manage	ement / Fiscal Agent			Stephen Russell	
Permanent File	-			d Cost Reimbursement	•
	rmation Only		Steel	hus Ru	sell
No Cha	nge in Rate				
Home Office:	OPIS Management Resourd Jennifer Ziolowski 10150 Highland Manor Dri Tampa FL 33610				



Coquina Center, LL	С			Provider Number:	0 260649-00
170 N. Center Street				Date:	12/29/2011
Ormond Beach FL 3	(2074	_		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>					
			Current	New	Effective
NI • TT	C' I I I		Rate	Rate	Date
<b>Nursing Home</b>	Single Level		216.40		1/1/2012
	Level H: AIDS		362.60	365.44	1/1/2012
	Level U: Fragile Under 21		479.93	483.90	1/1/2012
Rate Type :					
Interin	n	X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Chang	es.		
Dusis.		Chang	,cs.		
Budget			Licensur	e Rating Change	
X Unaudited	d costs		—— Usual an	d Customary Limitation	on
Field aud	ited costs			ate limitation change	
Field and	it - interim portion		FRVS C	=	
Desk audi	-			C	
	it - Interim Portion	X	Rate Ser	nester Change	
	lit - Prospective portion			[2] as of 11/01/1987	
Distribution	<u>:</u>			Stephen Russell	
_	gement / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
Permanent File					•
	ormation Only	_	Steel	hus Ru	sell
No Cha	ange in Rate			. , , ,	
Home Office:	OPIS Management Resour Jennifer Ziolowski	ces, LLC			
	10150 Highland Manor Dr	ive.			
	Tampa FL 33610	1,0			
	1 ampa 1 L 33010				



Island Lake Center, LLC				Provider Number:	0 260657-00
155 Landover Place				Date:	12/29/2011
Longwood FL 32750				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 209.22	New Rate 210.59	Effective Date 1/1/2012
L	evel H: AIDS		355.42	358.20	1/1/2012
L	evel U: Fragile Under 21		472.75	476.66	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Interest of the second content o	osts terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Managemer  Permanent File  For informati  No Change i	ion Only			Stephen Russell d Cost Reimbursement	•
Home Office:	OPIS Management Resource Jennifer Ziolowski 10150 Highland Manor Drive Tampa FL 33610				



Indian River Center LLC				Provider Number:	0 260665-00
7201 Greensboro Drive				Date:	12/29/2011
West Melbourne FL 32904	4			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home S	ingle Level	_	Current Rate	New Rate 216.22	Effective Date  1/1/2012
		_	214.02		1/1/2012
Le	evel H: AIDS	_	360.82	363.83	1/1/2012
Le	evel U: Fragile Under 21	-	478.15	482.29	1/1/2012
Basis:  Budget X Unaudited costs Field audit - int Desk audited co Desk audit - Inte	erim portion ests	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Contract Managemen	t / Fiscal Agent			Stephen Russell	
Permanent File For information No Change in	on Only			Cost Reimbursement	•
Home Office:	OPIS Management Resource Jennifer Ziolowski 10150 Highland Manor Drive Tampa FL 33610				



Nursing Home Single Level 202.13 203.21 1/1/2012  Level H: AIDS 348.33 350.82 1/1/2012  Level U: Fragile Under 21 465.66 469.28 1/1/2012  Rate Type:  Interim X Prospective	Riverwood Center, L	LC			Provider Number:	0 260673-00
Provider Type:   Current   Rate   Rate   Date	2802 Parental Home	<del>-</del>		Date:	12/29/2011	
Provider Type:    Current   New   Effective   Date	Jacksonville FL 3222	16	_			12/31/2010
Provider Type:    Current   Rate   Rate   Rate   Date						1
Nursing Home  Single Level  Level H: AIDS Level U: Fragile Under 21  A65.66  A69.28  A1/1/2012  Rate Type:  Interim  Total Interim  Total Interim  Interim Component  Settlement based on costs Frior Provider Prospective data  Basis:  Budget  X Unaudited costs Field audited costs Field audited costs Field audited costs Desk audite Interim portion Desk audite Interim Protion Desk audite Interim Protion Desk audite Interim Portion Desk audited Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  OPIS Management Resources, LLC  Rate Agent A65.66 A69.28  I/1/2012  X Total Prospective  A Total Prospective  Total Prospective with Interim Component  Frospective Adjusted for New Costs  Total Prospective with Interim Component  Frospective Adjusted for New Costs  Total Prospective with Interim Component  Frospective Adjusted for New Costs  Total Prospective With Interim Component  Frospective Adjusted for New Costs  Licensure Rating Change  Usual and Customary Limitation  Target Rate limitation change  FRVS Change  FRVS Change  On FRV [2] as of 07/24/1996   Stephen Russell  Medicaid Cost Reimbursement Analysis  Augustura  Augu	<b>Provider Type:</b>					
Level H: AIDS Level U: Fragile Under 21  Level U	• •					
Level H: AIDS Level U: Fragile Under 21    A65.66		<b>.</b>				
Level U: Fragile Under 21	Nursing Home	Single Level		202.13	203.21	1/1/2012
Interim		Level H: AIDS		348.33	350.82	1/1/2012
Interim X Prospective  Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data    Basis:		Level U: Fragile Under 21		465.66	469.28	1/1/2012
Interim X Prospective  Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data    Basis:		-				
Interim X Prospective  Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data    Basis:						
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data    Budget	Rate Type:					
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data    Budget	Interim	1	X	Prospectiv	/e	
Interim Component Settlement based on costs Prior Provider Prospective data    Basis:						
Budget X Unaudited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Usual and Customary Limitation Target Rate limitation change FRVS Change  On FRV [2] as of 07/24/1996  Stephen Russell  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 07/24/1996  Stephen Russell  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 07/24/1996  Stephen Russell  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 07/24/1996  Stephen Russell  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 07/24/1996  Stephen Russell  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 07/24/1996  Stephen Russell  Medicaid Cost Reimbursement Analysis					=	for New Costs
Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Stephen Russell Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  Stephen Russell  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis		•			Total Prospective with	n Interim Component
Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Stephen Russell Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  The Contract Management Resources, LLC  Stephen Russell  Medicaid Cost Reimbursement Analysis  The Contract Management Resources, LLC				-	•	•
Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Stephen Russell Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  The Contract Management Resources, LLC  Stephen Russell  Medicaid Cost Reimbursement Analysis  The Contract Management Resources, LLC	Racic		Chang	PC•		
X Unaudited costs	Dasis.		Chang	cs.		
X Unaudited costs	Rudget			Licensur	e Rating Change	
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Target Rate limitation change FRVS Change  Stephen Russell  Medicaid Cost Reimbursement Analysis  Augustus  Target Rate limitation change FRVS Change  Water Semester Change On FRV [2] as of 07/24/1996  Stephen Russell  Medicaid Cost Reimbursement Analysis  Augustus  Target Rate limitation change FRVS Change  Water Semester Change On FRV [2] as of 07/24/1996  Stephen Russell  Medicaid Cost Reimbursement Analysis  Augustus  Target Rate limitation change		Losts	-			on
Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Field audit - interim portion  FRVS Change  The Russel of 107/24/1996  Stephen Russell  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  The Russell  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  The Russell					•	·•
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Desk Audit - Interim Portion X Rate Semester Change On FRV [2] as of 07/24/1996  Stephen Russell Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  The stephen Russell Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  The stephen Russell  Medicaid Cost Reimbursement Analysis	Field audi	it - interim portion			_	
Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  OPIS Management Resources, LLC  Rate Semester Change On FRV [2] as of 07/24/1996  Stephen Russell Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis		-				
Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  OPIS Management Resources, LLC  Stephen Russell  Medicaid Cost Reimbursement Analysis  **The Medicaid Cost Reimbursement Analysis**  Medicaid Cost Reimbursement Analysis  **The Medicaid Cost Reimbursement Analysis**  **The Medicaid Cost Re			X	Rate Sen	nester Change	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  OPIS Management Resources, LLC  Stephen Russell  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis	Desk Aud	it - Prospective portion		On FRV	[2] as of 07/24/1996	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis		_			Stephen Russell	
For information Only No Change in Rate  Home Office: OPIS Management Resources, LLC	_	·		Medicaio		Analysis
Home Office: OPIS Management Resources, LLC						•
Home Office: OPIS Management Resources, LLC		-		Steple	m, Ru	sell
	No Cha	inge in Rate			,	
		-				
	Home Office:	OPIS Management Resour Jennifer Ziolowski	ces, LLC			
10150 Highland Manor Drive			ive			
Tampa FL 33610		_				



Provider Type:    Current   New   Effective   Date	Fairway Oaks Cente	r, LLC			Provider Number:	0 260690-00
Tampa FL 33613  Provider Type:    Current Rate Rate Date	13806 N. 46th Stree	t	_		Date:	12/29/2011
Provider Type:    Current   New   Effective   Date	Tampa FL 33613		_			12/31/2010
Provider Type:    Current   Rate   Rate   Date						Unaudited [3]
Nursing Home Single Level 210.97 210.67 1/1/2012  Level H: AIDS 357.17 358.28 1/1/2012 Level U: Fragile Under 21 474.50 476.74 1/1/2012    Rate Type:	<b>Provider Type:</b>					
Level H: AIDS   357.17   358.28   1/1/2012	• •					
Level H: AIDS Level U: Fragile Under 21    A74,50		a				
Level U: Fragile Under 21	Nursing Home	Single Level		210.97	210.67	1/1/2012
Rate Type :   Interim		Level H: AIDS		357.17	358.28	1/1/2012
Interim		Level U: Fragile Under 21		474.50	476.74	1/1/2012
Interim		-				
Interim						
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Changes:  Budget X Unaudited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Prospective with Interim Component  Interim Component Prospective Adjusted for New Costs Total Prospective with Interim Component  Interim Component Prospective with Interim Component  Usual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change  Interim Component  Stage Summer Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change  Stephen Russell Medicaid Cost Reimbursement Analysis  Stephen Russell  Medicaid Cost Reimbursement Analysis  The Contract Management Resources, LLC Jennifer Ziolowski 10150 Highland Manor Drive	Rate Type:					
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Changes:  Budget X Unaudited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Prospective with Interim Component  Interim Component Prospective Adjusted for New Costs Total Prospective with Interim Component  Interim Component Prospective with Interim Component  Usual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change  Interim Component  Stage Summer Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change  Stephen Russell Medicaid Cost Reimbursement Analysis  Stephen Russell  Medicaid Cost Reimbursement Analysis  The Contract Management Resources, LLC Jennifer Ziolowski 10150 Highland Manor Drive	Interin	1	X	Prospectiv	ve	
Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim Portion Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Interim Component Prospective Adjusted for New Costs Total Prospective with Interim Component  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Stephen Russell  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  For information Only Jennifer Ziolowski 10150 Highland Manor Drive						
Settlement based on costs   Prior Provider Prospective data		Interim Component			=	for New Costs
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  On FRV [2] as of 07/01/1990  Stephen Russell Medicaid Cost Reimbursement Analysis  Augustus  Augu		•			Total Prospective with	n Interim Component
Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  On FRV [2] as of 07/01/1990  Stephen Russell  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 07/01/1990  Stephen Russell  Medicaid Cost Reimbursement Analysis  For information Only No Change in Rate  OPIS Management Resources, LLC Jennifer Ziolowski 10150 Highland Manor Drive		•			•	1
Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  On FRV [2] as of 07/01/1990  Stephen Russell  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 07/01/1990  Stephen Russell  Medicaid Cost Reimbursement Analysis  For information Only No Change in Rate  OPIS Management Resources, LLC Jennifer Ziolowski 10150 Highland Manor Drive	Racic	<u> </u>	Chang	es.		
X Unaudited costs	Dasis.		Chang	CS.		
X Unaudited costs	Budget			Licensur	e Rating Change	
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  OPIS Management Resources, LLC Jennifer Ziolowski 10150 Highland Manor Drive  Target Rate limitation change FRVS Change  FRVS Change  Stephen Russell Medicaid Cost Reimbursement Analysis  Target Rate limitation change FRVS Change  MR Rate Semester Change On FRV [2] as of 07/01/1990  Stephen Russell  Medicaid Cost Reimbursement Analysis		l costs				on
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office: OPIS Management Resources, LLC Jennifer Ziolowski 10150 Highland Manor Drive					•	
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  OPIS Management Resources, LLC Jennifer Ziolowski 10150 Highland Manor Drive	Field aud	it - interim portion		FRVS C	hange	
Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  OPIS Management Resources, LLC Jennifer Ziolowski 10150 Highland Manor Drive  Rate Semester Change On FRV [2] as of 07/01/1990  Stephen Russell  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 07/01/1990		-	-		<u> </u>	
Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  OPIS Management Resources, LLC Jennifer Ziolowski 10150 Highland Manor Drive			X	Rate Ser	nester Change	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  OPIS Management Resources, LLC  Jennifer Ziolowski 10150 Highland Manor Drive	Desk Aud	lit - Prospective portion		On FRV	[2] as of 07/01/1990	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  OPIS Management Resources, LLC  Jennifer Ziolowski 10150 Highland Manor Drive		_			Stephen Russell	
For information Only No Change in Rate  OPIS Management Resources, LLC Jennifer Ziolowski 10150 Highland Manor Drive	-	•		Medicaio	d Cost Reimbursement	Analysis
Home Office:  OPIS Management Resources, LLC Jennifer Ziolowski 10150 Highland Manor Drive						•
Home Office:  OPIS Management Resources, LLC Jennifer Ziolowski 10150 Highland Manor Drive		•		Stepl	m, Ru	sell
Jennifer Ziolowski 10150 Highland Manor Drive	No Cha	ange in Rate			•	
Jennifer Ziolowski 10150 Highland Manor Drive		-				
10150 Highland Manor Drive	Home Office:		ces, LLC			
			ive			
		Tampa FL 33610				



Sinai Plaza Nursing	Sinai Plaza Nursing and Rehab			Provider Number:	0 260771-00
201 NE 112th Street		_		Date:	12/29/2011
Miami FL 33161		_		Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>				Tadit Status	
			Current	New	Effective
		_	Rate	Rate	Date
<b>Nursing Home</b>	Single Level	_	229.00	230.09	1/1/2012
	Level H: AIDS		375.20	377.70	1/1/2012
	Level U: Fragile Under 21	- -	492.53	496.16	1/1/2012
Data Type 1					
Rate Type :					
Interim		X	Prospective V		
	Total Interim		<u>X</u>	Total Prospective Prospective Adjusted	for Now Costs
	Interim Component Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Frospective with	i internii Component
	Thoi Flovidei Flospective data	1			
Basis:		Changes	:		
Budget			Licensur	e Rating Change	
X Unaudited	costs			nd Customary Limitation	nn -
Field audi		<u> </u>	_	Late limitation change	<i>,</i> , , , , , , , , , , , , , , , , , ,
	it - interim portion		FRVS C	_	
Desk audi	-		_	C	
	t - Interim Portion	X	Rate Ser	nester Change	
Desk Aud	it - Prospective portion		On FRV	[2] as of 11/02/1990	
<u>Distribution:</u>				Stephen Russell	
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Analysis		
Permanent File	rmation Only				•
	nge in Rate		ty i	my Ru	sell
110 Clia	ingo in Ruic				
Home Office:	Hebrew Home Manageme	nt Corvince			
nome Office:	Steve Beaujon	n services			
	1800 NE 168th Street, Sui	e 200			
	Miami Beach FL 33162				



Alhambra Health & Reha				Provider Number:	0 261254-00
7501 38th Avenue North				Date:	12/29/2011
St. Petersburg FL 33710				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	F	Rate 08.53	New Rate 210.06	Effective Date  1/1/2012
ituising itome	Single Level		JO.33		1/1/2012
I	Level H: AIDS	35	54.73	357.67	1/1/2012
I	Level U: Fragile Under 21	47	72.06	476.13	1/1/2012
Basis:  Budget X Unaudited cos Field audit - ir Desk audit - Ir Desk Audit - F	costs nterim portion costs	Changes:	Licensur Usual an Γarget R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:	ent / Fiscal Agant			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For information No Change	•	M	je ti	hus Ru	rsell
Home Office:	Greystone Healthcare Mana 4042 Park Oaks Blvd, Suite Tampa FL 33610				



Wood Lake Nursing & Rehabilitation Center		Provider Number:	0 261599-00
6414 13th Road South		Date:	12/29/2011
West Palm Beach FL 33415		Fiscal Year End:	6/30/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 215.49	New Rate 217.63	Effective Date  1/1/2012
Level H: AIDS	261.60	265.24	1/1/2012
Level II. AlDS	361.69	365.24	1/1/2012
Level U: Fragile Under 21	479.02	483.70	1/1/2012
Interim  Total Interim  Interim Component  Settlement based on costs Prior Provider Prospective data  Basis:  Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Prospective portion	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent		Stephen Russell	
Permanent File		d Cost Reimbursement	· ·
For information Only No Change in Rate	Styl	mes Ru	mell
Home Office: 1 - No Home Office			



V6.998.1.2:RV35K

# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Terra Vista Rehabilita	ation and Health Center		Provider Number:	0 261611-00	
1730 Lucerne Terrace	2		Date:	12/29/2011	
Orlando FL 32806			Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:	Cingle Level	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	201.99		1/1/2012	
	Level H: AIDS	348.19	351.38	1/1/2012	
	Level U: Fragile Under 21	465.52	469.84	1/1/2012	
Basis:  Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	Usual a Target FRVS  X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 10/01/1985	n Interim Component	
<b>Distribution:</b>			Stephen Russell		
•	ement / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File	mation Only			-	
	nge in Rate	Step.	hus Ru	sell	
Home Office:	1 - No Home Office				



Avalon Health Care C	enter		Provider Number:	0 261629-00
1270 SW Main Blvd			Date:	12/29/2011
Lake City FL 32025			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	179.74		1/1/2012
	Level H: AIDS	325.94	327.32	1/1/2012
	Level U: Fragile Under 21	443.27	445.78	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk Audite Desk Audit	ed costs - interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation change Change Change Semester Change EV [2] as of 10/01/1985	h Interim Component
Distribution:	ment / Fiscal Agent		Stephen Russell	
Permanent File	-		aid Cost Reimbursemen	-
	mation Only ge in Rate	Sty	hus Ru	soll
Home Office:	1 - No Home Office			



Emerald Healthcare Center		Provider Number:	0 261637-00
1655 SE Walton Road		Date:	12/29/2011
Port St. Lucie FL 34952		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 199.45	New Rate 199.31	Effective Date 1/1/2012
Level H: AIDS	345.65	346.92	1/1/2012
Level U: Fragile Under 21	462.98	465.38	1/1/2012
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:  Budget  X Unaudited costs  Field audited costs  Field audit - interim portion  Desk audited costs	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change hange	n Interim Component
Desk audit - Interim Portion  Desk Audit - Prospective portion		nester Change [2] as of 11/01/1987	
Distribution:		Stephen Russell	
Contract Management / Fiscal Agent Permanent File	Medicaio	d Cost Reimbursement	Analysis
For information Only No Change in Rate	Stype	m Ru	mell
Home Office: 1 - No Home Office			



Hawthorne Health & F			I	Provider Number:	0 261670-00
851 West Lumsden Ro	oad			Date:	12/29/2011
Brandon FL 33511			]	Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:	Charle I and	Curr Ra	<u>e</u>	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	185	.71	190.85	1/1/2012
	Level H: AIDS	331	.91_	338.46	1/1/2012
	Level U: Fragile Under 21	449	.24	456.92	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes:  Lio Us Ta FF	eensure R ual and C rget Rate EVS Char	ating Change Customary Limitation change	h Interim Component
<u>Distribution:</u>	1 1				
Contract Manager	ment / Fiscal Agent	Stephen Russell			
Permanent File				ost Reimbursemen	-
	nation Only	Sty	elu	es Ru	sell
No Chang	ge in Rate				
Home Office:	1 - No Home Office				



Atlantic Shores Nursing and Rehab			Provider Number:	0 263389-00
4251 Stack Blvd.			Date:	12/29/2011
Melbourne FL 3290	1		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
<b>Provider Type:</b>			Audit Status.	Onaudited [5]
Trovider Type.		Current	New	Effective
		Rate	Rate	Date
<b>Nursing Home</b>	Single Level	204.35	202.79	1/1/2012
	Level H: AIDS	350.55	350.40	1/1/2012
	Level U: Fragile Under 21	467.88	468.86	1/1/2012
Basis:  Budget X Unaudited Field audi Field audi Desk audi Desk audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  I costs Ited costs It - interim portion Ited costs I	Usual a Target FRVS  X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 12/08/1995  Stephen Russell	n Interim Component
	gement / Fiscal Agent			
Permanent File			nid Cost Reimbursement	•
	ormation Only	Isten	In Ru	sell
No Cha	inge in Rate	may .	- , , , , , , , ,	
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suit Atlanta GA 30328			



Bonifay Nursing and Reh	ab			Provider Number:	0 263443-00
306 West Brock Avenue				Date:	12/29/2011
Bonifay FL 32425				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	_	Current Rate	New Rate 180.62	Effective Date  1/1/2012
L	evel H: AIDS	_	325.31	328.23	1/1/2012
I	evel U: Fragile Under 21	-	442.64	446.69	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component
Distribution:  Contract Management Permanent File  For informate  No Change in	ion Only			Stephen Russell d Cost Reimbursement	· ·
Home Office:	Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Riviera Palms Nursi	ng and Rehab		Provider Number:	0 263451-00	
926 Haben Blvd.			Date:	12/29/2011	
Palmetto FL 34221			Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	
<b>Provider Type:</b>					
• •		Current	New	Effective	
	a	Rate	Rate	Date	
<b>Nursing Home</b>	Single Level	205.86		1/1/2012	
	Level H: AIDS	352.06	354.82	1/1/2012	
	Level U: Fragile Under 21	469.39	473.28	1/1/2012	
Rate Type:  Interin  Basis:  Budget	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospec X Changes:	ctive Total Prospective Prospective Adjusted Total Prospective with		
X Unaudited	l costs		and Customary Limitation	on	
Field aud			Rate limitation change		
	it - interim portion	FRVS	Change		
Desk audi Desk audi	t - Interim Portion	X Rate S	Semester Change		
	lit - Prospective portion		2V [2] as of 03/07/1988		
<b>Distribution</b>			Stephen Russell		
Contract Management / Fiscal Agent —		Medic	Medicaid Cost Reimbursement Analysis		
Permanent File	ormation Only			•	
	ange in Rate	Sty	hus Ru	sell!	
Home Office:	Southern HealthCare Man R. Mark Cronquist 5887 Glenridge Drive, Sui Atlanta GA 30328				



Boynton Beach Rehabilita	ntion Center			Provider Number:	0 263460-00
9600 Lawrence Road				Date:	12/29/2011
Boynton Beach FL 33436				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	-	Current Rate 210.76	New Rate <b>212.61</b>	Effective Date 1/1/2012
L	evel H: AIDS		356.96	360.22	1/1/2012
L	evel U: Fragile Under 21		474.29	478.68	1/1/2012
Basis:  Budget X Unaudited costs Field audit - ins Desk audited co	osts terim portion osts	Change:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For information No Change in the contract of the contract o	on Only			Stephen Russell d Cost Reimbursement Russell	•
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Arbor Trail Nursing and Rehab			Provider Number:	0 263478-00
611 Turner Camp Road			Date:	12/29/2011
Inverness FL 34453			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 192.66	Rate	Effective Date 1/1/2012
	Level H: AIDS	338.86	338.42	1/1/2012
	Level U: Fragile Under 21	456.19		1/1/2012
Basis:  Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	costs interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitation Rate limitation change Schange Semester Change RV [2] as of 07/17/1987	h Interim Component
Distribution:  Contract Management File  For information No Change	ation Only		Stephen Russell caid Cost Reimbursement frage Russell Russell Russell	•
Home Office:	Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328			



Pinellas Point Nursing and	d Rehab			Provider Number:	0 263486-00
5601 31st Street North				Date:	12/29/2011
St. Petersburg FL 33712				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	-	Current Rate 218.13	New Rate 215.73	Effective Date  1/1/2012
	mgie Devel	-	210.13		1/1/2012
L	evel H: AIDS		364.33	363.34	1/1/2012
L	evel U: Fragile Under 21		481.66	481.80	1/1/2012
Basis:  Budget X Unaudited cost Field audited c Field audit - in Desk audited co	osts terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
<u>Distribution:</u>	- Francisco Francisco				
Contract Managemer	nt / Fiscal Agent			Stephen Russell	
Permanent File	-			d Cost Reimbursement	•
For informati No Change i	•	ئىيىر	rtyer	mes Rue	sell .
Home Office:	Southern HealthCare Manager R. Mark Cronquist 5887 Glenridge Drive, Suite 1 Atlanta GA 30328				



Jacksonville Nursing	g and Rehab			Provider Number:	0 263494-00
4134 Dunn Ave.		 Date: 1		12/29/2011	
Jacksonville FL 322	18	_		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>					
•			Current	New	Effective
	<b>.</b>	_	Rate	Rate	Date
<b>Nursing Home</b>	Single Level	_	202.07	202.24	1/1/2012
	Level H: AIDS		348.27	349.85	1/1/2012
	Level U: Fragile Under 21	_	465.60	468.31	1/1/2012
		-			
Rate Type :					
Interim	1	X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	Interim Component
	Prior Provider Prospective data				
Basis:	·	Changes			
<u> </u>		Changes			
Budget			Licensur	e Rating Change	
X Unaudited	l costs		Usual an	d Customary Limitation	on
Field audi	ited costs		_	ate limitation change	
Field audi	it - interim portion		FRVS C	hange	
Desk audi	-		_		
	t - Interim Portion	X	Rate Ser	nester Change	
Desk Aud	it - Prospective portion		On FRV	[2] as of 10/31/1990	
<b>Distribution</b>	=			Stephen Russell	
_	gement / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
Permanent File					•
	ormation Only	_9	teer	my Ru	sell
No Cha	inge in Rate			. , , .	
Home Office:	Southern HealthCare Mana	gement, LLC			
	R. Mark Cronquist 5887 Glenridge Drive, Suit	e 150			
	Atlanta GA 30328	150			
	Atlanta GA 30320				



Port Orange Nursing and	Rehab			Provider Number:	0 263508-00
5600 Victory Gardens Bl	vd.			Date:	12/29/2011
Port Orange FL 32127				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 208.41	New Rate <b>210.27</b>	Effective Date 1/1/2012
L	evel H: AIDS		354.61	357.88	1/1/2012
I	evel U: Fragile Under 21		471.94	476.34	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited co Desk audit - In	osts terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informate No Change in	ion Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	•			



Macclenny Nursing and	Rehab		Provider Number:	0 263516-00
755 South 5th Street			Date:	12/29/2011
MacClenny FL 32063			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 192.27	Rate	Effective Date 1/1/2012
	Level H: AIDS	338.47	341.09	1/1/2012
	Level U: Fragile Under 21	455.80	459.55	1/1/2012
Basis:  Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	costs interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitation t Rate limitation change Change Semester Change RV [2] as of 08/27/1990	h Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	ation Only in Rate	Styp	Stephen Russell caid Cost Reimbursement for Reimbursement	· ·
Home Office:	Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328			



Medicana Nursing and Rehab				Provider Number:	0 263524-00
710 Lake Worth Road				Date:	12/29/2011
Lake Worth FL 33460				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
~~			Current	New	Effective
	_	_	Rate	Rate	Date
Nursing Home Single I	ævel	_	207.77		1/1/2012
Level H: A	AIDS		353.97	350.03	1/1/2012
Level U: I	Fragile Under 21	•	471.30	468.49	1/1/2012
			.,,,,,,		1, 1, 2012
Rate Type:					
Interim		X	Prospectiv	re	
Total Interim		-	_	Total Prospective	
Interim Comp	oonent			Prospective Adjusted	for New Costs
Settlement ba	sed on costs			Total Prospective with	h Interim Component
	r Prospective data			1	1
Basis:		Change			
Dasis:		Changes	<u></u>		
Budget			Licensur	e Rating Change	
X Unaudited costs		-		d Customary Limitation	o <b>n</b>
Field audited costs		-		ate limitation change	<b></b>
Field audit - interim por	tion	-	FRVS C	=	
Desk audited costs	tion	-	_	8-	
Desk audit - Interim Por	tion	<u> X</u>	Rate Sen	nester Change	
Desk Audit - Prospectiv				[2] as of 02/01/1997	
<b>Distribution:</b>				Stephen Russell	
Contract Management / Fiscal	Agent		Madiania		t A nolygig
Permanent File				l Cost Reimbursement	•
For information Only		و	t.n.l.	hus Ru	sell
No Change in Rate			uze u		
Home Office: South	ern HealthCare Manage	ement, LLC			
R. Ma	ark Cronquist				
	Glenridge Drive, Suite 1	150			
Atlan	ta GA 30328				



Tiffany Hall Nursing and	Rehab			Provider Number:	0 263532-00
1800 SE Hillmoor Drive				Date:	12/29/2011
Port St. Lucie FL 34952				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home S	Single Level		Current Rate 203.82	New Rate 203.96	Effective Date 1/1/2012
L	evel H: AIDS		350.02	351.57	1/1/2012
L	evel U: Fragile Under 21		467.35	470.03	1/1/2012
Basis:  Budget X Unaudited costs Field audit - int Desk audit - Int Desk Audit - Pr	terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Managemen  Permanent File  For informati  No Change in	on Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Metrowest Nursing a	nd Rehab		Provider Number:	0 263541-00
5900 West Gate Driv	ve .	Date:		12/29/2011
Orlando FL 32835			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
<b>Provider Type:</b>				
••		Current	New	Effective
	a	Rate	Rate	Date
<b>Nursing Home</b>	Single Level	209.11		1/1/2012
	Level H: AIDS	355.31	358.52	1/1/2012
	Level U: Fragile Under 21	472.64	476.98	1/1/2012
Rate Type :				
Interim		X Prospec	etive	
	Total Interim	X	Total Prospective	
	Interim Component		Prospective Adjusted	for New Costs
	Settlement based on costs		Total Prospective with	
	Prior Provider Prospective data		_	1
Basis:	•	Changes:		
Dasis.		Changes.		
Budget		Licen	sure Rating Change	
X Unaudited	costs		and Customary Limitation	on
Field audi			t Rate limitation change	<b></b>
	t - interim portion		Change	
Desk audit	-		C	
	t - Interim Portion	X Rate S	Semester Change	
Desk Audi	t - Prospective portion	On FF	RV [2] as of 10/21/1994	
<u>Distribution:</u>	-		Stephen Russell	
•	ement / Fiscal Agent	Medic	aid Cost Reimbursement	t Analysis
Permanent File	rmation Only			•
	nge in Rate	Step	hus Ru	soll
	1150 111 IXIIIC			
Home Office:	Couthorn Hoolth Cone Man	coment IIC		
nome Office:	Southern HealthCare Mana R. Mark Cronquist	gement, LLC		
	5887 Glenridge Drive, Sui	e 150		
	Atlanta GA 30328			



Moultrie Creek Nursing a	and Rehab			Provider Number:	0 263559-00
200 Mariner Health Way				Date:	12/29/2011
St. Augustine FL 32086				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		urrent Rate 95.21	New Rate 193.32	Effective Date 1/1/2012
I	evel H: AIDS	3	41.41	340.93	1/1/2012
I	evel U: Fragile Under 21		58.74	459.39	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informate No Change in	ion Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Orange City Nursing	g and Rehab		Provider N	umber:	0 263567-00
2810 Enterprise Roa	d	Date: 12		12/29/2011	
DeBary FL 32713		_	Fiscal Yea	_	12/31/2010
				Status:	Unaudited [3]
<b>Provider Type:</b>				_	
		Curr			Effective
	a	Rat			Date
<b>Nursing Home</b>	Single Level	199	<u>201.1</u>	<u>1</u> _	1/1/2012
	Level H: AIDS	345	50 348.7	2	1/1/2012
	Level U: Fragile Under 21	462	83 467.1	8	1/1/2012
					<u> </u>
Rate Type :					
Kate Type.					
Interim			pective		
	Total Interim		X Total Prospec		
	Interim Component		Prospective A		
	Settlement based on costs		Total Prospec	ctive with	Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
			D		
Budget	_		ensure Rating Char	•	
<u>X</u> Unaudited			ual and Customary		1
Field audi			get Rate limitation	cnange	
	it - interim portion	FR	VS Change		
Desk audi			a		
	t - Interim Portion lit - Prospective portion		te Semester Change FRV [2] as of 06/2		
<u>Distribution</u>		On			
'	gement / Fiscal Agent		Stephen R	kussell	
Permanent File	•	Me	dicaid Cost Reimb	arsement /	Analysis
	ormation Only		/ .	7	
	ange in Rate	My	dus ;	Tus	
Home Office:	Southern HealthCare Man	gement, LLC			
	R. Mark Cronquist	-			
	5887 Glenridge Drive, Sui	e 150			
	Atlanta GA 30328				



Fiscal Year End: 12/31/2010  Audit Status: Unaudited [3]	Bayshore Pointe Nu	rsing and Rehab		Provider Number:	0 263575-00
Tampa FL 33611  Provider Type:    Current Rate Rate Date Date	3117 West Gandy B	lvd.	Date:		12/29/2011
Provider Type:    Current   Rate   Rate   Rate   Date	Tampa FL 33611				12/31/2010
Provider Type:    Current   Rate   Rate   Date					
Nursing Home  Single Level  Level H: AIDS Level U: Fragile Under 21  Level U: Fragile Under 21  A59.84  A64.05  A64.05	<b>Provider Type:</b>				
Level H: AIDS	• •				
Level H: AIDS Level U: Fragile Under 21  Level U		a			
Rate Type:	Nursing Home	Single Level	196.31		1/1/2012
Interim		Level H: AIDS	342.51	345.59	1/1/2012
Interim		Level U: Fragile Under 21	459.84	464.05	1/1/2012
Interim					
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Prospective with Interim Component  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  On FRV [2] as of 01/01/1986  Stephen Russell Medicaid Cost Reimbursement Analysis  Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150	Rate Type :				
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Prospective with Interim Component  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  On FRV [2] as of 01/01/1986  Stephen Russell Medicaid Cost Reimbursement Analysis  Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150	Interin	1	X Prospec	ctive	
Interim Component Settlement based on costs Prior Provider Prospective data    Basis:					
Settlement based on costs		•		-	for New Costs
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Stephen Russel Medicaid Cost Reimbursement Analysis  Augustus  Augustus  Stephen Russell Medicaid Cost Reimbursement Analysis  Augustus  Russell  Medicaid Cost Reimbursement Analysis  For information Only No Change in Rate  Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150				Total Prospective with	h Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Stephen Russel Medicaid Cost Reimbursement Analysis  Augustus  Augustus  Stephen Russell Medicaid Cost Reimbursement Analysis  Augustus  Russell  Medicaid Cost Reimbursement Analysis  For information Only No Change in Rate  Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150				_ `	•
Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Stape on FRV [2] as of 01/01/1986  Stephen Russell  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 01/01/1986  Stephen Russell  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 01/01/1986  Stephen Russell  Medicaid Cost Reimbursement Analysis  Russell  Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150	Rasis	•	Changes		
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Sunaudited costs	Budget		Licen	sure Rating Change	
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Target Rate limitation change FRVS Change  Stephen Russell Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  Target Rate limitation change FRVS Change  Mate Semester Change On FRV [2] as of 01/01/1986  Stephen Russell Medicaid Cost Reimbursement Analysis  Target Rate limitation change FRVS Change  Mate Semester Change On FRV [2] as of 01/01/1986  Stephen Russell  Medicaid Cost Reimbursement Analysis  Russell  Medicaid Cost Reimbursement Analysis  For information Only Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150		d costs			on
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150  Rate Semester Change On FRV [2] as of 01/01/1986  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 01/01/1986   Stephen Russell  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 01/01/1986	Field aud	ited costs		•	
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150  Rate Semester Change On FRV [2] as of 01/01/1986  Stephen Russell Medicaid Cost Reimbursement Analysis Rate Semester Change On FRV [2] as of 01/01/1986	Field aud	it - interim portion	FRVS	Change	
Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Stephen Russell Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  Stephen Russell  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  Stephen Russell		-			
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Stephen Russell  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  The stephen Russell  Medicaid Cost Reimbursement Analysis  Russell  Medicaid Cost Reimbursement Analysis  Russell  Medicaid Cost Reimbursement Analysis  Russell  Home Office:  Southern HealthCare Management, LLC  R. Mark Cronquist  5887 Glenridge Drive, Suite 150	Desk audi	it - Interim Portion			
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Southern HealthCare Management, LLC  R. Mark Cronquist  5887 Glenridge Drive, Suite 150	Desk Aud	lit - Prospective portion	On FF	RV [2] as of 01/01/1986	
Permanent File  For information Only No Change in Rate  Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150				Stephen Russell	
For information Only No Change in Rate  Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150	-	•	Medic	aid Cost Reimbursement	t Analysis
Home Office:  Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150					•
Home Office:  Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150		-	Step	hus Ru	sell
R. Mark Cronquist 5887 Glenridge Drive, Suite 150	No Cha	ange in Kale			
R. Mark Cronquist 5887 Glenridge Drive, Suite 150					
5887 Glenridge Drive, Suite 150	Home Office:		gement, LLC		
			e 150		



Royal Oaks Nursing	and Rehab			Provider Number:	0 263583-00
2225 Knox McRae I				12/29/2011	
Titusville FL 32780		-		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>					
• •		Cur		New	Effective
		Ra		Rate	Date
<b>Nursing Home</b>	Single Level		0.25	201.21	1/1/2012
	Level H: AIDS	345	5.45	348.82	1/1/2012
	Level U: Fragile Under 21	462	2.78	467.28	1/1/2012
Rate Type :					
Interim	1	<b>X</b> Pro	spectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component	_		Prospective Adjusted	for New Costs
	Settlement based on costs	_		Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
Budget	_			e Rating Change	
<u>X</u> Unaudited				d Customary Limitatio	on
Field audi			_	ate limitation change	
	it - interim portion	F.	RVS C	nange	
Desk audi	ited costs it - Interim Portion		sta Can	nester Change	
	lit - Prospective portion			[2] as of 04/09/1993	
<b>Distribution</b>				Stephen Russell	
_	gement / Fiscal Agent		edicaio	d Cost Reimbursement	Analysis
Permanent File					•
	ormation Only	Ste	e li	my Ru	sell
No Cha	ange in Rate	/			
Home Office:	Southern HealthCare Mana	gement, LLC			
	R. Mark Cronquist 5887 Glenridge Drive, Sui	e 150			
	Atlanta GA 30328	C 130			
	Manta OA 30320				



Tuskawilla Nursing and F	Rehab			Provider Number:	0 263591-00
1024 Willa Springs Drive				Date:	12/29/2011
Winter Springs FL 32708				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	R	rent ate 1.12	New Rate <b>202.44</b>	Effective Date 1/1/2012
I	evel H: AIDS	34	7.32	350.05	1/1/2012
I	evel U: Fragile Under 21	46	4.65	468.51	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Changes:  I I I I I I I I I I I I I I I I I I	icensur Isual an Iarget R IRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informate No Change in	ion Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Hunter's Creek Nursing and Rehab				Provider Number:	0 263605-00
14155 Town Loop Bovd.				Date:	12/29/2011
Orlando FL 32837				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 219.33	New Rate <b>221.56</b>	Effective Date 1/1/2012
I	Level H: AIDS		365.53	369.17	1/1/2012
I	Level U: Fragile Under 21		482.86	487.63	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informate No Change in the Permanent File No Change in the Permanent Fi	tion Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Boulevard Rehabilitation Center	I	Provider Number:	0 263613-00
2839 South Seacrest Boulevard		Date:	12/29/2011
Boynton Beach FL 33435		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:		Tradit Status.	emantes [e]
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	196.40	193.88	1/1/2012
Y 1W 1WG			
Level H: AIDS	342.60	341.49	1/1/2012
Level U: Fragile Under 21	459.93	459.95	1/1/2012
D			
Rate Type :			
Interim	<b>X</b> Prospective		
Total Interim	<b>X</b> To	tal Prospective	
Interim Component	Pro	spective Adjusted	for New Costs
Settlement based on costs	То	tal Prospective witl	h Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Dasis.	manges.		
Pudget	Licensure R	ating Change	
Budget X Unaudited costs		Customary Limitation	on.
Field audited costs		limitation change	OII
	FRVS Char	=	
Field audit - interim portion	- FRVS Cliai	ige	
Desk audited costs	V Data Camara	(1	
Desk audit - Interim Portion  Desk Audit - Prospective portion	X Rate Semes	as of 09/29/1988	
Distribution:			
Contract Management / Fiscal Agent		Stephen Russell	
Permanent File		ost Reimbursement	•
For information Only	Steph	7	
No Change in Rate	Mpm	es Ku	sacri
	~		
Home Office: Southern HealthCare Management,	HC		
R. Mark Cronquist	, LLC		
5887 Glenridge Drive, Suite 150			
Atlanta GA 30328			



Palm City Nursing and Rehab			Provider Number:	0 263621-00
2505 SW Martin Hig		<u>-</u>	Date:	12/29/2011
Palm City FL 34990		-	Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
<b>Provider Type:</b>				
		Curren		Effective
Nuncina Home	Cingle I aval	Rate	Rate	Date
<b>Nursing Home</b>	Single Level	204.3	<u>205.70</u>	1/1/2012
	Level H: AIDS	350.5	6 353.31	1/1/2012
	Level U: Fragile Under 21	467.8	9 471.77	1/1/2012
Rate Type :				
Interim	1	X Prosp	ective	
	Total Interim	<u> </u>		
	Interim Component		Prospective Adjusted	l for New Costs
	Settlement based on costs			th Interim Component
	Prior Provider Prospective data			1
Basis:	<u> </u>	Changes:		
Dasis.		Changes.		
Budget		Lice	nsure Rating Change	
X Unaudited	l costs	Usua	al and Customary Limitat	ion
Field audi	ted costs		et Rate limitation change	
Field audi	it - interim portion	FRV	S Change	
Desk audi	-			
Desk audi	t - Interim Portion		Semester Change	
	it - Prospective portion	On F	RV [2] as of 10/19/1993	3
<u>Distribution</u>	=		Stephen Russell	
•	gement / Fiscal Agent	Med	icaid Cost Reimbursemer	nt Analysis
Permanent File	ormation Only		,	
	inge in Rate	Sty	hus Ru	issell
	inge in Rute			
Home Office:	Southern HealthCare Man	gement LLC		
Home Office.	R. Mark Cronquist	gement, LLC		
	5887 Glenridge Drive, Sui	e 150		
	Atlanta GA 30328			



Bay Pointe Nursing Pav	illion		Provider Number:	0 263834-00	
4201 31st Street South			Date:	12/29/2011	
St. Petersburg FL 33712	2		Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:	G. I.A. I	Currer Rate	Rate	Effective Date	
<b>Nursing Home</b>	Single Level	192.3	9 191.44	1/1/2012	
	Level H: AIDS	338.5	9 339.05	1/1/2012	
	Level U: Fragile Under 21	455.9	2 457.51	1/1/2012	
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Changes:  Lice Usus Targ FRV	Prospective Adjusted	th Interim Component	
<b>Distribution:</b>			Stephen Russell		
Contract Managem	ent / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File For inform	ation Only			•	
No Change	•	Sty	In Ru	usel 1	
Home Office:	1 - No Home Office				



Boca Raton Rehabilita	ation Center		Provider Number:	0 263842-00	
755 Meadows Road			Date:	12/29/2011	
Boca Raton FL 33486	i		Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	185.09		1/1/2012	
	Level H: AIDS	331.29	333.28	1/1/2012	
	Level U: Fragile Under 21	448.62	451.74	1/1/2012	
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk Audite Desk Audite	ed costs - interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change  Semester Change RV [2] as of 04/01/1998	n Interim Component	
Distribution:	ment / Fiscal Agent		Stephen Russell		
Permanent File	ment / Piscai Ageill	Medicaid Cost Reimbursement Analysis			
	mation Only	1	hus Ru	2011	
No Chan	ge in Rate	ny	mu / m		
Home Office:	1 - No Home Office				



Deerfield Beach Health	n and Rehabilitation Center		Provider Number	r: 0 263851-00	
401 East Sample Road			Date	e: 12/29/2011	
Pompano Beach FL 33	064		Fiscal Year End:	: 12/31/2010	
			Audit Status	s: Unaudited [3]	
Provider Type: Nursing Home	Single Level	Currer Rate 212.	Rate	Effective Date	
Nursing Home	Single Level		209.38	1/1/2012	
	Level H: AIDS	358.6	356.99	1/1/2012	
	Level U: Fragile Under 21	475.9	99 475.45	1/1/2012	
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Changes:  Lice Usu Targ FRV X Rate	Prospective Adjuste	with Interim Component ation ge	
<b>Distribution:</b>			Stephen Russell	 I	
_	nent / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Permanent File	nation Only			•	
No Chang	-	Sty	elm Re	well	
		•			
Home Office:	1 - No Home Office				



Rehabilitation and Health Care Center of Cape Cora		Provider Number:	0 263869-00
2629 Del Prado Blvd		Date:	12/29/2011
Cape Coral FL 33904		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 189.39	New Rate 191.11	Effective Date 1/1/2012
Level H: AIDS	335.59	338.72	1/1/2012
Level U: Fragile Under 21	452.92	457.18	1/1/2012
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis: Budget		Total Prospective Prospective Adjusted Total Prospective with	n Interim Component
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Target R FRVS C  X Rate Ser	ad Customary Limitation change Change Change Thange	on
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate		Stephen Russell d Cost Reimbursement	•
Home Office: 1 - No Home Office			



Carrollwood Care Cen	iter			Provider Number:	0 263877-00
15002 Hutchinson Roa	ad			Date:	12/29/2011
Tampa FL 33625				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:		Curr Ra	te	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	184	.29	<u> 184.00</u>	1/1/2012
	Level H: AIDS	330	.49	331.61	1/1/2012
	Level U: Fragile Under 21	447	.82	450.07	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes: Li Us	censure ual and rget Ra	Total Prospective Prospective Adjusted Total Prospective with Read Read Prospective Rating Change Country Limitation Read Customary Limitation Read Read Prospective Read Pro	n Interim Component
Distribution:	ment / Fiscal Agent			Stephen Russell	
Permanent File	ment / Piscai Ageilt	Medicaid Cost Reimbursement Analysis			Analysis
	nation Only	14	/	in Ru	
No Chan	ge in Rate	ng	e u	m / la	
Home Office:	1 - No Home Office				



Casa Mora Rehabilitat	ion and Extended Care		Provider Number:	0 263885-00	
1902 59th St West			Date:	12/29/2011	
Bradenton FL 34209			Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	196.25		1/1/2012	
	Level H: AIDS	342.45	345.08	1/1/2012	
	Level U: Fragile Under 21	459.78	463.54	1/1/2012	
Basis:  Budget X Unaudited c Field audite Field audit Desk audite Desk audit	d costs - interim portion	Usual a Target FRVS X Rate So	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 06/01/1997	h Interim Component	
<b>Distribution:</b>	over / E' and A and		Stephen Russell		
Permanent File	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
	mation Only	15	hus Ru	raell	
No Chang	ge in Rate	ng.	mes / w		
Home Office:	1 - No Home Office				



Evergreen Woods				Provider Number:	0 263893-00
7045 Evergreen Wood	s Trail			Date:	12/29/2011
Springhill FL 34608				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:		Cur R:	ite	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	18.	3.37		1/1/2012
	Level H: AIDS	329	0.57	332.56	1/1/2012
	Level U: Fragile Under 21	440	5.90	451.02	1/1/2012
Basis:  Budget X Unaudited compiled audited audited audited audited audited audited audited audited besk audited besk audited besk audited audited besk audited audited besk audited besk audited audited besk audited besk audited besk audited audited besk audited bes	d costs interim portion	Changes:  L U T F	censure sual an arget R RVS Cl	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
<b>Distribution:</b>				Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	7-4		en Ru	22//
No Chang	ge in Rate	my.		ny / m	,
Home Office:	1 - No Home Office				



Highland Pines Rehab	ilitation Center		Provider Number:	0 263907-00	
1111 South Highland	Ave		Date:	12/29/2011	
Clearwater FL 33756			Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:		Currer Rate	Rate	Effective Date	
<b>Nursing Home</b>	Single Level	186.5	187.65	1/1/2012	
	Level H: AIDS	332.7	335.26	1/1/2012	
	Level U: Fragile Under 21	450.0	04 453.72	1/1/2012	
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes:  Lice Usu Targ FRV X Rate	Total Prospective Prospective Adjusted Total Prospective Adjusted Total Prospective with  ensure Rating Change al and Customary Limital get Rate limitation change VS Change e Semester Change FRV [2] as of 10/01/198:	tith Interim Component	
<b>Distribution:</b>	word / Figure 1 A mont		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	25	Mus Re	well	
No Chang	ge in Rate	my	- my / m		
Home Office:	1 - No Home Office				



V6.998.1.2:RV35K

## State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Rehabilitation Center of	Palm Beaches			Provider Number:	0 263915-00
301 Northpoint Parkway				Date:	12/29/2011
West Palm Beach FL 33	407			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 196.90	Effective Date  1/1/2012
runsing frome	Single Level	_	193.07		1/1/2012
	Level H: AIDS	_	342.07	344.51	1/1/2012
	Level U: Fragile Under 21	-	459.40	462.97	1/1/2012
Basis:  Budget X Unaudited coeffield audit - i Desk audited Desk Audit - I Desk Audit - i	costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b> Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File	ciit / 1 iscai Ageitt	Medicaid Cost Reimbursement Analysis			
For informa No Change	•		tye	hus Ru	mell
Home Office:	1 - No Home Office				



Pompano Health and R	ehabilitation Center		Provider Number:	0 263923-00	
51 West Sample Road			Date:	12/29/2011	
Pompano Beach FL 330	064		Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	Rate	Effective Date	
<b>Nursing Home</b>	Single Level	200.44	202.25	1/1/2012	
	Level H: AIDS	346.64	349.86	1/1/2012	
	Level U: Fragile Under 21	463.97	468.32	1/1/2012	
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Usual Targe FRV: X Rate	Total Prospective Prospective Adjusted	h Interim Component	
<u>Distribution:</u>			Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	11.2-	1 -		
No Chang	•	-31-je	hus Ru	saw	
Home Office:	1 - No Home Office				



Healthcare and Rehabil	litation Center of Sanford			Provider Number:	0 263931-00
950 Mellonville Avenu	e			Date:	12/29/2011
Sanford FL 32771				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	R	rrent ate <b>77.99</b>	New Rate 179.07	Effective Date  1/1/2012
	-				
	Level H: AIDS	32	4.19	326.68	1/1/2012
	Level U: Fragile Under 21	4	1.52	445.14	1/1/2012
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Changes:	Jsual an Farget R FRVS C Rate Sen	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b>Distribution:</b> Contract Managem	nent / Fiscal Agent			Stephen Russell	
Permanent File	· · · · · · · · · · · · · · · · ·			d Cost Reimbursement	•
	nation Only e in Rate	M	p ti	mes Ru	mell
Home Office:	1 - No Home Office				



Rehabilitation and Healthcare of Tampa		Provider Number:	0 263940-00
4411 North Habana Ave.		Date:	12/29/2011
Tampa FL 33614		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 182.67	New Rate 184.32	Effective Date 1/1/2012
2g. 2.0 20 41			1/1/2012
Level H: AIDS	328.87	331.93	1/1/2012
Level U: Fragile Under 21	446.20	450.39	1/1/2012
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data  Basis: BudgetXUnaudited costsField audited costsField audited costsField audited costsDesk audited costsDesk audited - Interim PortionDesk Audit - Prospective portion  Distribution:	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 10/01/1985	n Interim Component
Contract Management / Fiscal Agent		Stephen Russell	
Permanent File		d Cost Reimbursement	<u> </u>
For information Only No Change in Rate	Steph	mes Ru	sall
Home Office: 1 - No Home Office			



The Abbey Rehabilitati	on and Nursing Center		Provider Number:	0 263958-00
7101 9th St. North			Date:	12/29/2011
St. Petersburg FL 3370	2		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	196.13		1/1/2012
	Level H: AIDS	342.33	343.78	1/1/2012
	Level U: Fragile Under 21	459.66	462.24	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitation Rate limitation change Change emester Change EV [2] as of 10/01/1985	h Interim Component
<b>Distribution:</b>	(T)		Stephen Russell	
Contract Managen Permanent File	nent / Fiscal Agent	Medic	aid Cost Reimbursement	t Analysis
	nation Only		1 -	
No Chang	<u> </u>	My.	hus Ru	sacri
Home Office:	1 - No Home Office			



The Oaks at Avon		Provider Number:	0 263966-00
1010 US 27 N		Date:	12/29/2011
Avon Park FL 33825		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 192.02	New Rate 193.72	Effective Date 1/1/2012
Level H: AIDS	338.22	341.33	1/1/2012
Level U: Fragile Under 21	455.55	459.79	1/1/2012
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs	Usual ar	Total Prospective Prospective Adjusted Total Prospective with re Rating Change and Customary Limitation	n Interim Component
Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	FRVS C  X Rate Ser	Change Change mester Change [2] as of 01/05/1993	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate		Stephen Russell d Cost Reimbursement	-
Home Office: 1 - No Home Office			



Titusville Rehabilitation and Nursing Center		Provider Number:	0 263974-00
1705 Jess Parrish Court		Date:	12/29/2011
Titusville FL 32796		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 192.75	New Rate 192.61	Effective Date 1/1/2012
Level H: AIDS	338.95	340.22	1/1/2012
Level U: Fragile Under 21	456.28	458.68	1/1/2012
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:  Budget  X Unaudited costs  Field audited costs  Field audit - interim portion	Usual an	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion		nester Change [2] as of 10/01/1985	
<b>Distribution:</b>		Stephen Russell	
Contract Management / Fiscal Agent Permanent File	Medicaio	d Cost Reimbursement	Analysis
For information Only  No Change in Rate	Stype	me Ru	ssell
Home Office: 1 - No Home Office			



Sarasota Health and	Rehabilitation Center	_		Provider Number:	0 263982-00
1524 East Avenue S		_		Date:	12/29/2011
Sarasota FL 34239		_		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		208.05	209.91	1/1/2012
	Level H: AIDS		354.25	357.52	1/1/2012
	Level U: Fragile Under 21		471.58	475.98	1/1/2012
Rate Type :					
Interim		X	Prospectiv	ve .	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Change	es:		
			Liconour	na Datina Changa	
Budget		<u> </u>		re Rating Change	
X Unaudited				d Customary Limitatio	on
Field audi				ate limitation change	
	t - interim portion		FRVS C	hange	
Desk audit					
	t - Interim Portion it - Prospective portion	X		nester Change [2] as of 10/01/1985	
Distribution:			OllTRV	Stephen Russell	
Contract Manag	ement / Fiscal Agent				
Permanent File				d Cost Reimbursement	-
For info	rmation Only		1+	1 2.	00111
	nge in Rate		nyer	hus Ru	
	-		-		
Homo Office	1 - No Home Office				
Home Office:	1 - No Home Office				



Windsor Woods Rehal	bilitation and Healthcare Center		Provider Number:	0 263991-00	
13719 Dallas Drive	13719 Dallas Drive		Date:	12/29/2011	
Hudson FL 34667			Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	Rate	Effective Date	
<b>Nursing Home</b>	Single Level	186.33	<u> 187.76</u> _	1/1/2012	
	Level H: AIDS	332.53	335.37	1/1/2012	
	Level U: Fragile Under 21	449.86	453.83	1/1/2012	
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usua Targe FRV	Total Prospective Prospective Adjusted	h Interim Component	
<b>Distribution:</b>			Stephen Russell		
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis			
Permanent File	nation Only			•	
	ge in Rate	Sty	hus Ru	soll	
Home Office:	1 - No Home Office	·			



Winkler Court			Provider Number:	0 264008-00	
3250 Winkler Ave			Date:	12/29/2011	
Fort Myers FL 33916			Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	194.35	189.91	1/1/2012	
	Level H: AIDS	340.55	337.52	1/1/2012	
	Level U: Fragile Under 21	457.88	455.98	1/1/2012	
Basis:  Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	Usual a Target I FRVS C X Rate Se	Total Prospective Prospective Adjusted Total Prospective with  Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component	
Distribution:	mant / Figure 1 A grant		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	mation Only	14	hus Ru	2011	
No Char	nge in Rate	ngi	mes the		
Home Office:	1 - No Home Office				



Lafayette Healthcare Cen	ter			Provider Number:	0 264482-00
512 West Main Sreet				Date:	12/29/2011
Mayo FL 32066				Fiscal Year End:	10/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	-	Current Rate 184.85	New <u>Rate</u> 186.11	Effective Date 1/1/2012
	mgie Zever	-	104.02		1/1/2012
L	evel H: AIDS		331.05	333.72	1/1/2012
L	evel U: Fragile Under 21		448.38	452.18	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audit - In Desk Audit - P	osts terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
<b>Distribution:</b> Contract Management	nt / Fiscal Agent			Stephen Russell	
Permanent File	, 1 100ti 1 1 <u>5</u> 0ti			d Cost Reimbursement	
For informat No Change i	•	لمير	styr	hus Ru	mell
Home Office:	CNH, LLC 46 Third Street NW Hickory NC 28601				



Clifford Chester Sims S	State Veterans Nursing Home			Provider Number:	0 264491-00
4419 Tram Road				Date:	12/29/2011
Springfield FL 32404				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	]	urrent Rate <b>98.06</b>	New Rate 213.59	Effective Date 1/1/2012
	Level H: AIDS	3.	44.26	361.20	1/1/2012
	Level U: Fragile Under 21	4	61.59	479.66	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Permanent File	nent / Fiscal Agent nation Only ge in Rate			Stephen Russell d Cost Reimbursement	•
Home Office:	Florida Dept. of Veterans At Walter Gilchrist 11351 Ulmerton Road, Roon Largo Fl 33778-1630				



Provider Type:    Current   New   Rate   Rate   Date	Conway Lakes Health & Rehabilitation Center				Provider Number:	0 264512-00
Provider Type:   Current   New   Effective   Date	5201 Curry Ford Ro	·			Date:	12/29/2011
Provider Type:    Current   New   Rate   Rate   Date	Orlando FL 32812		_			12/31/2010
Provider Type:    Current Rate Rate Date						
Nursing Home  Single Level  Level H: AIDS Level U: Fragile Under 21  AT3.01  Level U: Fragile Under 21  Interim  Total Interim  Total Interim  Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget  X Unaudited costs Field audite - interim portion Desk audite Interim portion Desk audite Interim Portion Desk audite - Prospective portion  Desk audite - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Rate  Rate Rate Date  Audit - Nation  AT3.01  AT4.85  I/1/2012   X Prospective  X Total Prospective Prospective with Interim Component  Total Prospective with Interim Component  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Usual and Customary Limitation FRVS Change  On FRV [2] as of 12/23/1991  Stephen Russell  Medicaid Cost Reimbursement Analysis  Augustur  Augustu	<b>Provider Type:</b>					
Level H: AIDS   355.68   356.39   1/1/2012						
Level H: AIDS Level U: Fragile Under 21    Level U: Fragile Under 21	NI • TT					
Rate Type: Interim	Nursing Home	Single Level		209.48	208.78	1/1/2012
Rate Type:		Level H: AIDS		355.68	356.39	1/1/2012
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data    Basis:		Level U: Fragile Under 21		473.01	474.85	1/1/2012
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data    Basis:						
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data    Basis:	Rate Type :					
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data    Budget			v	Ducanacti		
Interim Component Settlement based on costs Prior Provider Prospective data    Basis:	mem		<u> </u>			
Basis:  Budget X Unaudited costs Field audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  X Rate Semester Change On FRV [2] as of 12/23/1991  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  Total Prospective with Interim Component  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Stephen Russell  Medicaid Cost Reimbursement Analysis  Total Prospective with Interim Component					•	for New Costs
Budget X Unaudited costs Field audited costs Field audit - Interim portion Desk audit - Prospective portion Desk Audit - Prospective portion Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  X Rate Semester Change On FRV [2] as of 12/23/1991  Stephen Russell  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 12/23/1991  Stephen Russell  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 12/23/1991  Stephen Russell  Medicaid Cost Reimbursement Analysis		*				
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Stephen Russell  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 12/23/1991  Stephen Russell  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 12/23/1991  Stephen Russell  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 12/23/1991  Stephen Russell  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 12/23/1991  Stephen Russell  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 12/23/1991  Stephen Russell  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 12/23/1991  Stephen Russell  Medicaid Cost Reimbursement Analysis		i			Total Prospective will	i internii Component
Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  X Rate Semester Change On FRV [2] as of 12/23/1991  Stephen Russell Medicaid Cost Reimbursement Analysis  The Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  SBK Capital, LLC		Thor frovider frospective data				
Wisual and Customary Limitation   Target Rate limitation change   Field audit - interim portion   Desk audit - Interim Portion   Desk Audit - Prospective portion   Wisual and Customary Limitation   Target Rate limitation change   FRVS Change	Basis:		Chang	ges:		
Wisual and Customary Limitation   Target Rate limitation change   Field audit - interim portion   Desk audit - Interim Portion   Desk Audit - Prospective portion   Wisual and Customary Limitation   Target Rate limitation change   FRVS Change	Rudget			Licensur	e Rating Change	
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Target Rate limitation change FRVS Change  STRVS Change  Target Rate limitation change FRVS Change  National Semester Change On FRV [2] as of 12/23/1991  Stephen Russell Medicaid Cost Reimbursement Analysis  Stephen Russell  Medicaid Cost Reimbursement Analysis  Stephen Russell  Medicaid Cost Reimbursement Analysis		Losts				on
Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Field audit - interim portion FRVS Change  Stephen Russell  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  The stephen Russell  Medicaid Cost Reimbursement Analysis  Stephen Russell  Medicaid Cost Reimbursement Analysis  Stephen Russell			-		•	, i
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Stephen Russell Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  The Rate Semester Change On FRV [2] as of 12/23/1991  Stephen Russell  Medicaid Cost Reimbursement Analysis  The Rate Semester Change On FRV [2] as of 12/23/1991  Stephen Russell  Medicaid Cost Reimbursement Analysis  The Rate Semester Change On FRV [2] as of 12/23/1991					_	
Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Stephen Russell Medicaid Cost Reimbursement Analysis  The American Rate  Stephen Russell  Medicaid Cost Reimbursement Analysis  The American Rate Rate Rate Rate Rate Rate Rate Rate		-	-			
Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Stephen Russell  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  Stephen Russell  Medicaid Cost Reimbursement Analysis  Stephen Russell			<u> X</u>	Rate Ser	nester Change	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Medicaid Cost Reimbursement Analysis  ### Medicaid Cost Reimbursement Analysis  ##################################			-			
Permanent File  For information Only  No Change in Rate  Medicaid Cost Reimbursement Analysis  **The Cost Reimbursement Analysis**  **The Cost Reimbursement An		_			Stephen Russell	
For information Only No Change in Rate  SBK Capital, LLC	_	•		Medicai	d Cost Reimbursement	Analysis
Home Office: SBK Capital, LLC						•
Home Office: SBK Capital, LLC		•		Step 1.	m Ru	sell
	No Cha	inge in Kate	_		·	
	Home Office	CDV Comital LLC				
	Home Office:	Larry Shrewsbury				
1935 Garraux Road, Northwest		1935 Garraux Road, North	west			
Atlanta GA 30327						



Belleair East Health	Care Center			Provider Number:	0 264521-00
1150 PONCE DE LE				Date:	12/29/2011
Clearwater FL 33756	j			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Sumant		Effective
		(	Current Rate	New Rate	Date
<b>Nursing Home</b>	Single Level		204.09	201.14	1/1/2012
	Level H: AIDS		350.29	348.75	1/1/2012
	Level U: Fragile Under 21		167.62	467.21	1/1/2012
Basis:  Budget X Unaudited Field audi Field audi Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  costs ted costs t - interim portion ted costs t - Interim Portion it - Prospective portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Contract Manage	ement / Fiscal Agent		36.11. 1		
Permanent File				d Cost Reimbursement	•
	rmation Only nge in Rate	-Si	t eje 1.	en Ru	sell
Home Office:	SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northy Atlanta GA 30327	rest			



East Bay Rehabilitation	Center		Provider Number:	0 264539-00
4470 East Bay Drive			Date:	12/29/2011
Clearwater FL 33764			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 202.40	Rate	Effective Date 1/1/2012
1	Level H: AIDS	348.60	352.38	1/1/2012
]	Level U: Fragile Under 21	465.93	470.84	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited co	costs nterim portion costs	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitation t Rate limitation change Change Semester Change RV [2] as of 07/26/1990	h Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell caid Cost Reimbursement Ann Russell	•
Home Office:	SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwes Atlanta GA 30327			



MELBOURNE TER	RRACE RESTORATIVE CARE CE			Provider Number:	0 264547-00
251 Florida Ave				Date:	12/29/2011
Melbourne FL 3290	1			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				110010 2 10000	
			Current	New	Effective
N	Charle I and		Rate	Rate	Date
<b>Nursing Home</b>	Single Level		210.86	208.98	1/1/2012
	Level H: AIDS		357.06	356.59	1/1/2012
	Level U: Fragile Under 21		474.39	475.05	1/1/2012
Rate Type :					
Interim	1	X	Prospectiv		
Interm	Total Interim	A	rrospectiv	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Prospective will	i interim Component
	Thor frovider frospective data				
Basis:		Chang	ges:		
Budget			Licensur	e Rating Change	
X Unaudited	Losts	-		d Customary Limitation	าท
Field audi		-		ate limitation change	, i
	it - interim portion	-	FRVS C	=	
Desk audi	-				
	t - Interim Portion	X	Rate Ser	nester Change	
	lit - Prospective portion			[2] as of 02/09/1989	
<b>Distribution</b>	_			Stephen Russell	
_	gement / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
Permanent File					•
	ormation Only		Stre	en Ru	sell
No Cha	ange in Rate				
VV 0.00	any a late a				
Home Office:	SBK Capital, LLC Larry Shrewsbury				
	1935 Garraux Road, Northwe	st			
	Atlanta GA 30327				
	111111111111111111111111111111111111111				



Centre Point Health and	Rehab Center		Provider Number:	0 264563-00
2255 Centerville Road			Date:	12/29/2011
Tallahassee FL 32308	_		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate <b>200.04</b>	New Rate <b>197.49</b>	Effective Date 1/1/2012
	Level H: AIDS	346.24	345.10	1/1/2012
	Level U: Fragile Under 21	463.57	463.56	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - Is	costs nterim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Bure Rating Change and Customary Limitation Rate limitation change Change Emester Change EV [2] as of 06/25/1987	n Interim Component
Distribution:  Contract Management File  For information No Change	ntion Only		Stephen Russell aid Cost Reimbursement Ann Russell	•
Home Office:	SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwest Atlanta GA 30327			



Sade Street, NW   Date:   12/29/2011	Spring Lake Rehabil	litation Center			Provider Number:	0 264571-00
Winter Haven FL 33881  Provider Type:    Current Rate Rate Date	1540 Sixth Street, NW		<del>-</del>		Date:	12/29/2011
Provider Type:    Nursing Home   Single Level   Single   Single Level   Single Le	Winter Haven FL 33	881	_		•	12/31/2010
Provider Type:    Current   New   Rate   Rate   Date						1
Nursing Home  Single Level  Level H: AIDS Level U: Fragile Under 21  Level U: Fragile Under 21  AT4.4.3 AT0.85 I/I/2012  Level U: Fragile Under 21  Interim  Total Interim  Total Interim  Total Interim Component  Settlement based on costs Prior Provider Prospective data  Basis:  Budget  X Unaudited costs Field audit dosts Field audit - Interim portion Desk audit - Interim Portion Desk audit - Interim Portion Desk Audit - Prospective Prospective  Desk audit - Interim Portion Desk Audit - Interim Portion Desk Audit - Prospective Prospective  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  SBK Capital, LLC Larry Shrewsbury Interior Data Rate  Rate Rate Data I/I/2012  AT0.85 I/I/2012  AT0.85 I/I/2012  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Stephen Russell  Medicaid Cost Reimbursement Analysis  Augustus  Russell  Medicaid Cost Reimbursement Analysis  Augustus  Russell  Medicaid Cost Reimbursement Analysis  Augustus  Russell  Medicaid Cost Reimbursement Analysis	<b>Provider Type:</b>					
Level H: AIDS   210.90   204.78   1/1/2012     Level H: AIDS   357.10   352.39   1/1/2012     Level U: Fragile Under 21   474.43   470.85   1/1/2012     Rate Type:	•					
Level H: AIDS Level U: Fragile Under 21    A74.43		a				
Level U: Fragile Under 21	Nursing Home	Single Level		210.90		1/1/2012
Rate Type :		Level H: AIDS		357.10	352.39	1/1/2012
Interim		Level U: Fragile Under 21		474.43	470.85	1/1/2012
Interim						
Interim						
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component  Prospective Adjusted for New Costs Total Prospective with Interim Component  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  X Rate Semester Change On FRV [2] as of 05/17/1991  Stephen Russell Medicaid Cost Reimbursement Analysis  Home Office:  SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwest	Rate Type :					
Interim Component Settlement based on costs Prior Provider Prospective data    Basis:	Interim	1	X	Prospectiv	ve	
Settlement based on costs Prior Provider Prospective data    Basis:		Total Interim		X	Total Prospective	
Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Stephen Russell Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  For information Only No Change in Rate  SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwest		Interim Component			Prospective Adjusted	for New Costs
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  On FRV [2] as of 05/17/1991  Stephen Russell Medicaid Cost Reimbursement Analysis  Augulian  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  On FRV [2] as of 05/17/1991  Stephen Russell  Medicaid Cost Reimbursement Analysis  Augulian  Russell  Medicaid Cost Reimbursement Analysis  Augulian  Russell  Medicaid Cost Reimbursement Analysis  Augulian  Russell  Medicaid Cost Reimbursement Analysis		Settlement based on costs			Total Prospective with	n Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Stage The Russell  Stephen Russell  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  The Russell  Medicaid Cost Reimbursement Analysis  Stage Medicaid Cost Reimbursement Analysis  The Russell  Medicaid Cost Reimbursement Analysis  The Russell  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  The Russell  No Change in Rate		Prior Provider Prospective data				
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Stage The Russell  Stephen Russell  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  The Russell  Medicaid Cost Reimbursement Analysis  Stage Medicaid Cost Reimbursement Analysis  The Russell  Medicaid Cost Reimbursement Analysis  The Russell  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  The Russell  No Change in Rate	Basis:		Chang	ges:		
X Unaudited costs						
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwest  Target Rate limitation change FRVS Change  SR Rate Semester Change On FRV [2] as of 05/17/1991  Medicaid Cost Reimbursement Analysis  Target Rate limitation change FRVS Change  Medicaid Cost Reimbursement Analysis	Budget			Licensur	e Rating Change	
Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Field audit - interim portion  FRVS Change  The Rate Semester Change  On FRV [2] as of 05/17/1991  Stephen Russell  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  The Rate Semester Change  On FRV [2] as of 05/17/1991  Stephen Russell  Medicaid Cost Reimbursement Analysis  The Rate Semester Change  On FRV [2] as of 05/17/1991  Stephen Russell  Medicaid Cost Reimbursement Analysis  The Rate Semester Change  On FRV [2] as of 05/17/1991	X Unaudited	l costs		Usual an	d Customary Limitation	on
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwest  Rate Semester Change On FRV [2] as of 05/17/1991  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 05/17/1991  Stephen Russell  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 05/17/1991	Field audi	ited costs		Target R	ate limitation change	
Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Stephen Russell Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  Stephen Russell  Medicaid Cost Reimbursement Analysis  Rate Semester Change On FRV [2] as of 05/17/1991	Field audi	it - interim portion		FRVS C	hange	
Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Stephen Russell  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  Stephen Russell  Medicaid Cost Reimbursement Analysis  Stephen Russell  Medicaid Cost Reimbursement Analysis  Stephen Russell	Desk audi	ted costs				
Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Stephen Russell  Medicaid Cost Reimbursement Analysis	Desk audi	t - Interim Portion	X			
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Stephen Russen  Medicaid Cost Reimbursement Analysis  ### Medicaid Cost Reimbursement Analysis  ##################################				On FRV	[2] as of 05/17/1991	
Permanent File  For information Only  No Change in Rate  SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwest					Stephen Russell	
For information Only No Change in Rate  SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwest	_	•		Medicaio	d Cost Reimbursement	Analysis
Home Office:  SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwest						•
Home Office:  SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwest		•		Step 1.	m Ru	soll
Larry Shrewsbury 1935 Garraux Road, Northwest	No Clia	inge in Kale				
Larry Shrewsbury 1935 Garraux Road, Northwest	Hom - Offi	CDV Conital LLC				
1935 Garraux Road, Northwest	Home Office:					
			west			



Life Care Center of I	Estero			Provider Number:	0 265381-00
3850 Williams Road		•		Date:	12/29/2011
Estero FL 33929		<u>.</u>		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>				Tudit Status.	e maanea [e]
			Current	New	Effective
			Rate	Rate	Date
<b>Nursing Home</b>	Single Level		206.49	213.24	1/1/2012
	Level H: AIDS		352.69	360.85	1/1/2012
	Level U: Fragile Under 21		470.02	479.31	1/1/2012
Rate Type :					
Interim	1	X	Prospectiv	<i>r</i> e	
	Total Interim	-	X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Chang	es:		
<b>Dusis</b>		Chang	<u>est</u>		
Budget			Licensur	e Rating Change	
X Unaudited	costs	-		d Customary Limitation	on
Field audi				ate limitation change	·•
Field audi	it - interim portion		FRVS C	=	
Desk audi	_				
	t - Interim Portion	X	Rate Sen	nester Change	
Desk Aud	it - Prospective portion	-		[2] as of 10/23/2003	
Distribution	=			Stephen Russell	
•	gement / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File					•
	ormation Only		Stepl	hus Ru	sell
No Cha	inge in Rate			*	
Home Office:	Life Care Centers Of Amer	ica			
	Doug Ruth 3570 NW Keith Street				
	Cleveland TN 37320				
	Cieveland IN 3/320				



Valencia Hills Health ar	nd Rehabilitation Center		Provider Number:	0 265560-00
1350 Sleepy Hill Road			Date:	12/29/2011
Lakeland FL 33810			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 185.01	New Rate 183.85	Effective Date 1/1/2012
	Level H: AIDS	331.21	331.46	1/1/2012
	Level U: Fragile Under 21	448.54	449.92	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - i Desk audited Desk audit - I	costs interim portion	Usual a Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 11/01/1994	n Interim Component
Distribution:  Contract Managem  Permanent File  For information No Change	ation Only		Stephen Russell aid Cost Reimbursement	•
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Circl Tallahassee FL 32308	Ste. D		



Summer Brook Healt	h Care Center			Provider Number:	0 265721-00
5377 Moncrief Road		<del>_</del>		Date:	12/29/2011
Jacksonville FL 3220	9	_		Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
			Rate	Rate	Date
<b>Nursing Home</b>	Single Level		161.70	162.22	1/1/2012
	Level H: AIDS		307.90	309.83	1/1/2012
	Level U: Fragile Under 21		425.23	428.29	1/1/2012
Rate Type:					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
]	Prior Provider Prospective data				
Basis:		Change	es:		
			<del></del>		
Budget				re Rating Change	
Unaudited				d Customary Limitation	on
Field audit		-		ate limitation change	
	- interim portion	<u> </u>	FRVS C	Change	
Desk audite				Clares	
	- Interim Portion t - Prospective portion	<u> </u>		mester Change [2] as of 10/01/1985	
<b>Distribution:</b>				Stephen Russell	
•	ement / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File					•
	mation Only		Stepl	hus Ru	sell
No Char	nge in Rate			•	
Home Office:	Innovative Health Care M	anagement Servi	ices, Inc.		
	Angela Williams 2333 Hansen Lane, Suite	1			
	Tallahassee FL 32301	т			
	Tananassee TL 32301				



Hialeah Convalescent C	Center		Provider Number:	0 265730-00
190 W. 28th Street			Date:	12/29/2011
Hialeah FL 33010			Fiscal Year End:	3/31/2011
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	184.22	184.88	1/1/2012
	Level H: AIDS	330.42	332.49	1/1/2012
	Level U: Fragile Under 21	447.75	450.95	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective wit  Sure Rating Change and Customary Limitative Rate limitation change Change Semester Change RV [2] as of 07/01/1991	h Interim Component
Contract Managem	ent / Fiscal Agent		Stephen Russell	
Permanent File For inform No Change	•		caid Cost Reimbursemen	
Home Office:	1 - No Home Office			



Life Care Center of C	Ocala			Provider Number:	0 266108-00
2800 SW 41st Street				Date:	12/29/2011
Ocala FL 34474				Fiscal Year End:	1/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current	New	Effective
			Rate	Rate	Date
<b>Nursing Home</b>	Single Level		206.38	208.50	1/1/2012
	Level H: AIDS		352.58	356.11	1/1/2012
	Level U: Fragile Under 21		469.91	474.57	1/1/2012
Rate Type :					
Interim	ı Total Interim	X	Prospectiv	ve Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs		-	Total Prospective with	
	Prior Provider Prospective data			•	•
Basis:		Change	s:		
Budget			Licensu	e Rating Change	
X Unaudited	costs			nd Customary Limitation	on
Field audi	ted costs			tate limitation change	
Field audi	t - interim portion		FRVS C	Change	
Desk audi	ted costs				
	t - Interim Portion	X		mester Change	
	it - Prospective portion		On FRV	[2] as of 10/01/1998	
<b>Distribution</b> :				Stephen Russell	
_	ement / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
Permanent File					<u> </u>
	ormation Only nge in Rate		steps	hus Ru	sell
No Cha	inge in Naic				
Home Office:	Life Care Centers Of Ame Doug Ruth	ca			
	3570 NW Keith Street				
	Cleveland TN 37320				



Oasis Health and Reha	abilitation Center		Provider Number:	0 266124-00
1201 12th Avenue Sou			Date:	12/29/2011
Lake Worth FL 33460			Fiscal Year End:	3/31/2011
			Audit Status:	Unaudited [3]
Provider Type:	Chr. ala I amal	Curren Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level	218.79	9 218.77 -	1/1/2012
	Level H: AIDS	364.99	9 366.38	1/1/2012
	Level U: Fragile Under 21	482.3	2 484.84	1/1/2012
Basis:  Budget X Unaudited c Field audite Field audit Desk audite Desk audit	d costs - interim portion	Usua Targe FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
Distribution:			Stanhan Duggall	
Contract Manager	ment / Fiscal Agent		Stephen Russell	
Permanent File			caid Cost Reimbursemen	-
	nation Only ge in Rate	Step	hus Ru	sell
No Chang	ge III Kale			
Home Office:	1 - No Home Office			



Southpoint Terrace				Provider Number:	0 266281-00
4325 Southpoint Boulevard				Date:	12/29/2011
Jacksonville FL 32216				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 172.94	New Rate 170.03	Effective Date 1/1/2012
L	evel H: AIDS		319.14	317.64	1/1/2012
I	evel U: Fragile Under 21		436.47	436.10	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited co Desk audit - In	osts terim portion osts	Chang	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component
Distribution:  Contract Managemer  Permanent File  For informat  No Change i	ion Only			Stephen Russell d Cost Reimbursement	•
Home Office:	SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circ Daytona Beach FL 32114	ele			



Whispering Oaks		Provider Number:	0 266612-00
1514 Chelsea St		Date:	12/29/2011
Tampa FL 33610		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 152.72	New Rate 153.03	Effective Date  1/1/2012
Level H: AIDS	298.92	300.64	1/1/2012
Level U: Fragile Under 21	416.25	419.10	1/1/2012
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis: Budget X Unaudited costs		Total Prospective Prospective Adjusted Total Prospective with  Re Rating Change d Customary Limitation	n Interim Component
Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	FRVS C	ate limitation change hange nester Change [2] as of 02/01/1989	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Medicaio	Stephen Russell d Cost Reimbursement	•
Home Office: 1 - No Home Office			



The Springs At Boca Cie	ga Bay			Provider Number:	0 267724-00
1255 Pasadena Avenue S.				Date:	12/29/2011
St. Petersburg FL 33707				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 210.23	New Rate 212.19	Effective Date 1/1/2012
I	Level H: AIDS		356.43	359.80	1/1/2012
I	Level U: Fragile Under 21	_	473.76	478.26	1/1/2012
Basis:  Budget X Unaudited cost Field audit - ir Desk audited cost Desk audit - In	costs nterim portion costs	Changes:  X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component
Distribution:  Contract Manageme Permanent File For informat No Change	tion Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Circ Tallahassee FL 32308	e, Ste. D			



The Nursing Center At	Mercy			Provider Number:	0 267902-00
3671 South Miami Ave	nue			Date:	12/29/2011
Miami FL 33133				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:	C' I I I		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	_	182.71		1/1/2012
	Level H: AIDS		328.91	330.38	1/1/2012
	Level U: Fragile Under 21		446.24	448.84	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
<b>Distribution:</b> Contract Managem	ent / Fiscal Agent			Stephen Russell	
Permanent File For inform No Change	ation Only	13		d Cost Reimbursement	•
Home Office:	SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Cir Daytona Beach FL 32114	ele			



Lanier Manor			Provider Number:	0 268003-00
12740 Lanier Road			Date:	12/29/2011
Jacksonville FL 32226	5		Fiscal Year End:	7/31/2011
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level	186.83	<u>190.54</u>	1/1/2012
	Level H: AIDS	333.03	338.15	1/1/2012
	Level U: Fragile Under 21	450.36	456.61	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usua. Targe FRV: X Rate	Total Prospective Prospective Adjusted	h Interim Component
<b>Distribution:</b>	(/E' 1 A		Stephen Russell	
Permanent File	ment / Fiscal Agent	Medi	caid Cost Reimbursemen	t Analysis
	mation Only	-	1 -	
	ge in Rate	-My	hus Ru	
Home Office:	1 - No Home Office			



Susanna Wesley Heal	th Center		Provider Number:	0 268062-00
5300 West 16th Ave			Date:	12/29/2011
Hialeah FL 33012			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	222.27	223.65	1/1/2012
	Level H: AIDS	368.47	371.26	1/1/2012
	Level U: Fragile Under 21	485.80	489.72	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk Audite Desk Audite	ed costs - interim portion	Usual a Target I FRVS C	Total Prospective Prospective Adjusted Total Prospective with  Total Prospective with  The Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:	ment / Fiscal Agent		Stephen Russell	
Permanent File	1110111 / 1 15011 / 150111	Medicaid Cost Reimbursement Analysis		Analysis
	mation Only	1+-	hus Ru	mell
No Chan	ge in Rate	my	my / m	,
Home Office:	1 - No Home Office			



Life Care Center of Paln	n Bay		Provider Number:	0 268186-00
175 Villanueva Road			Date:	12/29/2011
Palm Bay FL 32907			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 199.18	New <u>Rate</u> 199.19	Effective Date  1/1/2012
C	<u> </u>			
	Level H: AIDS	345.38	346.80	1/1/2012
	Level U: Fragile Under 21	462.71	465.26	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	sts costs nterim portion costs	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
<u>Distribution:</u>	ant / Figure 1 A grant		Stephen Russell	
Contract Manageme Permanent File For informa No Change	ation Only		l Cost Reimbursement	•
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



HarborChase of Naple	s		Provider Number:	0 268585-00
7801 AIRPORT PULLING ROAD			Date:	12/29/2011
Naples FL 34109			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:	Character Leavel	Current Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level	207.55	<u>208.99</u>	1/1/2012
	Level H: AIDS	353.75	356.60	1/1/2012
	Level U: Fragile Under 21	471.08	475.06	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	d costs - interim portion	Usual Targe FRV:	Total Prospective Prospective Adjusted	ch Interim Component  on
<b>Distribution:</b>			Stephen Russell	
•	ment / Fiscal Agent	Medi	caid Cost Reimbursemen	t Analysis
Permanent File For inform	nation Only			-
	ge in Rate	Step	hus Ru	sour
Home Office:	1 - No Home Office			



Abbiejean Russell Ca	are Center			Provider Number:	0 268755-00
700 South 29th Street		_		Date:	12/29/2011
Ft. Pierce FL 34947		_		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>					
			Current	New	Effective
N . TT			Rate	Rate	Date
<b>Nursing Home</b>	Single Level		222.43		1/1/2012
	Level H: AIDS		368.63	371.07	1/1/2012
	Level U: Fragile Under 21		485.96	489.53	1/1/2012
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Change	es:		
			Licensur	ra Bating Changa	
Budget X Unaudited	anata	-		re Rating Change	- m
Field audi		-		d Customary Limitation change	ON
		-	FRVS C	=	
Desk audi	t - interim portion	-		mange	
	t - Interim Portion	<u> X</u>	Rate Ser	nester Change	
	it - Prospective portion			[2] as of 10/01/1985	
<b>Distribution:</b>	-			Stephen Russell	
_	ement / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File					•
	rmation Only		Step 1.	hus Ru	sell
No Cha	nge in Rate				
Home Office:	Synergy Health Care				
Home Office.	Denny Roberts				
	1835 Miami Gardens Dr. S	Suite 167			
	North Miami Beach FL 33	179			



Good Samaritan Center	r			Provider Number:	0 268763-00
10676 Marvin Jones Bo	oulevard			Date:	12/29/2011
Live Oak FL 32060				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:	Charle I and	_	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	_	185.75	<u> 187.65</u> _	1/1/2012
	Level H: AIDS	_	331.95	335.26	1/1/2012
	Level U: Fragile Under 21		449.28	453.72	1/1/2012
		_	_		<u>.</u>
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
<b>Distribution:</b>				Stephen Russell	
Contract Managen Permanent File	nent / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
	nation Only			1 –	
No Chang	•		rje r	hus Ru	
Home Office:	1 - No Home Office				



The Springs at Lake Po	ointe Woods		Provider Number:	0 268780-00
3280 Lake Pointe Drive			Date:	12/29/2011
Sarasota FL 34238			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 218.34	New Rate <b>217.99</b>	Effective Date 1/1/2012
	Level H: AIDS	364.54	365.60	1/1/2012
	Level U: Fragile Under 21	481.87	484.06	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	d costs - interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change  Semester Change Every [2] as of 11/01/1989	n Interim Component
Permanent File For inform	ment / Fiscal Agent mation Only ge in Rate		Stephen Russell aid Cost Reimbursement  Russell Russell	•
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Circ Tallahassee FL 32308	e, Ste. D		



Majestic Oaks Nursin	g Home		Provider Number:	0 269000-00
901 Veterans Memori	<u> </u>		Date:	12/29/2011
Orange City Fl 32763			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level	192.70	194.17	1/1/2012
	Level H: AIDS	338.90	341.78	1/1/2012
	Level U: Fragile Under 21	456.23	460.24	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted	h Interim Component
<b>Distribution:</b>	. /E' 1 A		Stephen Russell	
Contract Manage Permanent File	ment / Fiscal Agent	Medio	caid Cost Reimbursemen	t Analysis
	mation Only	4	hus Ru	sall
No Chan	ge in Rate	ng	mis / in	
Home Office:	1 - No Home Office			



Harmony Health Center	r			Provider Number:	0 269107-00
9820 N. Kendall Drive			Date:		12/29/2011
Miami Fl 33176				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 183.20	New Rate 184.34	Effective Date 1/1/2012
		•			
	Level H: AIDS		329.40	331.95	1/1/2012
	Level U: Fragile Under 21		446.73	450.41	1/1/2012
Basis:  Budget X Unaudited confield audited Field audited Desk audited Desk Audited Desk Audited	l costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component
<u>Distribution:</u>	cont / Fiscal A cont			Stephen Russell	
Contract Managem Permanent File	-			d Cost Reimbursement	•
For inform  No Change	•		sty i	hus Ru	ssell.
Home Office:	SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Cir Daytona Beach FL 32114	ele			



Douglas Jacobson State V	Veterans Nursing Home			Provider Number:	0 269492-00
21281 Grayston Terrance	2			Date:	12/29/2011
Port Charlotte FL 33954				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	-	Current Rate 208.19	New Rate 214.52	Effective Date 1/1/2012
I	Level H: AIDS		354.39	362.13	1/1/2012
I	Level U: Fragile Under 21		471.72	480.59	1/1/2012
Basis:  Budget X Unaudited cost Field audit - ir Desk audit - In Desk Audit - P	costs nterim portion costs	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Manageme Permanent File For informat No Change	tion Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Florida Dept. of Veterans As Walter Gilchrist 11351 Ulmerton Road, Roon Largo Fl 33778-1630				



Regents Park of Sunrise	e		Provider Number:	0 269697-00
9711 West Oakland Par	rk Blvd		Date:	12/29/2011
Sunrise FL 33351			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Curren Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level	201.9	<u> 198.86</u>	1/1/2012
	Level H: AIDS	348.1	2 346.47	1/1/2012
	Level U: Fragile Under 21	465.4	5 464.93	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	d costs interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
<b>Distribution:</b>	t / Eissel At		Stephen Russell	
Contract Managen Permanent File	ient / riscai Agent	Medicaid Cost Reimbursement Analysis		
	nation Only	14	hus Ru	and I
No Chang	e in Rate	mje	my /w	
Home Office:	1 - No Home Office			



Regents Park of Wint	er Park		Provider Number:	0 269719-00
558 Semoran Bouleva			Date:	12/29/2011
Winter Park FL 32792	2		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:	Single Level	Current Rate 195.73	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	195./5		1/1/2012
	Level H: AIDS	341.93	340.97	1/1/2012
	Level U: Fragile Under 21	459.26	459.43	1/1/2012
	Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospecti	ive Total Prospective Prospective Adjusted Total Prospective with	
Desk audite Desk audit	ed costs - interim portion	Usual a Target l FRVS 0 X Rate Se	nre Rating Change and Customary Limitation Rate limitation change Change smester Change V [2] as of 11/23/1988	on
<u>Distribution:</u>			Stephen Russell	
· ·	ement / Fiscal Agent	Medicaid Cost Reimbursement Analysis		
	mation Only age in Rate		hus Ru	-
Home Office:	1 - No Home Office			



Regents Park of Jacksonville		Provider Number:	0 269727-00
8700 AC Skinner Parkway		Date:	12/29/2011
Jacksonville FL 32256		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 187.22	New Rate 188.33	Effective Date 1/1/2012
Level H: AIDS	333.42	335.94	1/1/2012
Level U: Fragile Under 21	450.75	454.40	1/1/2012
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis: Budget X Unaudited costs		Total Prospective Prospective Adjusted Total Prospective with Total Prospective with re Rating Change and Customary Limitation	n Interim Component
Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	Target R FRVS C X Rate Sei	Rate limitation change	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate		Stephen Russell d Cost Reimbursement	•
Home Office: 1 - No Home Office			



Jacaranda Manor				Provider Number:	0 281743-00
4250 66th Street North	1250 66th Street North			Date:	12/29/2011
St. Petersburg FL 33709				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	R	rent ate 5.71	New Rate 168.69	Effective Date 1/1/2012
I	evel H: AIDS	31	1.91	316.30	1/1/2012
I	Level U: Fragile Under 21	42	9.24	434.76	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Changes:  L U T F	icensur sual an arget R RVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informate No Change in the Permanent File No Change in the Permanent Fi	ion Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Grace Healthcare, Inc Randy Martin 7201 Shallowford Rd, STE 2 Chattanooga TN 37421	0			



Community Care Center				Provider Number:	0 281913-00
2202 West Oak Avenue				Date:	12/29/2011
Plant City FL 33563				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		190.05	191.22	1/1/2012
I	Level H: AIDS		336.25	338.83	1/1/2012
I	Level U: Fragile Under 21		453.58	457.29	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audit - Ir Desk Audit - F	costs nterim portion costs	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
<b>Distribution:</b> Contract Manageme	nt / Fiscal Agent		Madiani	Stephen Russell	Analysis
Permanent File For informa No Change	•	Si.		d Cost Reimbursement	-
Home Office:	1 - No Home Office				



West Gables Health Care Center			Provider Number:	0 282359-00
2525 SW 75th Avenue			Date:	12/29/2011
Miami FL 33155			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Currer Rate <b>222.5</b>	Rate	Effective Date 1/1/2012
3	O		<u> </u>	
	Level H: AIDS	368.7	2 371.20	1/1/2012
	Level U: Fragile Under 21	486.0	5 489.66	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted Total Prospective wi  Insure Rating Change al and Customary Limitate et Rate limitation change S Change Semester Change FRV [2] as of 10/06/1988	th Interim Component
	nent / Fiscal Agent		Stephen Russell	
Permanent File	nation Only		icaid Cost Reimbursemer	•
Home Office:	Preferred Care, Inc. Gene Lunceford 5212 Village Creek Drive Plano TX 75093			



Ridgecrest Nursing & R			Provider Number:	0 282464-00
1200 North Stone Street			Date:	12/29/2011
Deland FL 32720			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level	200.85	<u> 197.13</u> _	1/1/2012
	Level H: AIDS	347.05	344.74	1/1/2012
	Level U: Fragile Under 21	464.38	463.20	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - Is	costs nterim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitation change Ref Rate limitation change Schange Semester Change RV [2] as of 11/03/2004	h Interim Component
Distribution:	ont / Figur 1 A gent		Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis		
For informa No Change	•	Step	hus Ru	mell
Home Office:	Greystone Healthcare Manag 4042 Park Oaks Blvd, Suite Tampa FL 33610			



Coral Reef Nursing and	Rehabilitation Center		Provider Number:	0 282529-00
9869 S.W. 152nd Street			Date:	12/29/2011
Miami FL 33157			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 228.41	New Rate 227.35	Effective Date 1/1/2012
runsing nome	Single Level	220.41		1/1/2012
	Level H: AIDS	374.61	374.96	1/1/2012
	Level U: Fragile Under 21	491.94	493.42	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Usual a Target FRVS X Rate Se	tive Total Prospective Prospective Adjusted Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 03/01/1996	h Interim Component
Contract Managem	ent / Fiscal Agent	Stephen Russell		
Permanent File	· · · · · · · · · · · · · · · · · · ·	Medicaid Cost Reimbursement Analysis		
For information No Change		Step.	hus Ru	mell
Home Office:	1 - No Home Office			



Palm Terrace of St. I	Petersburg			Provider Number:	0 282537-00
521 69th Avernue North		-		Date:	12/29/2011
St. Petersburg Fl 337	702	_		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>					
• •		(	Current	New	Effective
	a		Rate	Rate	Date
<b>Nursing Home</b>	Single Level		223.34	230.30	1/1/2012
	Level H: AIDS		369.54	377.91	1/1/2012
	Level U: Fragile Under 21		186.87	496.37	1/1/2012
Rate Type :					
Interim		<b>X</b>	Prospectiv	<i>i</i> e	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			1	1
Basis:		Changes:			
Budget				e Rating Change	
X Unaudited				d Customary Limitatio	on
Field audi			Target Rate limitation change FRVS Change		
	t - interim portion		FRVSC	nange	
Desk audi	ted costs t - Interim Portion	X	Pata Sar	nester Change	
	it - Prospective portion			[2] as of 06/01/1997	
<u>Distribution</u> :				Stephen Russell	
Contract Management / Fiscal Agent —			Medicaid Cost Reimbursement Analysis		
Permanent File	rmation Only	_	_	/ ->	//
	nge in Rate	-30	eze r	mes Ru	soll
	<b></b>	•			
Home Office:	Cypress Administrative Se	vices IIC			
Home Office.	Alan Wengrofsky				
	4 West Red Oak Lane, Sui	e 201			
	White Plains NY 10604				



The Terrace at Daytona	Beach		Provider Number:	0 282553-00
1704 Huntington Village			Date:	12/29/2011
Daytona Beach FL 3211	4		Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren <u>Rate</u> <b>167.4</b>	Rate	Effective Date 1/1/2012
runsing frome	Single Level		100.37	1/1/2012
	Level H: AIDS	313.6	1 315.98	1/1/2012
	Level U: Fragile Under 21	430.9	434.44	1/1/2012
Basis:  Budget  X Unaudited confield audit - infield audit - i	costs Interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
<b>Distribution:</b> Contract Management	ent / Fiscal Agent		Stephen Russell	
Permanent File	ont / 1 Bout / Igoin	Medicaid Cost Reimbursement Analysis		
For informa	ation Only	4	hus Ru	saell
No Change	in Rate	my	my / m	
Home Office:	SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Ci Daytona Beach FL 32114	ele		



Palm Terrace of Clewisto	n		Provider Number	: 0 282618-00
301 South Gloria Street			Date	: 12/29/2011
Clewiston FL 33440			Fiscal Year End:	
			Audit Status	: Unaudited [3]
Provider Type:  Nursing Home	Single Level	Curre Rate <b>214.</b>	Rate	Effective Date 1/1/2012
I	evel H: AIDS	360.	54 363.73	1/1/2012
Ι	evel U: Fragile Under 21	477.	97 482.19	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Changes:  Lice Use Tar FR	Total Prospective Prospective Adjuste Total Prospective we  Ensure Rating Change al and Customary Limita get Rate limitation change VS Change E Semester Change FRV [2] as of 09/01/199	ntion
Distribution:  Contract Management Permanent File  For informate No Change in	ion Only		Stephen Russell dicaid Cost Reimburseme	ent Analysis
Home Office:	Cypress Administrative Servic Alan Wengrofsky 4 West Red Oak Lane, Suite 2 White Plains NY 10604			



Palm Terrace of Lake	eland			Provider Number:	0 282626-00	
1919 Lakeland Hills Blvd		•		Date:	12/29/2011	
Lakeland FL 33805		-		Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
<b>Provider Type:</b>						
• •		(	Current	New	Effective	
	a		Rate	Rate	Date	
<b>Nursing Home</b>	Single Level	_	207.55	209.81	1/1/2012	
	Level H: AIDS		353.75	357.42	1/1/2012	
	Level U: Fragile Under 21	_	471.08	475.88	1/1/2012	
Rate Type :						
Interim		X	Prospectiv	ve		
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with	Interim Component	
	Prior Provider Prospective data			•	•	
Basis:		Changes:	1			
Dusis.		Changest	1			
Budget			Licensur	e Rating Change		
X Unaudited	costs		Usual an	d Customary Limitation	on	
Field audit	ted costs	-		ate limitation change		
Field audi	t - interim portion		FRVS C	hange		
Desk audit	-					
Desk audit	- Interim Portion	X	Rate Ser	nester Change		
Desk Audi	t - Prospective portion		On FRV	[2] as of 10/01/1985		
<b>Distribution:</b>				Stephen Russell		
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Analysis			
Permanent File	rmation Only				•	
	nge in Rate	-3	tep 1.	mes Ru	sell	
	inge in Rate					
Hama Office	Common Administration Co	-i IIC				
Home Office:	Cypress Administrative Se Alan Wengrofsky	vices, LLC				
	4 West Red Oak Lane, Suit	e 201				
	White Plains NY 10604					



Life Care Center of Ja	acksonville			Provider Number:	0 283193-00
4813 Lenoir Avenue				Date:	12/29/2011
Jacksonville FL 3221	6			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>					
• •			Current	New	Effective
	a		Rate	Rate	Date
Nursing Home	Single Level		208.52	210.55	1/1/2012
	Level H: AIDS		354.72	358.16	1/1/2012
	Level U: Fragile Under 21		472.05	476.62	1/1/2012
Rate Type:					
Interim		X	Prospectiv	⁄e	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Chang	ges:		
			<u></u>		
Budget			Licensur	e Rating Change	
X Unaudited	costs		Usual an	d Customary Limitatio	on
Field audit	ted costs		Target R	ate limitation change	
Field audit	t - interim portion		FRVS C	hange	
Desk audit	red costs				
	- Interim Portion	X		nester Change	
	t - Prospective portion		On FRV	[2] as of 01/04/2005	
<u>Distribution:</u>				Stephen Russell	
_	ement / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File					•
	rmation Only		Step 1.	hus Ru	sell
No Chai	nge in Rate			·	
Home Office:	Life Care Centers Of Amer	ca			
	Doug Ruth 3570 NW Keith Street				
	Cleveland TN 37320				
	210.01.01.01.020				



Life Care Center of Oran	ge Park		Provider Number:	0 284289-00
2145 Kingsley Avenue			Date:	12/29/2011
Orange Park FL 32073			Fiscal Year End:	7/31/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 172.77	New Rate 176.22	Effective Date 1/1/2012
I	Level H: AIDS	318.97	323.83	1/1/2012
I	Level U: Fragile Under 21	436.30	442.29	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	ts costs nterim portion costs	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Manageme Permanent File For informat No Change	tion Only		Stephen Russell  Cost Reimbursement  Russell  Russell	•
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



The Terrace at Flemmir	ng Island		Provider Numb	per: 0 284785-00	
1125 Fleming Plantation	n Road		Da	ate: 12/29/2011	
Orange Park FL 32003			Fiscal Year En	nd: 7/31/2010	
			Audit Stat	us: Unaudited [3]	
Provider Type: Nursing Home	Single Level	Curre <u>Rate</u> <b>171.</b> :	Rate	Effective	
runsing frome	Single Devel				
	Level H: AIDS	318.	320.38	1/1/2012	
	Level U: Fragile Under 21	435.	438.84	1/1/2012	
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Changes:  Lice Usu Tar FR' X Rat	·	sted for New Costs with Interim Component itation nge	
Distribution:	ant / Fiscal Agant		Stephen Russ	ell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For inform	ation Only	1.4	ehm K	and I	
No Change	•	ny	mus K	um V	
Home Office:	SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Cin Daytona Beach FL 32114	·le			



Brighton Gardens of Tampa		Provider Number:	0 284793-00
14624 North Dale Mabry Highway		Date:	12/29/2011
Tampa FL 33618		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 208.41	New Rate 203.12	Effective Date  1/1/2012
2gg			1/1/2012
Level H: AIDS	354.61	350.73	1/1/2012
Level U: Fragile Under 21	471.94	469.19	1/1/2012
Interim  Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target F FRVS C X Rate Sei	Total Prospective Prospective Adjusted Total Prospective with  The Rating Change and Customary Limitation Cate limitation change	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent		Stephen Russell	
Permanent File		d Cost Reimbursement	•
For information Only No Change in Rate	Steps	leus Ru	soll
Home Office: 1 - No Home Office			



Aventura Plaza Rehabilitation and Nursing Center		Provider Number:	0 284823-00
1800 NE 168TH Street		Date:	12/29/2011
N. Miami Beach FL 33162		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type:			
••	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	246.34	250.53	1/1/2012
Level H: AIDS	392.54	398.14	1/1/2012
1 1 11. 12			
Level U: Fragile Under 21	509.87	516.60	1/1/2012
Rate Type :			
Interim	X Prospectiv	Δ	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		1 5	h Interim Component
Prior Provider Prospective data		Total Trospective with	ii interim Component
Basis:	<b>Changes:</b>		
D. I.	Licansura	Rating Change	
Budget X Unaudited costs			on.
Field audited costs		d Customary Limitation thange	OII
		=	
Field audit - interim portion	FRVS Cl	lange	
Desk audited costs	P		
Desk audit - Interim Portion  Desk Audit - Prospective portion		ester Change [2] as of 10/01/1985	
Distribution:		Stephen Russell	
Contract Management / Fiscal Agent			
Permanent File		Cost Reimbursement	•
For information Only	14	1 7	
No Change in Rate	ngu	en Ru	
<del></del>			
Home Office: Hebrew Home Management S	ervices		
Steve Beaujon			
1800 NE 168th Street, Suite 20	00		
Miami Beach FL 33162			



Cypress Village			Provider Number:	0 307998-00
4600 Middleton Park, C	600 Middleton Park, Circle East		Date:	12/29/2011
Jacksonville FL 32224			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 202.74	New Rate <b>202.93</b>	Effective Date 1/1/2012
	Level H: AIDS	348.94	350.54	1/1/2012
	Level U: Fragile Under 21	466.27	469.00	1/1/2012
Basis:  Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	sts costs interim portion	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	ation Only		Stephen Russell d Cost Reimbursement	•
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 111 Westwood Place, Suite 200 Brentwood TN 37027			



Baya Pointe Nursing and Rehabilitation Center			Provider Number:	0 308111-00
587 S.E. ERMINE AVE			Date:	12/29/2011
Lake City FL 32025			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 192.29	New Rate 193.49	Effective Date 1/1/2012
	~			
]	Level H: AIDS	338.49	341.10	1/1/2012
]	Level U: Fragile Under 21	455.82	459.56	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audit - Ir Desk Audit - F	costs nterim portion costs	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with  Tre Rating Change and Customary Limitation Rate limitation change	n Interim Component
<b>Distribution:</b> Contract Manageme Permanent File	, and the second		Stephen Russell id Cost Reimbursement	•
For informa No Change	•	Steps	In Ru	sell
Home Office:	Health Care Managers, Inc Ivonne Burrell 2380 Sadler Road Suite 201 Fernandina Beach FL 32034			



Hebrew Home of Sou	th Beach			Provider Number:	0 308242-00
320 Collins Ave.		-		Date:	12/29/2011
Miami Beach FL 331	39	_		Fiscal Year End:	8/31/2010
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>					
			Current	New	Effective
N . II	C' I T I	_	Rate	Rate	Date
Nursing Home	Single Level		224.22		1/1/2012
	Level H: AIDS		370.42	374.15	1/1/2012
	Level U: Fragile Under 21	_	487.75	492.61	1/1/2012
Rate Type:					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
]	Prior Provider Prospective data				
Basis:		<b>Changes:</b>			
Dudant			Licensur	re Rating Change	
Budget X Unaudited	costs	-	ı.	d Customary Limitation	nn
Field audit		-		ate limitation change	)II
	t - interim portion	·	FRVS C	_	
Desk audit	-	-	•	6.	
	- Interim Portion	X	Rate Ser	nester Change	
Desk Audi	t - Prospective portion		On FRV	[2] as of 10/01/1985	
<b>Distribution:</b>				Stephen Russell	
_	ement / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
Permanent File					•
	rmation Only	_3	tep 1.	mes Ru	sell
	nge in Rate				
Hama Office	П.1 И М	4.6			
Home Office:	Hebrew Home Manageme Steve Beaujon	it Services			
	1800 NE 168th Street, Sui	e 200			
	Miami Beach FL 33162				



Ponce Plaza Nursing &	Rehab Center		Provider Number:	0 308251-00
355 SW 12th Avenue			Date:	12/29/2011
Miami FL 33135			Fiscal Year End:	1/31/2011
			Audit Status:	Unaudited [3]
Provider Type:		Curre	nt New	Effective
Nursing Home	Single Level	Rate 222.5	Rate 224.49	Date 1/1/2012
	Level H: AIDS	368.7	3 372.10	1/1/2012
	Level U: Fragile Under 21	486.0	6 490.56	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
Distribution:  Contract Managem  Permanent File  For inform  No Change	ation Only		Stephen Russell icaid Cost Reimbursemen  Muss Russell	•
Home Office:	Hebrew Home Management Steve Beaujon 1800 NE 168th Street, Suite Miami Beach FL 33162			



Sunset Lake Health & Ro	ehab Center			Provider Number:	0 308501-00
832 Sunset Lake Blvd				Date:	12/29/2011
Venice FL 34292				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:	Single Land	R	arrent Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		23.94		1/1/2012
]	Level H: AIDS	37	70.14	371.98	1/1/2012
]	Level U: Fragile Under 21	48	37.47	490.44	1/1/2012
Basis:  Budget X Unaudited cos Field audit - is Desk audit - Is Desk Audit - Is	costs nterim portion costs	Changes:	Licensur Usual an FRVS CI	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
<b>Distribution:</b> Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File For informa No Change	tion Only			Cost Reimbursement	•
Home Office:	Greystone Healthcare Manag 4042 Park Oaks Blvd, Suite 3 Tampa FL 33610				



The Allegro at College	Harbor			Provider Number:	0 309800-00
4600 54th Avenue Sout	h			Date:	12/29/2011
St. Petersburg Fl 33711				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	F	errent Rate 23.09	New Rate 224.65	Effective Date  1/1/2012
	Single Devel		23.07		1/1/2012
	Level H: AIDS	36	59.29	372.26	1/1/2012
	Level U: Fragile Under 21	48	86.62	490.72	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - I	costs interim portion	Changes:	Usual an Farget R FRVS C Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
	ent / Fiscal Agent			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For inform No Change	· · · · · · · · · · · · · · · · · · ·	31	je r	hus Ru	raell
Home Office:	1 - No Home Office				



V6.998.1.2:RV35K

## State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Watercrest Care Center	•		Provider Number:	0 310409-00	
16650 West Dixie Hwy	7		Date:	12/29/2011	
North Miami Beach FL	. 33160		Fiscal Year End:	3/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	206.67		1/1/2012	
	Level H: AIDS	352.87	354.30	1/1/2012	
	Level U: Fragile Under 21	470.20	472.76	1/1/2012	
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usual a Target FRVS	Total Prospective Total Prospective Prospective Adjusted Total Prospective with  are Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 09/01/1999	n Interim Component	
Distribution:	cont / Eigael A gent		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	et.s	hus Ru	sell	
No Chang	e in Rate	my			
Home Office:	1 - No Home Office				



ATLANTIC HEALTHCARE CENTER				Provider Number:	0 310581-00	
3663 15th Avenue		<b>-</b>	Date:		12/29/2011	
Vero Beach FL 3296	0	_		Fiscal Year End:	8/31/2010	
				Audit Status:	Unaudited [3]	
<b>Provider Type:</b>						
			Current	New	Effective	
NI II	C' l. T l	_	Rate	Rate	Date	
Nursing Home	Single Level	_	194.26	195.96	1/1/2012	
	Level H: AIDS		340.46	343.57	1/1/2012	
	Level U: Fragile Under 21	- -	457.79	462.03	1/1/2012	
Rate Type :						
Interim		X	Prospectiv	/e		
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with	n Interim Component	
	Prior Provider Prospective data					
Basis:		Changes	:			
		g a g a				
Budget			Licensur	e Rating Change		
X Unaudited	costs			d Customary Limitation	on	
Field audit	ted costs		Target Rate limitation change			
Field audit	t - interim portion		FRVS C	hange		
Desk audit			_			
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 09/01/2004		
Distribution:			OHTRV			
Contract Manage	ement / Fiscal Agent			Stephen Russell		
Permanent File			Medicaio	d Cost Reimbursement	Analysis	
For info	rmation Only	g.	11.01	hus Ru	sell	
No Chai	nge in Rate		rzen	my / Com		
Home Office:	Lyric Health Care					
Home Office.	Timothy J Trybus					
	7150 Columbia Gateway I	Orive Suite J				
	Columbia MD 21046					



St. Mark Village, Inc.				Provider Number:	0 310841-00
2655 Nebraska Avenu				Date:	12/29/2011
Palm Harbor FL 3468	4			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		203.15	204.61	1/1/2012
	Level H: AIDS		349.35	352.22	1/1/2012
	Level U: Fragile Under 21		466.68	470.68	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Change  X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Distribution:	mont / Figural A gent			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	mation Only		et no	hus Ru	raell
No Chan	ge in Rate		ngeri	my / m	
Home Office:	1 - No Home Office				



Eagle Lake Rehab & Care	e Center			Provider Number:	0 311065-00
1100 66th Street North				Date:	12/29/2011
St. Petersburg FL 33710				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 210.70	New Rate 200.16	Effective Date 1/1/2012
I	Level H: AIDS		356.90	347.77	1/1/2012
I	Level U: Fragile Under 21		474.23	466.23	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informate No Change in the Post N	tion Only			Stephen Russell  Cost Reimbursement  Russell	•
Home Office:	Traditions Management of F. 24541 US Highway 19 North Clearwater FL 33763				



South Pointe Plaza			Provider Number:	0 311308-00
42 Collins Avenue		•	Date:	12/29/2011
Miami Beach FL 331	39		Fiscal Year End:	7/31/2011
			Audit Status:	
Provider Type:			rudit Status.	
Transfer Types		Curre	ent New	Effective
		Rat	e Rate	Date
Nursing Home	Single Level	212.	<u>199.29</u>	1/1/2012
	Level H: AIDS	358.	94 346.90	1/1/2012
	Level U: Fragile Under 21	476.	27 465.36	1/1/2012
Basis:  Budget X Unaudited Field audit Field audit Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  costs ted costs t - interim portion ted costs - Interim Portion t - Prospective portion	Changes: Lice Use Tai FR X	pective  X Total Prospective Prospective Adjuste Total Prospective was  rensure Rating Change and Customary Limital rget Rate limitation change VS Change  the Semester Change FRV [2] as of 04/01/1999  Stephen Russell	tion
Contract Manage	ement / Fiscal Agent		<u>-</u>	
Permanent File			dicaid Cost Reimburseme	•
	rmation Only	Ster	elm Re	well
No Chai	nge in Rate			
Home Office:	Hebrew Home Managemer Steve Beaujon 1800 NE 168th Street, Suit Miami Beach FL 33162			



Life Care Center of P	Punta Gorda			Provider Number:	0 311685-00	
450 Shreve Street				Date:	12/29/2011	
Punta Gorda FL 3395	50			Fiscal Year End:	2/28/2011	
				Audit Status:	Unaudited [3]	
<b>Provider Type:</b>						
• •			Current	New	Effective	
			Rate	Rate	Date	
<b>Nursing Home</b>	Single Level		222.65	223.61	1/1/2012	
	Level H: AIDS		368.85	371.22	1/1/2012	
	Level U: Fragile Under 21		486.18	489.68	1/1/2012	
Rate Type :						
Interim		X	Prospectiv	7 <u>0</u>		
	Total Interim		$\frac{10\text{spectry}}{X}$	Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with		
	Prior Provider Prospective data			Total Prospective with	i interim component	
		CI				
Basis:		Chang	es:			
D 1			Liconsur	e Rating Change		
Budget X Unaudited	apata				200	
Field audit			Usual and Customary Limitation Target Rate limitation change			
	t - interim portion		FRVS Change			
Desk audit	-			nange		
	: - Interim Portion	X	Rate Sen	nester Change		
	t - Prospective portion			[2] as of 07/29/2005		
<b>Distribution:</b>				Stephen Russell		
Contract Manage	ement / Fiscal Agent		Medicaio	d Cost Reimbursement	Analycic	
Permanent File					•	
	rmation Only	_	Steel	hus Ru	sell	
No Chai	nge in Rate			. , , ,		
Home Office:	Life Care Centers Of Ameri	a				
	Doug Ruth 3570 NW Keith Street					
	Cleveland TN 37320					
	Cicvetana 11\ 3/320					



SandalWood Nursing Ce	enter			Provider Number:	0 312045-00
1001 South Beach Street				Date:	12/29/2011
Daytona Beach FL 3211	4			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 198.71	New Rate	Effective Date  1/1/2012
Nursing Home	Single Level	-	190./1	200.04	1/1/2012
1	Level H: AIDS		344.91	347.65	1/1/2012
]	Level U: Fragile Under 21		462.24	466.11	1/1/2012
Rate Type :					
Inte	cal Interim erim Component tlement based on costs or Provider Prospective data	<u> </u>	Prospectiv  X	ve Total Prospective Prospective Adjusted Total Prospective with	
Desk audited o	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	re Rating Change and Customary Limitation ate limitation change when the change rester Change [2] as of 08/01/1999	on
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate		ئىرىـ		Stephen Russell d Cost Reimbursement	· ·
Home Office:	Putnam Council, Inc.  16 Norcross Street Roswell GA 30075				



LakeWood Nursing Cer	nter		Provider Number:	0 312142-00
100 North Lake Street			Date:	12/29/2011
Crescent City FL 32112			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 179.21	New Rate 180.26	Effective Date 1/1/2012
S	J			
	Level H: AIDS	325.41	327.87	1/1/2012
	Level U: Fragile Under 21	442.74	446.33	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - i Desk audited Desk audit - I	costs interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 11/15/2001	n Interim Component
	ent / Fiscal Agent		Stephen Russell	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate			aid Cost Reimbursement	•
Home Office:	Putnam Council, Inc.  16 Norcross Street Roswell GA 30075			



Cross City Rehabilitation	on and Health Center			Provider Number:	0 312151-00
583 N.E. Highway 351				Date:	12/29/2011
Cross City FL 32628				Fiscal Year End:	9/30/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 189.60	New Rate 197.87	Effective Date  1/1/2012
Truibing Home	ongic Level		102.00		1/1/2012
	Level H: AIDS		335.80	345.48	1/1/2012
	Level U: Fragile Under 21	<u> </u>	453.13	463.94	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	d costs interim portion	Changes:  X	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change	n Interim Component
	nent / Fiscal Agent			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For inform No Chang	nation Only e in Rate	M	ty	mes Rece	mell
Home Office:	CNH, LLC 46 Third Street NW Hickory NC 28601				



CrestWood Nursing Cen	ter			Provider Number:	0 312274-00
501 South Palm Avenue				Date:	12/29/2011
Palatka FL 32177				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate	New Rate 175.78	Effective Date  1/1/2012
Truising Home	Single Level	•	1/4,/2		1/1/2012
1	Level H: AIDS		320.92	323.39	1/1/2012
1	Level U: Fragile Under 21		438.25	441.85	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audit - In Desk Audit - In	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
<b>Distribution:</b> Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File	11. / 1 150th / 150ht	Medicaid Cost Reimbursement Analysis			
For informa No Change	•		styer	hus Ru	mell
Home Office:	Putnam Council, Inc.  16 Norcross Street Roswell GA 30075				



Savannah Cove of the Pal	lm Beaches		Provider Number:	0 312312-00
2090 North Congress Ave	enue		Date:	12/29/2011
West Palm Beach FL 334	401		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 216.81	New Rate <b>218.24</b>	Effective Date 1/1/2012
I	evel H: AIDS	363.01	365.85	1/1/2012
Ι	Level U: Fragile Under 21	480.34	484.31	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Usual a Target FRVS  X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 01/26/1995	n Interim Component
Distribution:  Contract Management Permanent File  For informate No Change in	ion Only		Stephen Russell aid Cost Reimbursement  Russell	•
Home Office:	Senior Living Management C John Panskoy 4661 Johnson Road, Suite 7 Coconut FL 33073	orporation		



Southlake Nursing and Ro	ehabilitation Center		Provider Number:	0 312371-00
10680 Old St. Augustine	Road		Date:	12/29/2011
Jacksonville FL 32257			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 217.94	New Rate <b>216.61</b>	Effective Date 1/1/2012
L	evel H: AIDS	364.14	364.22	1/1/2012
Ι	evel U: Fragile Under 21	481.47	482.68	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Usual a Target FRVS X Rate S	Total Prospective Total Prospective Prospective Adjusted Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 10/01/1985	n Interim Component
Distribution:  Contract Management Permanent File  For informate No Change in	ion Only		Stephen Russell aid Cost Reimbursement Russell Russell	•
Home Office:	Mandarin Health Group 199 N.E. 89th Street El Portal FL 33138			



Savannah Cove of Maitla	and		Provider Number:	0 312550-00
1301 W. Maitland Blvd			Date:	12/29/2011
Maitland FL 32751			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren Rate <b>192.5</b> 0	Rate	Effective Date 1/1/2012
Truibing Home	omgie never	172.30		1/1/2012
I	Level H: AIDS	338.76	341.48	1/1/2012
I	Level U: Fragile Under 21	456.09	459.94	1/1/2012
Inte Sett	al Interim rim Component lement based on costs r Provider Prospective data	X Prospe X Changes:	Total Prospective Prospective Adjusted	for New Costs h Interim Component
X Unaudited cos Field audited cos Field audit - ir Desk audited cos Desk audited cos	costs nterim portion costs	Usua Targe FRV X Rate	I and Customary Limitation Rate limitation change S Change Semester Change RV [2] as of 06/16/1995	on
Distribution:			Stephen Russell	
Contract Manageme	nt / Fiscal Agent	Medicaid Cost Reimbursement Analysis		
Permanent File For information No Change	•		dun Ru	•
Home Office:	Senior Living Management C John Panskoy 4661 Johnson Road, Suite 7 Coconut FL 33073	orporation		



Children's Comprehensive	e Care Center		Provider Number:	0 312789-00
200 S.E. 19th Avenue			Date:	12/29/2011
Pompano Beach FL 33060	)		Fiscal Year End:	7/31/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  S	Single Level	Current Rate 240.40	New Rate <b>241.76</b>	Effective Date 1/1/2012
L	evel H: AIDS	386.60	389.37	1/1/2012
L	evel U: Fragile Under 21	503.93	507.83	1/1/2012
Basis:  Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int	Interim im Component ement based on costs Provider Prospective data  Char  sobsts terim portion osts	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informati  No Change in	<u> </u>		Stephen Russell d Cost Reimbursement	•
Home Office:	Broward Children's Center, Inc. Hanna Pasniewski 200 SE 19th Avenue Pompano Beach FL 33072			



Hollywood Hills Reha	bilitation Center, LLC		Provider Number:	0 313424-00
1200 N 35th Avenue			Date:	12/29/2011
Hollywood FL 33021			Fiscal Year End:	6/30/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	204.81		1/1/2012
	Level H: AIDS	351.01	353.00	1/1/2012
	Level U: Fragile Under 21	468.34	471.46	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Trotal Prospective with	n Interim Component
Distribution:	ment / Fiscal Agent		Stephen Russell	
Permanent File	ment / Piscai Agellt	Medicaid Cost Reimbursement Analysis		
	nation Only	0+-	In Ru	mell
No Chan	ge in Rate	myr	my /w	,
Home Office:	Herlee, Inc Harold Mandelbaum 1201 North 37th Street Hollywood FL 33021			



Lutheran Haven Nursir				Provider Number:	0 313718-00
2041 W. State Rd. 426				Date:	12/29/2011
Oviedo Fl 32765				Fiscal Year End:	8/31/2010
				Audit Status:	Unaudited [3]
Provider Type:	Simple Level	Curi Ra	te	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		.98	<u> 198.81</u> _	1/1/2012
	Level H: AIDS	343	.18	346.42	1/1/2012
	Level U: Fragile Under 21	460	.51	464.88	1/1/2012
			_		<del></del>
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Changes:	censure ual and rget Ra RVS Ch	Total Prospective Prospective Adjusted Total Prospective with Read Rating Change Country Limitation Total Prospective with	n Interim Component
Distribution:	1 1				
Contract Managen	nent / Fiscal Agent	Stephen Russell			
Permanent File				Cost Reimbursement	-
For inform No Chang	nation Only	Sty	e li	in Ru	sell
	c iii Nate				
Home Office:	1 - No Home Office				



Carrington Place Care Center		Provider Number:	0 315524-00
10501 Roosevelt Blvd North		Date:	12/29/2011
St. Petersburg FL 33716		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate <b>202.27</b>	Rate	Effective Date 1/1/2012
Level H: AIDS	348.47	344.62	1/1/2012
Level U: Fragile Under 21	465.80	463.08	1/1/2012
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Sure Rating Change and Customary Limitati t Rate limitation change Change Semester Change	th Interim Component
Desk Audit - Prospective portion  Distribution:	On Fr	RV [2] as of 10/01/1988	•
Contract Management / Fiscal Agent		Stephen Russell	
Permanent File For information Only No Change in Rate		caid Cost Reimbursemer	•
Home Office: Traditions Management of F  24541 US Highway 19 North Clearwater FL 33763			



Life Care Center of Pensa	acola		Provider Number:	0 315664-00
3291 East Olive Road	_		Date:	12/29/2011
Pensacola FL 32514			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 208.08	New Rate <b>209.65</b>	Effective Date 1/1/2012
I	evel H: AIDS	354.28	357.26	1/1/2012
I	evel U: Fragile Under 21	471.61	475.72	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	ess exposts — terim portion — osts	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informate No Change	ion Only		Stephen Russell  Cost Reimbursement  Russell	•
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Westwood Health Care Co	enter		Provider Number:	0 316075-00
1001 Mar Walt Drive			Date:	12/29/2011
Ft. Walton Beach FL 3245	57		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home S	ingle Level	Current Rate 200.73	New Rate 199.01	Effective Date 1/1/2012
L	evel H: AIDS	346.93	346.62	1/1/2012
L	evel U: Fragile Under 21	464.26	465.08	1/1/2012
Basis:  Budget X Unaudited costs Field audit - int Desk audited co Desk audit - Int	Interim im Component ement based on costs Provider Prospective data  Cha  sosts erim portion osts	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution: Contract Managemen Permanent File For informati No Change in	•		Stephen Russell  Cost Reimbursement  Russell  Russell	•
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 111 Westwood Place, Suite 200 Brentwood TN 37027			



Desoto Health & Rehab				Provider Number:	0 316229-00
1002 North Brevard Avenu	ue			Date:	12/29/2011
Arcadia FL 34266				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  S	ingle Level	-	Current Rate 245.46	New Rate 246.10	Effective Date 1/1/2012
	ingle Bever	-	243.40		1/1/2012
Le	evel H: AIDS		391.66	393.71	1/1/2012
Le	evel U: Fragile Under 21		508.99	512.17	1/1/2012
Basis:  Budget X Unaudited costs Field audit - interior Desk audit - Interior Desk Audit - Pre	erim portion sts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<b><u>Distribution:</u></b> Contract Management	t / Fiscal Agent			Stephen Russell	
Permanent File For information No Change in	on Only			d Cost Reimbursement	•
Home Office:	Anchor Management Phil Castleberg 1344 Longhill Drive Apopka FL 32712				



Laurellwood Nursing Center, Inc.			Provider Number:	0 316628-00
3127 - 57th Avenue North	ı		Date:	12/29/2011
St. Petersburg FL 33714			Fiscal Year End:	5/31/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 198.53	New Rate <b>194.01</b>	Effective Date 1/1/2012
L	evel H: AIDS	344.73	341.62	1/1/2012
L	evel U: Fragile Under 21	462.06	460.08	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Interest of the second content o	osts terim portion osts	Usual a Target FRVS  X Rate So	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Total Prospective with  Total Prospective with  Use Rating Change and Customary Limitation Rate limitation change Change  Emester Change V [2] as of 06/01/1996	n Interim Component
Distribution:  Contract Managemer  Permanent File  For informati  No Change i	ion Only		Stephen Russell  aid Cost Reimbursement  Russell	•
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619			



HarbourWood Nursing Center, Inc.			Provider Number:	0 316636-00
2855 Gulf to Bay Boul	evard, Building #31		Date:	12/29/2011
Clearwater FL 33759			Fiscal Year End:	5/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 199.46	New Rate 200.57	Effective Date 1/1/2012
	Level H: AIDS	345.66	348.18	1/1/2012
	Level U: Fragile Under 21	462.99	466.64	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usual a Target l FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with  Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component
Permanent File	nent / Fiscal Agent nation Only ge in Rate		Stephen Russell id Cost Reimbursement  Russell	•
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619			



GraceWood Nursing Center, Inc.			Provider Number:	0 316644-00
8600 U.S. Highway 19 N	North		Date:	12/29/2011
Pinellas Park FL 33782			Fiscal Year End:	5/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 191.42	New Rate 190.68	Effective Date 1/1/2012
	Level H: AIDS	337.62	338.29	1/1/2012
	Level U: Fragile Under 21	454.95	456.75	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - is Desk audited Desk audit - Is	costs nterim portion costs	Usual a Target l FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  The Rating Change The Rating Chang	n Interim Component
Distribution:  Contract Management File  For informa  No Change	tion Only		id Cost Reimbursement	<u> </u>
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619			



BayWood Nursing C	enter, Inc		Provider Number:	0 316652-00
2000 17th Avenue So	2000 17th Avenue South		Date:	12/29/2011
St. Petersburg FL 337	712		Fiscal Year End:	5/31/2011
			Audit Status:	Unaudited [3]
<b>Provider Type:</b>				
• •		Current	New	Effective
	a	Rate	Rate	Date
<b>Nursing Home</b>	Single Level	170.29		1/1/2012
	Level H: AIDS	316.49	330.59	1/1/2012
	Level U: Fragile Under 21	433.82	449.05	1/1/2012
Rate Type :				
Interim		X Prospec	tive	
	Total Interim	X	Total Prospective	
	Interim Component		Prospective Adjusted	for New Costs
	Settlement based on costs		Total Prospective with	n Interim Component
	Prior Provider Prospective data			
Basis:		Changes:		
			D i Cl	
Budget			ure Rating Change	
X Unaudited Field audit		Usual and Customary Limitation Target Rate limitation change		
		FRVS Change		
	: - interim portion	FKVS	Change	
Desk audit	- Interim Portion	X Rate S	emester Change	
	t - Prospective portion		V [2] as of 12/01/2005	
<b>Distribution:</b>			Stephen Russell	
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis		
Permanent File				•
	mation Only nge in Rate	Step	hus Ru	sell
	ige iii Kate			
Home Office:	Senior Care Group, Inc.			
Home Office.	Kathy Chudow			
	1240 Marbella Plaza Drive			
	Tampa FL 33619			



The Nursing Center at	Freedom Village			Provider Number:	0 317195-00
6410 21st Avenue We	est			Date:	12/29/2011
Bradenton FL 34209				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate	New Rate 192.90	Effective Date 1/1/2012
		_			
	Level H: AIDS	<u>.</u>	337.85	340.51	1/1/2012
	Level U: Fragile Under 21		455.18	458.97	1/1/2012
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs - interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation ate limitation change Thange T	n Interim Component
Distribution:	ment / Fiscal Agent			Stephen Russell	
Permanent File	nation Only			d Cost Reimbursement	•
Home Office:	Brookdale Senior Living, Inc Russ Bellora 111 Westwood Place, Suite 2 Brentwood TN 37027				



Darcy Hall of Life Care			Provider Number:	0 317349-00
2170 Palm Beach Lakes Blvd.			Date:	12/29/2011
West Palm Beach FL 334	09		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 205.91	New Rate <b>208.70</b>	Effective Date 1/1/2012
L	evel H: AIDS	352.11	356.31	1/1/2012
L	evel U: Fragile Under 21	469.44	474.77	1/1/2012
Basis:  Budget X Unaudited cost: Field audit - in Desk audited co	s osts terim portion osts	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Managemer  Permanent File  For informati  No Change i	ion Only		Stephen Russell  I Cost Reimbursement  Russell  Russell	<u> </u>
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Keystone Rehab. and	Health Center		Provider Number:	0 317560-00
1120 West Donegan			Date:	12/29/2011
Kissimmee FL 34741			Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type:	Single Level	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	185.57		1/1/2012
	Level H: AIDS	331.77	337.26	1/1/2012
	Level U: Fragile Under 21	449.10	455.72	1/1/2012
Basis:  Budget X Unaudited Field audit Field audit Desk audit Desk audit	red costs t - interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitation Rate limitation change Change  Semester Change EV [2] as of 10/19/2006	h Interim Component
<b>Distribution:</b>			Stephen Russell	
Contract Manage Permanent File	ement / Fiscal Agent	Medic	aid Cost Reimbursemen	t Analysis
For infor	rmation Only nge in Rate	Step	hus Ru	ssell
Home Office:	1 - No Home Office			



Parklands Rehabilitation	and Nursing Center		Provider Number:	0 317578-00
1000 S.W. 16th Avenue			Date:	12/29/2011
Gainesville FL 32601			Fiscal Year End:	3/31/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 222.02	New Rate 223.37	Effective Date 1/1/2012
I	Level H: AIDS	368.22	370.98	1/1/2012
I	Level U: Fragile Under 21	485.55	489.44	1/1/2012
Basis:  Budget X Unaudited cost Field audit - ir Desk audited cost Desk audit - In	costs nterim portion costs	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change  Semester Change EV [2] as of 09/01/1987	n Interim Component
Distribution:  Contract Manageme Permanent File For informat No Change	tion Only		Stephen Russell aid Cost Reimbursement Anna Russell	•
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road #3 New City NY 10956	9		



Williston Rehabilitatio	on and Nursing Center			Provider Number:	0 317586-00
300 N.W. 1st Ave.				Date:	12/29/2011
Williston FL 32696				Fiscal Year End:	3/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		urrent Rate 18.63	New Rate 219.94	Effective Date  1/1/2012
			_		
	Level H: AIDS	3	64.83	367.55	1/1/2012
	Level U: Fragile Under 21	4	82.16	486.01	1/1/2012
Basis:  Budget X Unaudited c Field audite Field audite Desk audite Desk Audit	d costs - interim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:	mont / Fiscal Agont			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For inform	nation Only ge in Rate	M	ige to	mes Rece	sell.
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road # New City NY 10956	509			



Community Health an			Provider Number:	0 318779-00	
3611 Transmitter Roa			Date:	12/29/2011	
Panama City FL 3240	4		Fiscal Year End:	6/30/2010	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	198.76		1/1/2012	
	Level H: AIDS	344.96	347.87	1/1/2012	
	Level U: Fragile Under 21	462.29	466.33	1/1/2012	
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change Change Remester Change RV [2] as of 11/04/1997	n Interim Component	
<b>Distribution:</b>	word / E'real Array		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	4	hus Ru	raell	
No Chan	ge in Rate	ny	my / m	,	
Home Office:	1 - No Home Office				



Citrus Gardens of Fort	Myers			Provider Number:	0 318787-00
7173 Cypress Drive So	uthwest			Date:	12/29/2011
Fort Myers FL 33907				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:	Single Level	Cur Ra	te	New Rate	Effective Date
Nursing Home	Single Level		1.91	<u> 196.11</u> _	1/1/2012
	Level H: AIDS	343	.11	343.72	1/1/2012
	Level U: Fragile Under 21	458	3.44	462.18	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Changes:  L U T F X R	censure sual and reget Ra RVS Cl	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 01/01/1987	n Interim Component
Contract Managen	nent / Fiscal Agent	Stephen Russell			
Permanent File	nation Only			l Cost Reimbursement	-
Home Office:	1 - No Home Office				



The Court at Palm-Aire			Provider Number:	0 318795-00	
2701 North Course Drive			Date:	12/29/2011	
Pompano Beach FL 3300	69		Fiscal Year End:	6/30/2010	
			Audit Status:	Unaudited [3]	
Provider Type:	Single Level	Currer Rate	Rate	Effective Date	
<b>Nursing Home</b>	Single Level	230.6	232.59	1/1/2012	
1	Level H: AIDS	376.8	380.20	1/1/2012	
]	Level U: Fragile Under 21	494.1	6 498.66	1/1/2012	
Basis:  Budget X Unaudited cos Field audited Field audit - in Desk audited of Desk audit - In	costs nterim portion costs	Changes:  Lice Usus Targ FRV X Rate	Prospective Adjusted	ion	
<b>Distribution:</b>	· (T) 1 A		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For information Only		1	Mus Re	nach	
No Change	in Rate	ng	my /w		
Home Office:	FiveStar Quality Care Inc 400 Centre Street Newton MA 02458				



Palmer Ranch Healthca	are and Rehabilitation			Provider Number:	0 319244-00
5111 Palmer Ranch Par	rkway			Date:	12/29/2011
Sarasota Fl 34238				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 245.93	Effective Date 1/1/2012
3	o .	_			
	Level H: AIDS	_	390.10	393.54	1/1/2012
	Level U: Fragile Under 21	-	507.43	512.00	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	d costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change d Customary Limitatio ate limitation change	n Interim Component
Contract Managen	nent / Fiscal Agent			Stephen Russell	
Permanent File	ione, i iooni rigorit	Medicaid Cost Reimbursement Analysis			
For inform	nation Only	Ø.	t.ss.	hus Ru	sell
No Chang	e in Rate		reje ii	ing / Com	
Home Office:	1 - No Home Office				



Port Charlotte Rehab	ilitation Center			Provider Number:	0 319325-00	
25325 Rampart Blvd		_		Date:	12/29/2011	
Port Charlotte FL 339	983	_		Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:				Tadit Status		
			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level		222.60	224.05	1/1/2012	
	Level H: AIDS		368.80	371.66	1/1/2012	
	Level U: Fragile Under 21		486.13	490.12	1/1/2012	
Rate Type :						
Interim		X	Prospectiv	/e		
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with		
	Prior Provider Prospective data					
		- CI	<del></del>			
Basis:		Chang	es:			
Budget			Licensur	e Rating Change		
X Unaudited	costs			d Customary Limitation	on	
Field audit		-		ate limitation change		
	t - interim portion		FRVS C	=		
Desk audit	_			8-		
	- Interim Portion	<u> X</u>	Rate Ser	nester Change		
	t - Prospective portion			[2] as of 05/15/1990		
<b>Distribution:</b>				Stephen Russell		
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Analysis			
Permanent File					•	
	rmation Only		Step 1	hus Ru	sell	
No Chai	nge in Rate					
Hama Office	ODV Control LLC					
Home Office:	SBK Capital, LLC Larry Shrewsbury					
	1935 Garraux Road, North	nwest				
	Atlanta GA 30327					



Harbour Health Center			Provider Numb	per: 0 319333-00	
23013 Westchester Bo	ulevard		Da	ate: 12/29/2011	
Port Charlotte FL 3398	80		Fiscal Year Er	nd: 12/31/2010	
			Audit Stat	us: Unaudited [3]	
Provider Type: Nursing Home	Single Level	Curre <u>Rat</u> <b>199.</b>	e Rate	Effective	
G	C				
	Level H: AIDS	345.	24 348.44	1/1/2012	
	Level U: Fragile Under 21	462.	<u>466.90</u>	1/1/2012	
Basis:  Budget X Unaudited compiled audited audited audited audited audited audited audited audited besk audited besk audited besk audited audited besk audited audited besk audited besk audited audited besk audited besk audited besk audited audited besk audited bes	d costs - interim portion	Changes: Lice Use Tar FR		sted for New Costs with Interim Component  iitation nge	
	nent / Fiscal Agent		Stephen Russ	ell	
Permanent File	none, i noui i igoni	Medicaid Cost Reimbursement Analysis			
For inform	nation Only	Ster	elm Z	ussell	
No Chang	ge in Rate				
Home Office:	1 - No Home Office				



Atrium Healthcare Cente	er –		Provider Number:	0 319376-00
9960 Atrium Way			Date:	12/29/2011
Jacksonville FL 32225			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 198.93	New Rate	Effective Date 1/1/2012
1	Level H: AIDS	345.13	350.97	1/1/2012
1	Level U: Fragile Under 21	462.46	469.43	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited co	ts costs	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell Cost Reimbursement	•
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 111 Westwood Place, Suite 200 Brentwood TN 37027			



Consulate Health Care of Jacksonville			Provider Number:	0 319503-00
4101 Southpoint Drive I	East		Date:	12/29/2011
Jacksonville FL 32216			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 192.63	New Rate 194.64	Effective Date 1/1/2012
	Level H: AIDS	338.83	342.25	1/1/2012
	Level U: Fragile Under 21	456.16	460.71	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	sts costs Interim portion	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File	ent / Fiscal Agent		Stephen Russell  Cost Reimbursement	•
For informa No Change	•	Steph	my Ru	ssell
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Care of	Kissimmee		Provider Number:	0 319511-00
511 John Young Parkwa	1 John Young Parkway North Date:		12/29/2011	
Xissimmee FL 34741			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:				
••		Current	New	Effective
		Rate	Rate	Date
Nursing Home S	Single Level	195.51	196.18	1/1/2012
L	evel H: AIDS	341.71	343.79	1/1/2012
L	evel U: Fragile Under 21	459.04	462.25	1/1/2012
				1/1/2012
Rate Type :				
Interim		V Dragonativa		
		X Prospective	atal Duagnaativa	
	l Interim		otal Prospective	for Nov. Costs
	im Component		ospective Adjusted	
	ement based on costs	To	otal Prospective with	h Interim Component
Prior	Provider Prospective data			
Basis:		Changes:		
Budget		Licensure I	Rating Change	
X Unaudited costs	s	Usual and	Customary Limitation	on
Field audited co	osts	Target Rate	e limitation change	
Field audit - in	terim portion	FRVS Cha	nge	
Desk audited co	_			
Desk audit - Int		X Rate Semes	ster Change	
	rospective portion		] as of 08/20/1999	
Distribution:			Stephen Russell	
Contract Managemen	nt / Fiscal Agent	Madiacid		t Analysis
Permanent File			Cost Reimbursement	•
For informati	ion Only	Steph	P.	sell
No Change i	n Rate	my m		•
Home Office:	Consulate Health Care, Inc.			
	Kathy Urbanovich			
	800 Concourse Parkway South			
	Maitland FL 32751			



Consulate Health Care Melbourne			Provider Number:	0 319520-00
3033 Sarno Road			Date:	12/29/2011
Melbourne FL 32934			Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 193.65	New Rate 194.87	Effective Date 1/1/2012
	Level H: AIDS	339.85	342.48	1/1/2012
	Level U: Fragile Under 21	457.18	460.94	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - Is	sts costs nterim portion	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	ation Only		Stephen Russell  d Cost Reimbursement  Russell  Russell	•
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Car	e of Orange Park			Provider Number:	0 319538-00
1215 Kingsley Avenu	ie	•		Date:	12/29/2011
Orange Park FL 3207	3			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
	a		Rate	Rate	Date
<b>Nursing Home</b>	Single Level		195.54	<u>193.02</u> _	1/1/2012
	Level H: AIDS		341.74	340.63	1/1/2012
	Level U: Fragile Under 21		459.07	459.09	1/1/2012
D ( D					
Rate Type :					
Interim		<u>X</u>	Prospectiv	ve .	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
I	Prior Provider Prospective data				
Basis:		Chang	ges:		
			<del></del>		
Budget				e Rating Change	
X Unaudited			Usual and Customary Limitation		
Field audit			Target Rate limitation change		
	- interim portion		FRVS C	hange	
Desk audite			P		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 01/01/1990	
<u>Distribution:</u>				Stephen Russell	
Contract Manage	ement / Fiscal Agent				
Permanent File				l Cost Reimbursement	•
For infor	mation Only		at a	hus Ru	sell
No Char	nge in Rate		engen	my / m	
				7	
Home Office:	Consulate Health Care, Inc.				
	Kathy Urbanovich 800 Concourse Parkway So	uth			
	Maitland FL 32751	uuI			
	Mainain FL 32/31				



Consulate Health Care of West Altamonte			Provider Number:	0 319546-00
1099 W. Town Parkway	1099 W. Town Parkway		Date:	12/29/2011
Altamonte Springs FL 32	714		Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 197.52	New Rate 199.18	Effective Date 1/1/2012
L	evel H: AIDS	343.72	346.79	1/1/2012
L	evel U: Fragile Under 21	461.05	465.25	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited co Desk Audit - Property of the second control o	osts — — — — — — — — — — — — — — — — — —	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Managemer  Permanent File  For informat  No Change i	ion Only		Stephen Russell  Cost Reimbursement  Russell	•
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Franco Nursing and Rehab			Provider Number:	0 319554-00
800 NW 95th Street			Date:	12/29/2011
Miami FL 33150			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 190.27	New <u>Rate</u> 195.84	Effective Date 1/1/2012
- ( <del></del>	~ <b>g</b> =			
	Level H: AIDS	336.47	343.45	1/1/2012
	Level U: Fragile Under 21	453.80	461.91	1/1/2012
Rate Type :				
In Se	otal Interim terim Component ttlement based on costs for Provider Prospective data		Total Prospective Prospective Adjusted Total Prospective with	
Desk audited Desk audit -	osts I costs interim portion	Usual and Target R. FRVS C. X Rate Sem	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 01/04/1996	on
Contract Management / Fiscal Agent		Stephen Russell Cost Reimbursement	•	
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Care of Bayonet Point			Provider Number:	0 319651-00
8132 Hudson Avenue			Date:	12/29/2011
Hudson FL 34667			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 185.23	New Rate 191.00	Effective Date 1/1/2012
	Level H: AIDS	331.43	338.61	1/1/2012
	Level U: Fragile Under 21	448.76	457.07	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - i Desk audited Desk audit - I	sts costs interim portion	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Managem  Permanent File  For informa  No Change	ation Only		Stephen Russell  Cost Reimbursement  Russell  Russell	•
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Care of	Brandon		Provider Number:	0 319660-00
01 Victoria Street	ria Street Date:		12/29/2011	
Brandon FL 33510			Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type:				
• •		Current	New	Effective
		Rate	Rate	Date
Nursing Home S	lingle Level	193.54	194.73	1/1/2012
L	evel H: AIDS	339.74	342.34	1/1/2012
L	evel U: Fragile Under 21	457.07	460.80	1/1/2012
				1, 1, 2012
Rate Type :				
Interim		X Prospective		
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	im Component		ospective Adjusted	for New Costs
	ement based on costs		=	h Interim Component
	Provider Prospective data		otal Prospective with	ii interini component
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Field audited co	osts		e limitation change	
Field audit - int	terim portion	FRVS Cha	nge	
Desk audited co	osts			
Desk audit - Int			ster Change	
	rospective portion	On FRV [2	2] as of 03/01/1999	
<b>Distribution:</b>			Stephen Russell	
Contract Managemen	t / Fiscal Agent	Medicaid (	Cost Reimbursemen	t Analysis
Permanent File				•
For informati		Steel	us Ru	sell
No Change in	n Rate	200	. , , , ,	
			1	
Home Office:	Consulate Health Care, Inc.			
	Kathy Urbanovich			
	800 Concourse Parkway South			
	Maitland FL 32751			



Consulate Health Care of	Lake Parker		Provider Number:	0 319678-00
20 W. Lake Parker Drive Date:		12/29/2011		
Lakeland FL 33805			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:				
••		Current	New	Effective
		Rate	Rate	Date
Nursing Home S	Single Level	195.15	187.28	1/1/2012
L	evel H: AIDS	341.35	334.89	1/1/2012
L	evel U: Fragile Under 21	458.68	453.35	1/1/2012
	C			
Rate Type :				
Interim		X Prospective		
	 1 Interim		otal Prospective	
	im Component		ospective Adjusted	for New Costs
	ement based on costs		1 0	n Interim Component
	Provider Prospective data			<del>-</del>
Basis:		Changes:		
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Budget X Unaudited cost	_			
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Field audit - in	_	FRVS Cha	iige	
Desk audited co	_	<b>V</b> D.4. 0.	otan Chana	
Desk Audit - In	rospective portion		ster Change ] as of 05/14/1990	
Distribution:	tospective portion	01111112		
Contract Managemen	nt / Fiscal Agent		Stephen Russell	
Permanent File			Cost Reimbursement	· ·
For informat	ion Only	1 1	つ	2011
No Change i	•	ngen	us Ru	man!
Home Office:	Consulate Health Care, Inc.			
Home office.	Kathy Urbanovich			
	800 Concourse Parkway South			
	Maitland FL 32751			



Consulate Health Care of	f Pensacola		Provider Number:	0 319686-00
235 W. Airport Blvd.			Date:	12/29/2011
Pensacola FL 32505			Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 191.34	New Rate	Effective Date 1/1/2012
I	Level H: AIDS	337.54	340.64	1/1/2012
I	Level U: Fragile Under 21	454.87	459.10	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited co Desk audit - Ir	ts costs - trim portion costs	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell d Cost Reimbursement	•
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Care of Safety Harbor			Provider Number:	0 319694-00
1410 Fourth Street North			Date:	12/29/2011
Safety Harbor FL 34695			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 198.49	New Rate 198.44	Effective Date 1/1/2012
I	Level H: AIDS	344.69	346.05	1/1/2012
I	Level U: Fragile Under 21	462.02	464.51	1/1/2012
Basis:  Budget X Unaudited cos Field audit - ir Desk audited co Desk audit - Ir	ts costs nterim portion costs	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Manageme Permanent File For informate No Change	tion Only		Stephen Russell d Cost Reimbursement	•
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Care of St. Petersburg			Provider Number:	0 319708-00
9393 Park Boulevard			Date:	12/29/2011
Seminole FL 33777			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 194.62	New Rate 196.76	Effective Date 1/1/2012
	Level H: AIDS	340.82	344.37	1/1/2012
:	Level U: Fragile Under 21	458.15	462.83	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - is Desk audited Desk audit - Is	sts costs nterim portion	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management File  For information No Change	ation Only		Stephen Russell d Cost Reimbursement	•
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Care of	of Tallahassee		Provider Number:	0 319716-00
1650 Phillips Road			Date:	12/29/2011
Tallahassee FL 32308	<u> </u>		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 200.85	New Rate 194.85	Effective Date 1/1/2012
	Level H: AIDS	347.05	342.46	1/1/2012
	Level U: Fragile Under 21	464.38	460.92	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - I	sts costs interim portion	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Managem  Permanent File  For information No Change	ation Only		Stephen Russell d Cost Reimbursement	•
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Care of	Winter Haven		Provider Number:	0 319724-00
2701 Lake Alfred Road			Date:	12/29/2011
Winter Haven FL 33881			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 187.90	New Rate 194.75	Effective Date 1/1/2012
I	Level H: AIDS	334.10	342.36	1/1/2012
I	Level U: Fragile Under 21	451.43	460.82	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs exterim portion osts	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informate No Change in	ion Only		Stephen Russell  Cost Reimbursement  Russell	•
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Car	re of Lakeland		Provider Number:	0 319953-00
5245 North Socrum l	Loop Road		Date:	12/29/2011
Lakeland FL 33809			Fiscal Year End:	7/31/2010
			Audit Status:	
<b>Provider Type:</b>				
~ ~		Curre		Effective
		Rate		Date
<b>Nursing Home</b>	Single Level	<u> 183.</u>	<u> 184.40</u>	1/1/2012
	Level H: AIDS	329.	47 332.01	1/1/2012
	Level U: Fragile Under 21	446.	450.47	1/1/2012
Basis:  Budget X Unaudited Field audi Field audi Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  costs ted costs t - interim portion	Changes:  Lic Ust Tar FR X Rat	Prospective Prospective Adjuste Total Prospective Adjuste Total Prospective w  Prospective Adjuste Total Prospective w  Prospective Adjuste  Prospective w  Prospective Adjuste  Prospective Adjuste  Prospective Adjuste  Prospective w  Prospective Adjuste  Prospective w  Prospe	tion
<b>Distribution:</b>	-		Stephen Russell	
_	ement / Fiscal Agent	Me	dicaid Cost Reimburseme	nt Analysis
Permanent File	rmation Only		1 -	
	nge in Rate	Sty	elm Re	usall!
Home Office:	Consulate Health Care, Inc Kathy Urbanovich 800 Concourse Parkway So Maitland FL 32751	uth		



Consulate Health Care Of	f New Port Richey		Provider Number:	0 319970-00
8417 County Road 54			Date:	12/29/2011
New Port Richey FL 3465	53		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 177.10	New Rate 183.19	Effective Date 1/1/2012
I	Level H: AIDS	323.30	330.80	1/1/2012
I	Level U: Fragile Under 21	440.63	449.26	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs exterim portion osts	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informate No Change in	ion Only		Stephen Russell  Cost Reimbursement  Russell  Russell	•
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Care of	North Ft. Myers		Provider Number:	0 320111-00
991 Pondella Road			Date:	12/29/2011
North Ft. Myers FL 3390	3		Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 178.48	New Rate 179.57	Effective Date 1/1/2012
L	evel H: AIDS	324.68	327.18	1/1/2012
I	evel U: Fragile Under 21	442.01	445.64	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited co Desk audit - In	osts — — — — — — — — — — — — — — — — — —	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For informate No Change in	ion Only		Stephen Russell d Cost Reimbursement	•
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Ca	re of Port Charlotte			Provider Number:	0 320129-00
18480 Toledo Blade Boulevard			Date:	12/29/2011	
Port Charlotte FL 33	948	_		Fiscal Year End:	8/31/2010
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>				110010 2000031	
			Current	New	Effective
	~		Rate	Rate	Date
<b>Nursing Home</b>	Single Level		190.97	<u> 192.16</u> _	1/1/2012
	Level H: AIDS		337.17	339.77	1/1/2012
	Level U: Fragile Under 21		454.50	458.23	1/1/2012
Rate Type :					
Interim	1	X	Prospectiv	ve	
	Total Interim	-		Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Chang	ges:		
Budget			Licensur	e Rating Change	
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Field audi	t - interim portion		FRVS C	hange	
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Distribution:	ement / Fiscal Agent			Stephen Russell	
Permanent File	<u> </u>		Medicaio	d Cost Reimbursement	Analysis
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Home Office:	Consulate Health Care, Inc				
	Kathy Urbanovich	4la			
	800 Concourse Parkway S Maitland FL 32751	DUUN			
	Manuanu FL 32/31				



Consulate Health Car	e of Sarasota			Provider Number:	0 320137-00
4783 Fruitville Road			Date:		12/29/2011
Sarasota FL 34232				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>					
			Current	New	Effective
Namain a II am a	Cinala I aval		Rate	Rate	Date 1/1/2012
Nursing Home	Single Level		212.82		1/1/2012
	Level H: AIDS	3	359.02	370.73	1/1/2012
	Level U: Fragile Under 21		476.35	489.19	1/1/2012
Rate Type:					
Interim		X	Prospectiv	re	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
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Basis:		<b>Changes:</b>			
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	- interim portion		FRVS C	=	
Desk audit	_				
	- Interim Portion	X	Rate Sen	nester Change	
Desk Audi	t - Prospective portion		On FRV	[2] as of 02/18/1998	
<b>Distribution:</b>				Stephen Russell	
· ·	ement / Fiscal Agent	-	Medicaio	l Cost Reimbursement	Analysis
Permanent File	rmation Only				•
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Hama Office	Complete Health Complete				
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich				
	800 Concourse Parkway Son	ıth			
	Maitland FL 32751				



Consulate Health Care	of Vero Beach		Provider Number:	0 320145-00
1310 37th Street			Date:	12/29/2011
Vero Beach FL 32960			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 186.18	New Rate 189.00	Effective Date 1/1/2012
	Land H. AIDC	222.20	225.51	1/1/2012
	Level H: AIDS	332.38	336.61	1/1/2012
	Level U: Fragile Under 21	449.71	455.07	1/1/2012
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs - interim portion	Usual ar Target R FRVS C X Rate Sei	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:	ment / Fiscal Agent		Stephen Russell	
Permanent File	nation Only		d Cost Reimbursement	•
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Consulate Health Care of	f West Palm Beach		Provider Number:	0 320153-00
1626 David Road			Date:	12/29/2011
West Palm Beach FL 334	406		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 196.03	New Rate <b>202.75</b>	Effective Date 1/1/2012
I	Level H: AIDS	342.23	350.36	1/1/2012
I	Level U: Fragile Under 21	459.56	468.82	1/1/2012
Basis:  Budget X Unaudited cost Field audit - ir Desk audited cost Desk audit - In	ts costs nterim portion costs	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Manageme Permanent File For informat No Change	tion Only		Stephen Russell  Cost Reimbursement  Russell  Russell	•
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



Zephyr Haven Health	& Rehab Center, Inc.			Provider Number:	0 320391-00
38250 A Avenue				Date:	12/29/2011
Zephyrhills FL 33542				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 200.43	New Rate 197.55	Effective Date 1/1/2012
runsing frome	Single Level		200.43	197.33	1/1/2012
	Level H: AIDS		346.63	345.16	1/1/2012
	Level U: Fragile Under 21		463.96	463.62	1/1/2012
Basis:  Budget X Unaudited compiled audited au	d costs - interim portion	Chang	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 06/28/1989	n Interim Component
	nent / Fiscal Agent			Stephen Russell	
Permanent File	nation Only	يســ		Cost Reimbursement	•
Home Office:	Adventist Care Centers 602 Courtland Street, Suite 2	00			
	Orlando FL 32804	~ ~			



Zephyrhills Health & Re	ehab Center, Inc.			Provider Number:	0 320404-00
7350 Dairy Road				Date:	12/29/2011
Zephyrhills FL 33540				Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate	New Rate 199.91	Effective Date 1/1/2012
C	S	_			
	Level H: AIDS		344.81	347.52	1/1/2012
	Level U: Fragile Under 21	_	462.14	465.98	1/1/2012
Basis:  Budget X Unaudited confield audit - infield audit - in	costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component
<b>Distribution:</b> Contract Management	ont / Fiscal Agont			Stephen Russell	
Permanent File For informa No Change	ation Only			d Cost Reimbursement	•
Home Office:	Sunbelt Health Care Centers, Kevin Sadler 602 Courtland Street Orlando FL 32804	Inc.			



Sunbelt Health & Rel	nab Center - Apopka, Inc.			Provider Number:	0 320412-00
305 E. Oak Street		_		Date:	12/29/2011
Apopka FL 32703		_		Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		197.07	199.33	1/1/2012
	Level H: AIDS		343.27	346.94	1/1/2012
	Level U: Fragile Under 21		460.60	465.40	1/1/2012
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data				
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Basis:		Chang	ges:		
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	- interim portion		FRVS C	nange	
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	- Interim Portion	X		nester Change [2] as of 02/09/1993	
Distribution:	t - Prospective portion		Oli FK V		
<u> </u>	ement / Fiscal Agent			Stephen Russell	
Permanent File	mont, Tiscar rigont		Medicaio	d Cost Reimbursement	Analysis
	mation Only			/ ->	//
	nge in Rate		Styl	hus Ru	sour
No Chai	igo in Raio				
Home Office:	Sunbelt Health Care Cente	rs,Inc.			
	Kevin Sadler				
	602 Courtland Street				
	Orlando FL 32804				



East Orlando Health & F	Rehab Center, Inc.			Provider Number:	0 320421-00
250 S. Chickasaw Trail				Date:	12/29/2011
Orlando FL 32825	_			Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 220.89	New Rate 222.11	Effective Date  1/1/2012
G	C				
	Level H: AIDS		367.09	369.72	1/1/2012
	Level U: Fragile Under 21		484.42	488.18	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - Is	costs nterim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Contract Manageme	ent / Fiscal Agent			Stephen Russell	
Permanent File For informa No Change	ation Only			Cost Reimbursement	•
Home Office:	Sunbelt Health Care Centers, Kevin Sadler 602 Courtland Street Orlando FL 32804	Inc.			



Adventist Care Centers	- Courtland, Inc.			Provider Number:	0 320439-00	
730 Courtland Street				Date:	12/29/2011	
Orlando Fl 32804				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	_	213.43	211.05	1/1/2012	
	Level H: AIDS	<u>-</u>	359.63	358.66	1/1/2012	
	Level U: Fragile Under 21	<u>.</u>	476.96	477.12	1/1/2012	
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change d Customary Limitatio ate limitation change	n Interim Component	
<b>Distribution:</b>	/ <b>F</b> ' <b>1</b> A <b>4</b>			Stephen Russell		
Contract Managem Permanent File	em / riscai Ageiit	Medicaid Cost Reimbursement Analysis				
For information of the state of	ation Only	-	14.	hus Ru	adl	
No Change	e in Rate		rzen	ms / cm	,	
Home Office:	Adventist Care Centers 602 Courtland Street, Suite 20 Orlando FL 32804	0				



Florida Living Nursing	Center			Provider Number:	0 320463-00
3355 E. Semoran Blvd.			Date:		12/29/2011
Apopka FL 32703				Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	_	221.41		1/1/2012
	Level H: AIDS	<u>-</u>	367.61	370.36	1/1/2012
	Level U: Fragile Under 21	_	484.94	488.82	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component
Contract Managem	ent / Fiscal Agent			Stephen Russell	
Permanent File For inform No Change	ation Only	<u></u>		d Cost Reimbursement	•
Home Office:	Sunbelt Health Care Centers, Kevin Sadler 602 Courtland Street Orlando FL 32804	Inc.			



Health & Rehab. Centre	at Dolphins View		Pr	ovider Number:	0 320528-00	
1820 Shore Drive, South				Date:	12/29/2011	
St. Petersburg FL 33707			F	iscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	Curr <u>Ra</u> <b>219</b>	<u>e</u>	New Rate 222.60	Effective Date 1/1/2012	
1 (01)1119 1101110	Single 20 voi				1/1/2012	
	Level H: AIDS	366	.14	370.21	1/1/2012	
	Level U: Fragile Under 21	483	.47	488.67	1/1/2012	
Basis:  Budget X Unaudited confield audited Field audited Desk audited Desk Audit - I Desk Audit - I	costs interim portion	Changes:  Lie Us Ta FF	Pros Tota  censure Ra ual and Cu rget Rate li VS Chang	ting Change istomary Limitati imitation change ge	h Interim Component	
<b>Distribution:</b> Contract Management	ent / Fiscal Agent		S	tephen Russell		
Permanent File	one, I nour regent	Medicaid Cost Reimbursement Analysis				
For informa No Change	•	Sty	elm	, Ru	sall	
Home Office:	1 - No Home Office					



Lehigh Acres Health & I	Rehabilitation Center			Provider Number:	0 320978-00	
1550 Lee Boulevard				Date:	12/29/2011	
Lehigh Acres FL 33936				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 229.80	New Rate 230.78	Effective Date  1/1/2012	
8	8					
	Level H: AIDS	<u>_</u>	376.00	378.39	1/1/2012	
	Level U: Fragile Under 21		493.33	496.85	1/1/2012	
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs nterim portion costs	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component	
<b>Distribution:</b> Contract Manageme	ent / Fiscal Agent			Stephen Russell		
Permanent File	, 1 150ul / 150llt	Medicaid Cost Reimbursement Analysis				
For informa No Change	•	-Bi	tye	m Ru	mell	
Home Office:	Greystone Healthcare Manag 4042 Park Oaks Blvd, Suite Tampa FL 33610					



Ft. Lauderdale Health &				Provider Number:	0 321303-00	
2000 E. Commercial Blv				Date:	12/29/2011	
Ft. Lauderdale FL 33308				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 220.37	New Rate 222.88	Effective Date  1/1/2012	
Truising Home	Single Level				1/1/2012	
1	Level H: AIDS		366.57	370.49	1/1/2012	
1	Level U: Fragile Under 21		483.90	488.95	1/1/2012	
Basis:  Budget X Unaudited cos Field audit - in Desk audited co	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component	
Contract Manageme	ent / Fiscal Agent			Stephen Russell		
Permanent File		Medicaid Cost Reimbursement Analysis				
For informa No Change	-		stypi	hus Ru	sell	
Home Office:	1 - No Home Office		•			



The Palms Rehabilitation	and Nursing Center		Provider Number:	0 321532-00
3370 NW 46th Terrace			Date:	12/29/2011
Lauderdale Lakes FL 333	19		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Currer Rate <b>226.6</b>	Rate	Effective Date 1/1/2012
L	evel H: AIDS	372.8	2 376.07	1/1/2012
L	evel U: Fragile Under 21	490.1	5 494.53	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited co Desk Audit - Property of the second control o	osts terim portion osts	Changes:  Lice Usu Targ FRV X Rate	Prospective Adjusted	th Interim Component
Distribution:  Contract Management Permanent File  For informate No Change in	ion Only		Stephen Russell icaid Cost Reimbursemer	•
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road #3 New City NY 10956	09		



V6.998.1.2:RV35K

# State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Coral Gables Nursing	and Rehabilitation		Provider Number:	0 323772-00		
7060 SW 8th Street			Date:	12/29/2011		
Miami FL 33144			Fiscal Year End:	4/30/2010		
			Audit Status:	Unaudited [3]		
Provider Type:		Current Rate	New Rate	Effective Date		
<b>Nursing Home</b>	Single Level	206.97	208.32	1/1/2012		
	Level H: AIDS	353.17	355.93	1/1/2012		
	Level U: Fragile Under 21	470.50	474.39	1/1/2012		
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	d costs - interim portion	Usual a Target I FRVS 0 X Rate Se	ive Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  are Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 11/01/1988	n Interim Component		
Distribution:	(5)		Stephen Russell			
Contract Manager Permanent File	ment / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
	nation Only	e	1 -			
	ge in Rate	My	In Ru	sacri		
Home Office:	1 - No Home Office					



Tarpon Point Nursing	& Rehab Center		Provider Number:	0 323781-00
5157 Park Club Drive			Date:	12/29/2011
Sarasota FL 34235			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 214.91	Rate	Effective Date 1/1/2012
runging nome	omgie never	214.71		1/1/2012
	Level H: AIDS	361.11	364.31	1/1/2012
	Level U: Fragile Under 21	478.44	482.77	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audit	ed costs - interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 07/27/1990	h Interim Component
	ment / Fiscal Agent		Stephen Russell	
Permanent File For inform	mation Only ge in Rate		caid Cost Reimbursemen	•
Home Office:	Preferred Care, Inc. Gene Lunceford 5212 Village Creek Drive Plano TX 75093			



St. Andrew's Bay Skille	d Nursing and Rehabilitatio		Provider Number:	0 323799-00
2100 Jenks Ave			Date:	12/29/2011
Panama City FL 32405	_		Fiscal Year End:	4/30/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 193.47	New Rate <b>194.26</b>	Effective Date 1/1/2012
	Level H: AIDS	339.67	341.87	1/1/2012
	Level U: Fragile Under 21	457.00	460.33	1/1/2012
Basis:  Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	costs interim portion	Usual a Target FRVS X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 01/01/2000	n Interim Component
Distribution:  Contract Management File  For information No Change	ation Only	Stephen Russell  Medicaid Cost Reimbursement Analysis  My Marie Russell		
Home Office:	Preferred Care, Inc. Gene Lunceford 5212 Village Creek Drive Plano TX 75093			



Hampton Court Nursir	ng Center		Provider Number:	0 324027-00
16100 NW 2nd Avenu			Date:	12/29/2011
North Miami Beach Fl	L 33169		Fiscal Year End:	9/30/2011
			Audit Status:	Unaudited [3]
Provider Type:	Chr. ala I amal	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	226.28		1/1/2012
	Level H: AIDS	372.48	378.57	1/1/2012
	Level U: Fragile Under 21	489.81	497.03	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	d costs - interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted	h Interim Component
	ment / Fiscal Agent		Stephen Russell	
Permanent File For inform	nation Only ge in Rate		aid Cost Reimbursemen	-
Home Office:	1 - No Home Office			



Advanced Rehabilita	ntion & Health Center			Provider Number:	0 324094-00		
401 FAIRWOOD A	VENUE	<u>-</u>		Date:	12/29/2011		
Clearwater FL 33759	9	_		Fiscal Year End:	2/28/2011		
				Audit Status:	Unaudited [3]		
<b>Provider Type:</b>							
			Current	New	Effective		
	~		Rate	Rate	Date		
<b>Nursing Home</b>	Single Level		231.92	228.42	1/1/2012		
	Level H: AIDS		378.12	376.03	1/1/2012		
	Level U: Fragile Under 21		495.45	494.49	1/1/2012		
Rate Type :							
Kate Type:							
Interim		X	Prospectiv				
	Total Interim		<u>X</u>	Total Prospective			
	Interim Component			Prospective Adjusted			
	Settlement based on costs			Total Prospective with	n Interim Component		
	Prior Provider Prospective data						
Basis:		Chang	ges:				
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Budget				re Rating Change			
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	it - interim portion		FRVS C	Change			
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	t - Interim Portion	X		nester Change			
	it - Prospective portion		On FRV	[2] as of 02/01/2000			
Distribution:	=			Stephen Russell			
Contract Management / Fiscal Agent Permanent File			Medicaid Cost Reimbursement Analysis				
	ormation Only		~	/ -			
	inge in Rate		eryer.	hus Ru	sacri		
<del></del>							
Home Office:	Hallmark Accounting						
	Jacob Karmel	#200					
	368 New Hempstead Road	#307					
	New City NY 10956						



Bayside Rehabilitation &				Provider Number:	0 324108-00
811 Jackson Street North	1			Date:	12/29/2011
St. Petersburg FL 33705				Fiscal Year End:	2/28/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 248.74	New Rate 249.67	Effective Date  1/1/2012
Truising Home	Single Level	_	240.74		1/1/2012
1	Level H: AIDS	_	394.94	397.28	1/1/2012
]	Level U: Fragile Under 21	<u>-</u>	512.27	515.74	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited of Desk audit - Ir	costs nterim portion costs	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
	ent / Fiscal Agent			Stephen Russell	
Contract Management / Fiscal Agent Permanent File				d Cost Reimbursement	•
For informa	tion Only	2	ten 1	en Ru	sell
No Change	in Rate		reje ii		
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road # New City NY 10956	309			



Excel Rehabilitation & Health Center 2811 Campus Hill Drive				Provider Number:	0 324116-00		
		_		Date:	12/29/2011		
Tampa FL 33612		_		Fiscal Year End:	2/28/2011		
				Audit Status:	Unaudited [3]		
<b>Provider Type:</b>							
• •			Current	New	Effective		
	a	_	Rate	Rate	Date		
<b>Nursing Home</b>	Single Level	_	223.69	225.95	1/1/2012		
	Level H: AIDS		369.89	373.56	1/1/2012		
	Level U: Fragile Under 21	- -	487.22	492.02	1/1/2012		
Rate Type :							
Interin	1	X	Prospectiv	ve			
	Total Interim	<del></del>	X	Total Prospective			
	Interim Component			Prospective Adjusted	for New Costs		
	Settlement based on costs			Total Prospective with	Interim Component		
	Prior Provider Prospective data						
Basis:		Changes	S:				
Dudast			Licensur	e Rating Change			
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Field aud		-	_	ate limitation change	)11		
	it - interim portion	-	FRVS C	_			
Desk audi	-	-	_	6.			
	t - Interim Portion	X	Rate Ser	nester Change			
Desk Aud	lit - Prospective portion		On FRV	[2] as of 05/15/1995			
<u>Distribution</u>				Stephen Russell			
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Analysis				
Permanent File	ormation Only			/>	//		
	ange in Rate	مسير	rtyer	hus Ru	soll !		
	80 1						
Home Office:	Hallmark Accounting						
Home Office.	Jacob Karmel						
	368 New Hempstead Road	#309					
	New City NY 10956						



Madison Pointe Rehabilit	ation & Health Center			Provider Number:	0 324124-00
6020 Indiana Avenue				Date:	12/29/2011
New Port Richey FL 3465	53			Fiscal Year End:	2/28/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		urrent Rate 20.21	New Rate 220.03	Effective Date 1/1/2012
L	evel H: AIDS	3	66.41	367.64	1/1/2012
L	evel U: Fragile Under 21	4	83.74	486.10	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited co Desk Audit - Property of the second control o	osts terim portion osts	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Permanent File For informat	ct Management / Fiscal Agent			Stephen Russell d Cost Reimbursement Russell	•
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road # New City NY 10956	09			



Shore Acres Rehabilitation	n & Health Center			Provider Number:	0 324132-00
4500 Indianapolis Street, N	NE			Date:	12/29/2011
St. Petersburg FL 33703				Fiscal Year End:	2/28/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level		Current Rate 223.61	New Rate 222.41	Effective Date 1/1/2012
Le	evel H: AIDS		369.81	370.02	1/1/2012
Le	evel U: Fragile Under 21		487.14	488.48	1/1/2012
Basis:  Budget X Unaudited costs Field audited co Field audit - int Desk audited co	erim portion	Chang	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange	n Interim Component
	ospective portion	X		nester Change [2] as of 01/01/1993	
<b>Distribution:</b>	4 /E' 1 A 4			Stephen Russell	
Contract Managemen Permanent File For information No Change in	on Only			Cost Reimbursement	•
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road # New City NY 10956	309			



Woodbridge Rehabilitat				Provider Number:	0 324141-00	
8720 Jackson Springs R	oad			Date:	12/29/2011	
Tampa FL 33615				Fiscal Year End:	2/28/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 220.66	Effective Date  1/1/2012	
G		_				
	Level H: AIDS	<u>-</u>	367.91	368.27	1/1/2012	
	Level U: Fragile Under 21		485.24	486.73	1/1/2012	
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit	costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted a Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component	
<u>Distribution:</u> Contract Management / Fiscal Agent		Stephen Russell  Medicaid Cost Reimbursement Analysis				
Permanent File For information No Change	•	مراجعة		hus Rus	•	
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road # New City NY 10956	309				



Ocoee Health Care Fac	cility		Provider Number:	0 324159-00		
1556 Maguire Road			Date:	12/29/2011		
Ocoee FL 34761			Fiscal Year End:	12/31/2010		
			Audit Status:	Unaudited [3]		
Provider Type:		Current Rate	New Rate	Effective Date		
<b>Nursing Home</b>	Single Level	214.77	216.55	1/1/2012		
	Level H: AIDS	360.97	364.16	1/1/2012		
	Level U: Fragile Under 21	478.30	482.62	1/1/2012		
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change  Semester Change RV [2] as of 08/16/1990	h Interim Component		
<b>Distribution:</b>			Stephen Russell			
•	nent / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
Permanent File	nation Only			-		
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	,	•				
Home Office:	1 - No Home Office					



Palmetto Rehabilitati	on and Health Center	_		Provider Number:	0 324167-00		
6750 West 22nd Court		_		Date:	12/29/2011		
Hialeah FL 33016		-		Fiscal Year End:	2/28/2011		
				Audit Status:	Unaudited [3]		
Provider Type:			Current Rate	New Rate	Effective Date		
<b>Nursing Home</b>	Single Level		241.15		1/1/2012		
	Level H: AIDS		387.35	388.63	1/1/2012		
	Level U: Fragile Under 21		504.68	507.09	1/1/2012		
Rate Type :							
Interim		X	Prospectiv	ve			
	Total Interim		<u> X</u>	Total Prospective			
	Interim Component			Prospective Adjusted	for New Costs		
	Settlement based on costs			Total Prospective with	n Interim Component		
	Prior Provider Prospective data						
Basis:		Chang	ges:				
Dudget			Licensur	e Rating Change			
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Field audit		-		ate limitation change	л		
	t - interim portion		FRVS Change				
Desk audit	•	-		nange			
	: - Interim Portion	<u> X</u>	Rate Sen	nester Change			
	t - Prospective portion	-		[2] as of 09/02/1987			
<b>Distribution:</b>	•			Stephen Russell			
_	ement / Fiscal Agent		Medicaid Cost Reimbursement Analysis				
Permanent File					-		
	rmation Only		Steph	un Ru	sell		
No Cha	nge in Rate						
Home Office:	Hallmark Accounting Jacob Karmel						
	368 New Hempstead Road	#309					
	New City NY 10956						
	<b>.,</b>						



Courtyards of Orlando				Provider Number:	0 324175-00
1900 Mercy Drive				Date:	12/29/2011
Orlando FL 32808				Fiscal Year End:	2/28/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 224.03	New Rate 210.32	Effective Date 1/1/2012
- (	~ <b>g</b> =	_			1/1/2012
	Level H: AIDS		370.23	357.93	1/1/2012
	Level U: Fragile Under 21		487.56	476.39	1/1/2012
Basis:  Budget X Unaudited c Field audite Field audite Desk audite Desk Audit	d costs - interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:	ment / Fiscal Agent			Stephen Russell	
Permanent File	nation Only			d Cost Reimbursement	•
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road # New City NY 10956	309			



Royal Care of Avon I				Provider Number:	0 324213-00		
1213 W. Stratford Rd				Date:	12/29/2011		
Avon Park FL 33825				Fiscal Year End:	12/31/2010		
				Audit Status:	Unaudited [3]		
Provider Type: Nursing Home	Single Level		Current Rate <b>194.44</b>	New Rate 192.77	Effective Date  1/1/2012		
	Single Devel		174,44	1/2,//	1/1/2012		
	Level H: AIDS		340.64	340.38	1/1/2012		
	Level U: Fragile Under 21	_	457.97	458.84	1/1/2012		
Rate Type :		v	D				
Interim	Patal Interior	<u>X</u>	Prospectiv				
	Total Interim		<u>X</u>	Total Prospective Prospective Adjusted	for Navy Coata		
	Interim Component			1 0			
	Settlement based on costs			Total Prospective with	i Interim Component		
	Prior Provider Prospective data						
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D 1 /			Licancur	e Rating Change			
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XUnaudited Field audit				d Customary Limitatio	on		
		-	Target Rate limitation change FRVS Change				
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Desk audite			D ( C	. 01			
	- Interim Portion t - Prospective portion	X		mester Change [2] as of 01/01/1986			
<u>Distribution:</u>	(77)			Stephen Russell			
_	ement / Fiscal Agent	Medicaid Cost Reimbursement Analysis					
Permanent File					· · · · · · · · · · · · · · · · · · ·		
	mation Only	-2	teel	hus Ru	sell		
No Char	age in Rate						
Home Office:	1 - No Home Office						
Home Office.	1 110 Home Office						
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eminole Pavilion Rehabilitation & Nursing Service	P	rovider Number:	0 324230-00
0800 Temple Terrace		Date:	12/29/2011
eminole FL 33772	]	Fiscal Year End:	5/31/2011
		Audit Status:	Unaudited [3]
Provider Type:			
	Current	New	Effective
	Rate	Rate	Date
Sursing Home Single Level	200.49	195.31	1/1/2012
Level H: AIDS	346.69	342.92	1/1/2012
Level U: Fragile Under 21	464.02	461.38	1/1/2012
Rate Type :			
Interim	<b>X</b> Prospective		
Total Interim		al Prospective	
Interim Component	Pro	spective Adjusted	for New Costs
Settlement based on costs	Tot	al Prospective with	h Interim Component
Prior Provider Prospective data			
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Basis:	hanges:		
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Budget X Unaudited costs			
		ustomary Limitation change	OII
Field audited costs		_	
Field audit - interim portion	FRVS Chan	ge	
Desk audited costs	<b>V</b> D . C	CI.	
Desk audit - Interim Portion	X Rate Semest	er Change as of 07/01/1988	
Desk Audit - Prospective portion  Distribution:			
Contract Management / Fiscal Agent		Stephen Russell	
Permanent File	Medicaid Co	ost Reimbursement	t Analysis
For information Only	12 /	-77	
No Change in Rate	Steph	y Ku	sacr!
Home Office: Brookdale Senior Living, Inc.			
Russ Bellora			
111 Westwood Place, Suite 200			
Brentwood TN 37027			



Freedom Square Rehabi	litation & Nursing Services		Provider Number:	0 324248-00		
10801 Johnson Blvd.			Date:	12/29/2011		
Seminole Fl 33772			Fiscal Year End:	8/31/2010		
			Audit Status:	Unaudited [3]		
Provider Type: Nursing Home	Single Level	Current Rate <b>191.56</b>	Rate	Effective Date 1/1/2012		
Nursing Home	Single Level	191.50	192.00	1/1/2012		
	Level H: AIDS	337.76	340.49	1/1/2012		
	Level U: Fragile Under 21	455.09	458.95	1/1/2012		
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 02/19/2002	h Interim Component		
<b>Distribution:</b> Contract Managem	ant / Fiscal Agant		Stephen Russell			
Permanent File	one, i iscai rigelli	Medicaid Cost Reimbursement Analysis				
For informa	ation Only	at.	hus Ru	raell		
No Change	e in Rate	my	my / m	<u>-</u>		
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 111 Westwood Place, Suite 200 Brentwood TN 37027					



Heritage Park Care an	d Rehabilitation Center		Provider Number:	0 324345-00
2302 59th Street West	<u>:</u>		Date:	12/29/2011
Bradenton FL 34209			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren Rate 191.3	Rate	Effective Date 1/1/2012
	Level H: AIDS	337.5	6 340.57	1/1/2012
	Level U: Fragile Under 21	454.8	<del>_</del>	1/1/2012
Basis:  Budget X Unaudited of Field audited	ed costs - interim portion	Usua Targ	Total Prospective Prospective Adjusted	th Interim Component
Desk Audit	- Interim Portion - Prospective portion		Semester Change RV [2] as of 08/31/1994	
Permanent File For inform	ment / Fiscal Agent mation Only ge in Rate	Stephen Russell  Medicaid Cost Reimbursement Analysis  Stephen Russell  Russell		•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Washington Rehabilita	ation and Nursing Center		Provider Number:	0 324353-00
879 Usery Road/Post	Office Box 917		Date:	12/29/2011
Chipley FL 32428			Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 200.86	New Rate <b>203.07</b>	Effective Date 1/1/2012
	Level H: AIDS	347.06	350.68	1/1/2012
	Level U: Fragile Under 21	464.39	469.14	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audit	ed costs - interim portion	Usual a Target FRVS X Rate Se	Total Prospective Total Prospective Prospective Adjusted Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 12/31/2001	h Interim Component
Permanent File For inform	ment / Fiscal Agent mation Only ge in Rate		Stephen Russell  aid Cost Reimbursement  Russell	•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Chautauqua Rehabilitation	n and Nursing Center			Provider Number:	0 324361-00
785 South 2nd Street				Date:	12/29/2011
Defuniak Springs FL 3243	35			Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	
Trovider Types			rrent Rate	New Rate	Effective Date
Nursing Home S	Single Level	18	84.19	185.32	1/1/2012
L	evel H: AIDS	33	30.39	332.93	1/1/2012
L	evel U: Fragile Under 21	44	17.72	451.39	1/1/2012
Rate Type :					
Interim Total Inter Settle	I Interim im Component ement based on costs Provider Prospective data	X Pr		Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int Desk Audit - Pr	osts terim portion osts		Usual an Farget R FRVS C Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 03/01/1989	On
<b>Distribution:</b>	· / E' 1 A · ·			Stephen Russell	
Contract Managemen Permanent File	u / riscai Agent	Medicaid Cost Reimbursement Analysis			Analysis
For informati No Change is	•	M	je ti	ens Ru	mell
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				



Signature HealthCARE of	of College Park		Provider Number:	0 324370-00
13755 Golf Club Parkwa			Date:	12/29/2011
Fort Myers FL 33919-51	46		Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 203.36	New Rate <b>205.17</b>	Effective Date 1/1/2012
I	Level H: AIDS	349.56	352.78	1/1/2012
I	Level U: Fragile Under 21	466.89	471.24	1/1/2012
Basis:  Budget X Unaudited cos Field audit - ir Desk audited co Desk audit - Ir	costs nterim portion costs	Usual a Target FRVS  X Rate So	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 08/31/1994	n Interim Component
Distribution:  Contract Manageme Permanent File For information No Change	tion Only		Stephen Russell  aid Cost Reimbursement  Russell  Russell	•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Signature HealthCAR				Provider Number:	0 324388-00
4000 South West 20th	Avenue			Date:	12/29/2011
Gainesville FL 32607				Fiscal Year End:	9/30/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curr <u>Ra</u> <b>185</b>	e	New Rate 187.64	Effective Date  1/1/2012
	Single Devel			107.04	1/1/2012
	Level H: AIDS	331	.77	335.25	1/1/2012
	Level U: Fragile Under 21	449	.10	453.71	1/1/2012
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes:	eensure ual and rget Ra VS Ch	Prospective Adjusted Prospective Adjusted Prospective with Prospective with Rating Change Customary Limitation change	n Interim Component
	ment / Fiscal Agent			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			•
For inform	nation Only	0.5	n 1.	us Ru	sell
No Chang	ge in Rate	m		u, / lu	,
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				



Signature Healthcare of	North Florida		Provider Number:	0 324396-00
1083 Sanders Avenue	_		Date:	12/29/2011
Graceville FL 32440			Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 203.98	Rate	Effective Date 1/1/2012
	Level H: AIDS	350.18	353.12	1/1/2012
	Level U: Fragile Under 21	467.5	471.58	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	costs nterim portion	Usua Targe FRV	Total Prospective Prospective Adjusted	h Interim Component
Distribution:  Contract Management File  For information No Change	ation Only		Stephen Russell caid Cost Reimbursemen  Russell Russell Russell	•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Signature HealthCARE C	enter of Waterford		Provider Number:	0 324400-00
8333 W. Okeechobee Roa	nd		Date:	12/29/2011
Hialeah Gardens FL 3301	6		Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate <b>184.77</b>	Rate	Effective Date 1/1/2012
L	evel H: AIDS	330.97	333.07	1/1/2012
L	evel U: Fragile Under 21	448.30	451.53	1/1/2012
Basis:  Budget X Unaudited costs Field audit - in Desk audited co Desk Audit - Pr	osts terim portion osts	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective Adjusted Total Prospective with  sure Rating Change and Customary Limitation change C	h Interim Component
Distribution:  Contract Management Permanent File  For information No Change in the contract of the contract o	on Only		Stephen Russell caid Cost Reimbursemen	· ·
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Signature Healthcare of l	Brookwood Gardens		Provider Number:	0 324418-00
1990 S. Canal Drive			Date:	12/29/2011
Homestead FL 33035			Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 213.92	Rate	Effective Date 1/1/2012
]	Level H: AIDS	360.12	362.59	1/1/2012
1	Level U: Fragile Under 21	477.45	481.05	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited co	costs nterim portion costs	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitation thange Change Change Semester Change RV [2] as of 11/01/1989	h Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell caid Cost Reimbursement lines Russell	•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Signature Healthcare at	t the Courtyard		Provider Number:	0 324426-00
2600 Forest Glen Trail			Date:	12/29/2011
Marianna FL 32446			Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 186.99	New Rate 188.15	Effective Date 1/1/2012
G	C	-		
	Level H: AIDS	333.19	335.76	1/1/2012
	Level U: Fragile Under 21	450.52	454.22	1/1/2012
Basis:  Budget X Unaudited concept and the con	d costs interim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  are Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 08/27/1997	n Interim Component
	nent / Fiscal Agent		Stephen Russell	
Permanent File	nation Only		aid Cost Reimbursement	•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Signature Healthcare of	Orange Park		Provider Number:	0 324434-00
2029 Professional Center	r Drive		Date:	12/29/2011
Orange Park FL 32073			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 198.06	New Rate <b>200.28</b>	Effective Date 1/1/2012
1	Level H: AIDS	344.26	347.89	1/1/2012
1	Level U: Fragile Under 21	461.59	466.35	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited of Desk audit - Ir	costs nterim portion costs	Usual a Target FRVS  X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 09/01/1994	n Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell  aid Cost Reimbursement  Russell  Russell	•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Signature Healthcare of C	Ormond		Provider Number:	0 324442-00
103 N. Clyde Morris Blvd	d		Date:	12/29/2011
Ormond Beach FL 32074	<u> </u>		Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 204.55	New Rate 207.00	Effective Date 1/1/2012
L	evel H: AIDS	350.75	354.61	1/1/2012
L	evel U: Fragile Under 21	468.08		1/1/2012
Basis:  Budget X Unaudited cost: Field audit - in Desk audited co	osts terim portion osts	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Bure Rating Change and Customary Limitation Rate limitation change Change Emester Change Ev [2] as of 05/20/1988	n Interim Component
Distribution:  Contract Managemer  Permanent File  For informati  No Change i	ion Only		Stephen Russell aid Cost Reimbursement Anna Russell	•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Anchor Care & Rehabil	litation Center		Provider Number:	0 324451-00
1515 Port Malabar Blvo	d. NE		Date:	12/29/2011
Palm Bay FL 32905			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 190.93	New Rate <b>192.55</b>	Effective Date 1/1/2012
	Level H: AIDS	337.13	340.16	1/1/2012
	Level U: Fragile Under 21	454.46	458.62	1/1/2012
Basis:  Budget X Unaudited confield audited Field audited Desk audited Desk audited	l costs interim portion	Usual a Target l FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with  Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:  Contract Managem  Permanent File  For inform  No Change	ation Only		Stephen Russell id Cost Reimbursement  Russell Russell	•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Pinellas Park Care and R	Rehabilitation Center		Provider	Number:	0 324469-00
8701 49th Street North				Date:	12/29/2011
Pinellas Park FL 33782			Fiscal Y	ear End:	9/30/2010
			Auc	dit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curre Rat <b>188.</b>	e Ra		Effective Date 1/1/2012
	Level H: AIDS	334.	77 337	'.30	1/1/2012
:	Level U: Fragile Under 21	452.	10 455	5.76	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs nterim portion	Changes: Lic Use Tar FR		hange ry Limitation change	for New Costs h Interim Component on
<u>Distribution:</u> Contract Manageme Permanent File	ent / Fiscal Agent		dicaid Cost Rein		•
For informa No Change		Sty	elm	Ru	mell
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				



Signature Healthcare of P	Port Charlotte		Provider Number:	0 324477-00
4033 Beaver Lane			Date:	12/29/2011
Port Charlotte FL 33952			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate <b>212.14</b>	New Rate 213.58	Effective Date 1/1/2012
L	evel H: AIDS	358.34	361.19	1/1/2012
I	evel U: Fragile Under 21	475.67	479.65	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 08/31/1994	h Interim Component
Distribution:  Contract Management Permanent File  For informate No Change in	ion Only		Stephen Russell aid Cost Reimbursement	•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



The Bridge at Bay St. Joe			Provider Number:	0 324485-00
220 9th Street			Date:	12/29/2011
Port St. Joe FL 32456			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 185.34	New Rate 186.88	Effective Date 1/1/2012
	Level H: AIDS	331.54	334.49	1/1/2012
	Level U: Fragile Under 21	448.87	452.95	1/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk Audit - I	costs interim portion	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Total Prospective with Total Prospective with	n Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	ation Only		id Cost Reimbursement	•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Kenilworth Care and Reh	nabilitation Center		Provider Number:	0 324493-00
3011 Kenilworth Blvd.			Date:	12/29/2011
Sebring FL 33870			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type:	Single I aval	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	189.71		1/1/2012
I	evel H: AIDS	335.91	338.95	1/1/2012
I	Level U: Fragile Under 21	453.24	457.41	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Usual a Target FRVS  X Rate So	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change  emester Change V [2] as of 07/01/1986	n Interim Component
<b>Distribution:</b>	(77)		Stephen Russell	
Contract Management Permanent File For informate No Change in	ion Only		aid Cost Reimbursement	•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Peninsula Care and Rehab	pilitation Center		Provider Number:	0 324507-00
900 Beckett Way	900 Beckett Way		Date:	12/29/2011
Tarpon Springs FL 34689			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Current Rate 204.57	Rate	Effective Date 1/1/2012
L	evel H: AIDS	350.77	353.89	1/1/2012
L	evel U: Fragile Under 21	468.10	472.35	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Interest of the second content o	osts terim portion osts	Usua. Targe FRV: X Rate	Total Prospective Prospective Adjusted	h Interim Component
Distribution:  Contract Managemer  Permanent File  For informati  No Change i	ion Only		Stephen Russell caid Cost Reimbursemen  Rus	•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Winter Park Care and R	ehabilitation Center		Provider Number:	0 324515-00
2970 Scarlet Road			Date:	12/29/2011
Winter Park FL 32792			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 194.73	New Rate <b>195.98</b>	Effective Date 1/1/2012
	Level H: AIDS	340.93	343.59	1/1/2012
	Level U: Fragile Under 21	458.26	462.05	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - I	costs interim portion	Usual a Target FRVS  X Rate So	tive Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 08/31/1994	n Interim Component
Distribution:  Contract Managem  Permanent File  For information No Change	ation Only		Stephen Russell aid Cost Reimbursement	•
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Southern Oaks Rehabilita	ation and Nursing Center			Provider Number:	0 324566-00
600 West Gregory Street	500 West Gregory Street			Date:	12/29/2011
Pensacola FL 32501				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 211.17	New Rate 202.61	Effective Date 1/1/2012
Truibing Home	Single Devel				
I	Level H: AIDS		357.37	350.22	1/1/2012
I	Level U: Fragile Under 21		474.70	468.68	1/1/2012
Basis:  Budget X Unaudited cos Field audit - ir Desk audited co Desk audit - Ir	costs nterim portion costs	Chang	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation change	n Interim Component
Contract Manageme	nt / Fiscal Agent			Stephen Russell	
Permanent File For information No Change	tion Only	_		l Cost Reimbursement	•
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road # New City NY 10956	309			



Terraces of Lake Worth	n Rehab and Health Center			Provider Number:	0 325031-00
1711 6th Avenue South	711 6th Avenue South			Date:	12/29/2011
Lake Worth FL 33460				Fiscal Year End:	2/28/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 250.93	New Rate 247.89	Effective Date  1/1/2012
1 (015	Single Zever	•	20000	247.07	1/1/2012
	Level H: AIDS		397.13	395.50	1/1/2012
	Level U: Fragile Under 21		514.46	513.96	1/1/2012
Basis:  Budget X Unaudited confield audited Field audited Desk audited Desk Audited Desk Audited	l costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:	pont / Fiscal Agant			Stephen Russell	
Contract Managem Permanent File	icht / Fiscai Ageilt		Medicaio	d Cost Reimbursement	Analysis
	nation Only		/	en Ru	00///
No Chang	•		nzu	ms two	
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road # New City NY 10956	309			



Arbor Village Nursing C	enter		Provider Number:	0 325040-00
490 South Old Wire Roa	d		Date:	12/29/2011
Wildwood FL 34785	_		Fiscal Year End:	2/28/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Currer Rate <b>215.7</b>	Rate	Effective Date 1/1/2012
]	Level H: AIDS	361.9	0 357.65	1/1/2012
1	Level U: Fragile Under 21	479.2	3 476.11	1/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audited co	costs nterim portion costs	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
Distribution:  Contract Manageme Permanent File For informa No Change	tion Only		Stephen Russell icaid Cost Reimbursemen	<u>*</u>
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road #. New City NY 10956	)9		



North Lake Rehabilitation	n and Health Center			Provider Number:	0 325163-00
750 Bayberry Drive	750 Bayberry Drive			Date:	12/29/2011
Lake Park FL 33403	_			Fiscal Year End:	2/28/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 249.24	New Rate 245.58	Effective Date 1/1/2012
I	Level H: AIDS		395.44	393.19	1/1/2012
I	Level U: Fragile Under 21		512.77	511.65	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component
Distribution:  Contract Manageme  Permanent File  For informat  No Change	tion Only			Stephen Russell d Cost Reimbursement	•
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road #. New City NY 10956	09			



Heartland Health Care	Center - Jacksonville		Provider Numbe	r: 0 325236-00
8495 Normandy Blvd			Date	e: 12/29/2011
Jacksonville FL 32221			Fiscal Year End	: 6/30/2010
			Audit Status	s: Unaudited [3]
Provider Type: Nursing Home	Single Level	Curre Rate <b>195.</b>	Rate	Effective
Truising Home	Single Devel		170,77	
	Level H: AIDS	341.	20 344.58	1/1/2012
	Level U: Fragile Under 21	458.	463.04	1/1/2012
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Changes:  Lice Use Tar FR	Total Prospective Prospective Adjust Total Prospective Adjust Total Prospective v  ensure Rating Change al and Customary Limit get Rate limitation change VS Change e Semester Change FRV [2] as of 01/12/19	with Interim Component ation ge
<b><u>Distribution:</u></b> Contract Manager	nent / Fiscal Agent		Stephen Russel	1
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis		
	nation Only ge in Rate	Sty	Mus Ru	ussell
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Heartland of Kendall FI	L, LLC		Provider Number:	0 325244-00
9400 SW 137th Avenue	0400 SW 137th Avenue		Date:	12/29/2011
Kendall FL 33186			Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 190.19	Rate	Effective Date 1/1/2012
	Level H: AIDS	336.39	345.20	1/1/2012
	Level U: Fragile Under 21	453.72	463.66	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted	h Interim Component
<b>Distribution:</b> Contract Managem	ent / Fiscal Agent		Stephen Russell	
Permanent File For inform No Change	ation Only		caid Cost Reimbursemen	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Heartland of Miami La	ıkes		Provider Number:	0 325252-00
5725 NW 186th Street			Date:	12/29/2011
Hialeah FL 33015			Fiscal Year End:	9/30/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 200.25	New Rate 199.52	Effective Date 1/1/2012
	<b>.</b>			
	Level H: AIDS	346.45	347.13	1/1/2012
	Level U: Fragile Under 21	463.78	465.59	1/1/2012
Basis:  Budget X Unaudited c Field audite Field audit - Desk audited Desk audit -	d costs - interim portion	Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 09/14/1990	n Interim Component
	ment / Fiscal Agent		Stephen Russell	
Permanent File	nation Only		aid Cost Reimbursement	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Heartland of Orange Pa	ark			Provider Number:	0 325261-00
570 Wells Road				Date:	12/29/2011
Orange Park FL 32073	·			Fiscal Year End:	9/30/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	R	rent ate <b>9.29</b>	New Rate 200.58	Effective Date  1/1/2012
runsing frome	Shigic Level		7.47	200.56	1/1/2012
	Level H: AIDS	34	5.49	348.19	1/1/2012
	Level U: Fragile Under 21	46	2.82	466.65	1/1/2012
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs - interim portion	Changes:	sual an arget R RVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
<b><u>Distribution:</u></b> Contract Manager	ment / Fiscal Agent			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only ge in Rate	Sty	r l	hus Ru	mell
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



MCHS Winter Park				Provider Number:	0 325279-00
2075 Lochmond Drive				Date:	12/29/2011
Winter Park FL 32792				Fiscal Year End:	9/30/2010
				Audit Status:	Unaudited [3]
Provider Type:		R		New Rate	Effective Date
<b>Nursing Home</b>	Single Level		0.89	201.21	1/1/2012
	Level H: AIDS	34	5.09	348.82	1/1/2012
	Level U: Fragile Under 21	46	3.42	467.28	1/1/2012
Basis:  Budget X Unaudited concept and the con	d costs interim portion	Changes:  L U T F	sual an arget R RVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation ate limitation change Thange Thange	n Interim Component
Contract Management / Fiscal Agent		Stephen Russell			
Permanent File				d Cost Reimbursement	•
For inform No Chang	nation Only ge in Rate	-Sty	e ti	hus Ru	soll
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



Heartland-South Jacks	onville of Jacksonville FL, L		Provider Number:	0 325287-00
3648 University Boule	3648 University Boulevard		Date:	12/29/2011
Jacksonville FL 32216			Fiscal Year End:	5/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren Rate 188.0	Rate	Effective Date 1/1/2012
	Level H: AIDS	334.2	7 342.58	1/1/2012
	Level U: Fragile Under 21	451.6		1/1/2012
Basis:  Budget X Unaudited compiled audited audited audited audited audited audited audited audited besk audited besk audited besk audited audited besk audited audited besk audited besk audited audited besk audited besk audited audited besk audited bes	d costs - interim portion	Usua Targ FRV	Total Prospective Prospective Adjusted	h Interim Component
Permanent File	HCR Manor Care Julie Yoxtheimer		Stephen Russell icaid Cost Reimbursemen  Russell Russell	•
	333 North Summit Street Toledo OH 43604			



Heartland of Brooksvi	lle		Provider Number:	0 325295-00	
575 Lamar Ave			Date:	12/29/2011	
Brooksville FL 34601			Fiscal Year End:	8/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	200.34		1/1/2012	
	Level H: AIDS	346.54	349.95	1/1/2012	
	Level U: Fragile Under 21	463.87	468.41	1/1/2012	
Basis:  Budget X Unaudited c Field audite Field audit Desk audite Desk audit	d costs - interim portion	Usual a Target FRVS  X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 01/01/1988	n Interim Component	
<b>Distribution:</b>	· (T) 1.4		Stephen Russell		
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Analysis			
Permanent File For information Only		e	1 -		
No Chang	•	My.	hus Ru	sacri	
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



Heartland of Boynton Beach			Provider Number:	0 325309-00	
	3600 Old Boynton Beach		Date:	12/29/2011	
Boynton Beach FL 3343	36		Fiscal Year End:	6/30/2010	
			Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	Current Rate 193.48	New Rate 194.00	Effective Date 1/1/2012	
	- <b>9</b>				
	Level H: AIDS	339.68	341.61	1/1/2012	
	Level U: Fragile Under 21	457.01	460.07	1/1/2012	
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change emester Change EV [2] as of 01/16/1992	n Interim Component	
<u> </u>	ent / Fiscal Agent		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For information	ation Only	1.	hus Ru	mell	
No Change	e in Rate	my.	mus /www	,	
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



Heartland of Ft. Myers	3		Provider Number:	0 325325-00
1600 Matthew Drive			Date:	12/29/2011
Ft. Myers FL 33907			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 197.48	Rate	Effective
G	C			
	Level H: AIDS	343.68	345.65	1/1/2012
	Level U: Fragile Under 21	461.01	464.11	1/1/2012
Basis:  Budget X Unaudited c Field audite Field audite Desk audite Desk Audit	d costs - interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted	h Interim Component
Distribution:	ment / Fiscal Agent		Stephen Russell	
Permanent File For inform	nation Only ge in Rate		caid Cost Reimbursemen	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Heartland of Lauderhill			Provider Number:	0 325333-00	
2599 NW 55th Avenue			Date:	12/29/2011	
Lauderhill FL 33313			Fiscal Year End:	7/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:	G: 1 I	Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	190.54		1/1/2012	
	Level H: AIDS	336.74	339.35	1/1/2012	
	Level U: Fragile Under 21	454.07	457.81	1/1/2012	
Basis:  Budget X Unaudited confield audited Field audited Desk audited Desk Audited Desk Audited	costs interim portion	Usual a Target FRVS X Rate So	tiveTotal ProspectiveProspective AdjustedTotal Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 12/27/1989	n Interim Component	
Distribution:	cont / Figgal A gant		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
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No Change	•	sup.	hus Ru		
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



Heartland of Prosperity	Oaks		Provider Number:	0 325341-00
11375 Prosperity Farms Road			Date:	12/29/2011
Palm Beach FL 33410			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 200.24	New Rate <b>201.34</b>	Effective Date 1/1/2012
	Level H: AIDS	346.44	348.95	1/1/2012
	Level U: Fragile Under 21	463.77	467.41	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usual Target FRVS X Rate S	tive Total Prospective Prospective Adjusted Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 07/07/1992	n Interim Component
Permanent File	nent / Fiscal Agent nation Only ge in Rate		Stephen Russell aid Cost Reimbursement Russell Russell	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Heartland of Tamarac			Provider Number:	0 325350-00	
5901 NW 79th Avenue			Date:	12/29/2011	
Tamarac FL 33321	_		Fiscal Year End:	9/30/2010	
			Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	Current Rate 201.87	New Rate 203.03	Effective Date 1/1/2012	
Truising Home	Single Devel	201.07		1/1/2012	
	Level H: AIDS	348.07	350.64	1/1/2012	
	Level U: Fragile Under 21	465.40	469.10	1/1/2012	
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change  Semester Change RV [2] as of 07/07/1988	n Interim Component	
Distribution:	nent / Fiscal Agent		Stephen Russell		
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
	nation Only	1.	hus Ru	mell	
No Chang	ge in Rate	My	my / w		
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



MCHS- Boca Raton			Provider Number:	0 325368-00
375 N W Street			Date:	12/29/2011
Boca Raton FL 33431			Fiscal Year End:	5/31/2011
			Audit Status:	Unaudited [3]
Provider Type:	Charle I and	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	206.11		1/1/2012
	Level H: AIDS	352.31	351.98	1/1/2012
	Level U: Fragile Under 21	469.64	470.44	1/1/2012
				<del></del>
Basis:  Budget X Unaudited c Field audite Field audit Desk audite Desk audit	d costs - interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change Therefore Change Therefore FRV [1]	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate			Stephen Russell aid Cost Reimbursement Ann Rus	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



MCHS- Boynton Beach	1			Provider Number:	0 325376-00
3001 S Congress Ave				Date:	12/29/2011
Boynton Beach FL 334	26			Fiscal Year End:	5/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	R	rent ate	New <u>Rate</u> 194.97	Effective Date  1/1/2012
Truising Home	Single Devel			194.97	1/1/2012
	Level H: AIDS	344	1.60	342.58	1/1/2012
	Level U: Fragile Under 21	46	1.93	461.04	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Changes:  L U T F	censur sual an arget R	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
	nent / Fiscal Agent			Stephen Russell	
Contract Management / Fiscal Agent Permanent File				l Cost Reimbursement	•
For inform No Change	•	St.	eli	hus Ru	mell
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



Manor Care of Ft. Myer	rs FL, LLC			Provider Number:	0 325384-00
13881 Eagle Ridge Drive				Date:	12/29/2011
Ft. Myers Fl 33912				Fiscal Year End:	5/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 207.59	New Rate 204.45	Effective Date  1/1/2012
Truising Home	Single Level		201.57		1/1/2012
	Level H: AIDS		353.79	352.06	1/1/2012
	Level U: Fragile Under 21	_	471.12	470.52	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit	costs interim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change	n Interim Component
<u>Distribution:</u> Contract Managem	ent / Fiscal Agent			Stephen Russell	
Contract Management / Fiscal Agent Permanent File		Medicaid Cost Reimbursement Analysis			
For information No Change	<u> </u>	-4	type	hus Ru	mell
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



MCHS - Lely Palms				Provider Number:	0 325422-00	
6135 Rattlesnake Har	mmock Road			Date:	12/29/2011	
Naples FL 34113				Fiscal Year End:	9/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type:		-	Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	-	210.84		1/1/2012	
	Level H: AIDS		357.04	359.10	1/1/2012	
	Level U: Fragile Under 21		474.37	477.56	1/1/2012	
Rate Type :						
Interim		X	Prospectiv	ve		
	Total Interim		- X	Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with		
	Prior Provider Prospective data			1	r	
	The Transpective data					
Basis:		Change	s:			
5			Licensur	o Dating Change		
Budget				re Rating Change		
X Unaudited		Usual and Customary Limitation Target Rate limitation change				
Field audit		FRVS Change				
	t - interim portion		_ FRVS C	nange		
Desk audit				C1		
	t - Interim Portion t - Prospective portion	X	Rate Ser	mester Change		
Distribution:		[		Stephen Russell		
Contract Management / Fiscal Agent						
Permanent File				d Cost Reimbursement	•	
For info	rmation Only		to a	hus Ru	raell	
No Cha	nge in Rate		nge u	my / m		
VI 0.00	HCD M					
Home Office:	HCR Manor Care Julie Yoxtheimer					
	333 North Summit Street					
	Toledo OH 43604					
	101040 011 13001					



Manor Care of Naples	FL, LLC		Provider Number:	0 325449-00
3601 Lakewood Blvd			Date:	12/29/2011
Naples FL 34112			Fiscal Year End:	5/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 193.01	Rate	Effective Date 1/1/2012
,	8			
	Level H: AIDS	339.21	346.18	1/1/2012
	Level U: Fragile Under 21	456.54	464.64	1/1/2012
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitation Rate limitation change Change Semester Change	h Interim Component
Distribution:	aant / Fiscal A cont		Stephen Russell	
Permanent File	nent / Fiscal Agent nation Only se in Rate		aid Cost Reimbursement	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



MCHS- Plantation			Pr	ovider Number:	0 325457-00
6931 W Sunrise Blvd				Date:	12/29/2011
Plantation FL 33313			F	iscal Year End:	5/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curi Ra <b>20</b> 4	te	New Rate 197.86	Effective Date 1/1/2012
	Level H: AIDS	350	.83	345.47	1/1/2012
	Level U: Fragile Under 21	468	.16	463.93	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	d costs interim portion	Changes:  Li Us Tr	Pros Tota	ating Change astomary Limitati aimitation change ge	h Interim Component
Distribution:  Contract Managem  Permanent File  For inform  No Chang	nation Only		edicaid Co	st Reimbursemen	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



Manor Care Nursing Co	enter of Sarasota FL, LLC		Provider Number:	0 325465-00
5511 Swift Road			Date:	12/29/2011
Sarasota FL 34231			Fiscal Year End:	5/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Currer Rate <b>206.6</b>	Rate	Effective Date 1/1/2012
	Level H: AIDS	352.8	3 344.00	1/1/2012
	Level U: Fragile Under 21	470.1	6 462.46	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	d costs interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
Distribution:  Contract Managem  Permanent File  For inform  No Chang	nation Only		Stephen Russell icaid Cost Reimbursemer	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Manor Care of Venice	FL, LLC		Provider Number:	0 325473-00
1450 E. Venice			Date:	12/29/2011
Venice FL 34292			Fiscal Year End:	5/31/2011
			Audit Status:	Unaudited [3]
Provider Type:	Single Level	Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level	203.42		1/1/2012
	Level H: AIDS	349.62	355.08	1/1/2012
	Level U: Fragile Under 21	466.95	473.54	1/1/2012
Basis:  Budget X Unaudited conception Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usual a Target FRVS	tive Total Prospective Prospective Adjusted Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 06/05/1997	n Interim Component
Distribution:	nent / Fiscal Agent		Stephen Russell	
Permanent File	nation Only		aid Cost Reimbursement	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



MCHS West Palm Bea	ch		Provider Number:	0 325481-00
2300 Village Blvd			Date:	12/29/2011
West Palm Beach FL 3	3409		Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate <b>199.86</b>	New Rate 201.16	Effective Date 1/1/2012
S	C			
	Level H: AIDS	346.06	348.77	1/1/2012
	Level U: Fragile Under 21	463.39	467.23	1/1/2012
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 06/01/1996	n Interim Component
<b>Distribution:</b> Contract Managem	nent / Fiscal Agent		Stephen Russell	
Permanent File	nation Only		aid Cost Reimbursement	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Date:   12/29/2011	North Sarasota				Provider Number:	0 325490-00	
Provider Type:    Current   New   Effective   Date					Date:	12/29/2011	
Provider Type:    Current Rate Rate Date	Sarasota FL 34237				Fiscal Year End:	8/31/2010	
Nursing Hone  Single Level  Level H: AIDS Level U: Fragile Under 21  Level U: Fragile Under 21  A 76.51  A 80.47  A 1/1/2012   Rate Type:  Interim  Total Interim  Total Interim  Total Prospective  A 7 Total Prospective with Interim Component  Settlement based on costs Prior Provider Prospective data  Basis:  Changes:  Changes:  Changes:  Changes:  Changes:  Change  X Rate Semester Change Desk audite Interim Portion Desk audite Interim Portion Desk Audit - Interim Portion Desk					Audit Status:	Unaudited [3]	
Level H: AIDS Level U: Fragile Under 21    A76.51	Provider Type:			Rate	Rate	Date	
Rate Type :	Nursing Home	Single Level		212.98		1/1/2012	
Rate Type :		Level H: AIDS		359.18	362.01	1/1/2012	
Interim		Level U: Fragile Under 21		476.51	480.47	1/1/2012	
Interim							
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data    Basis:	Rate Type:						
Interim Component Settlement based on costs Prior Provider Prospective data    Basis:	Interim		X	Prospectiv	ve		
Settlement based on costs		Total Interim		X	Total Prospective		
Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:    Changes:     Licensure Rating Change   Usual and Customary Limitation   Target Rate limitation change   FRVS Change   X Rate Semester Change   On FRV [2] as of 10/01/1985    Stephen Russell   Medicaid Cost Reimbursement Analysis   Target Rate limitation change   FRVS Change   On FRV [2] as of 10/01/1985    Stephen Russell   Medicaid Cost Reimbursement Analysis   Target Rate limitation change   FRVS Change   On FRV [2] as of 10/01/1985    Stephen Russell   Medicaid Cost Reimbursement Analysis   Target Rate limitation change   FRVS Change   On FRV [2] as of 10/01/1985    Stephen Russell   Medicaid Cost Reimbursement Analysis   Target Rate limitation change   FRVS Change   On FRV [2] as of 10/01/1985		Interim Component			Prospective Adjusted	for New Costs	
Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  On FRV [2] as of 10/01/1985  Stephen Russell Medicaid Cost Reimbursement Analysis  Augulian Medicaid Cost Reimbursement Analysis  Augulian  Augulian Medicaid Cost Reimbursement Analysis  Augulian		-			Total Prospective with	n Interim Component	
Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  On FRV [2] as of 10/01/1985  Stephen Russell Medicaid Cost Reimbursement Analysis  Augulian Medicaid Cost Reimbursement Analysis  Augulian  Augulian Medicaid Cost Reimbursement Analysis  Augulian					•	•	
Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Stephen Russel  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  The Medicaid Cost Reimbursement Analysis			- CI				
X Unaudited costs	Basis:		Change	es:			
X Unaudited costs	D. 1			Licensur	e Rating Change		
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  HCR Manor Care Julie Yoxtheimer 333 North Summit Street  Target Rate limitation change FRVS Change  Stephen Russell Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  Target Rate limitation change FRVS Change  Medicaid Cost Reimbursement Analysis							
Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  FIRVS Change  X Rate Semester Change On FRV [2] as of 10/01/1985  Stephen Russell  Medicaid Cost Reimbursement Analysis  Augustus  The Contract Management Analysis  Medicaid Cost Reimbursement Analysis  The Contract Management Analysis  Medicaid Cost Reimbursement Analysis  The Contract Management Analysis  Medicaid Cost Reimbursement Analysis  The Contract Management Analysis  The Contract Management Analysis  Medicaid Cost Reimbursement Analysis  The Contract Management Analysis  Medicaid Cost Reimbursement Analysis  The Contract Management Analysis  Medicaid Cost Reimbursement Analysis  The Contract Management Analysis							
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street							
Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  HCR Manor Care Julie Yoxtheimer 333 North Summit Street		-			mange		
Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  HCR Manor Care Julie Yoxtheimer 333 North Summit Street  On FRV [2] as of 10/01/1985  Stephen Russell  Medicaid Cost Reimbursement Analysis  Authority  Stephen Russell  Medicaid Cost Reimbursement Analysis				— Boto Cor	nagtor Chango		
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  HCR Manor Care Julie Yoxtheimer 333 North Summit Street							
Permanent File  For information Only No Change in Rate  HCR Manor Care Julie Yoxtheimer 333 North Summit Street		•			Stephen Russell		
For information Only No Change in Rate  HOME Office:  HCR Manor Care Julie Yoxtheimer 333 North Summit Street	•	ement / Fiscal Agent	Medicaid Cost Reimbursement Analysis				
Home Office:  HCR Manor Care Julie Yoxtheimer 333 North Summit Street						•	
Home Office:  HCR Manor Care Julie Yoxtheimer 333 North Summit Street		•		Steel	m Ru	sell	
Julie Yoxtheimer 333 North Summit Street	No Cha	nge in Rate			. , , -		
Julie Yoxtheimer 333 North Summit Street	Homo Office	HCP Manor Cara					
333 North Summit Street	Home Office.						
Toledo OH 43604							
		Toledo OH 43604					



MCHS- Delray			Provider Number:	0 325520-00	
16200 Jog Road			Date:	12/29/2011	
Delray Beach FL 3344	6		Fiscal Year End:	4/30/2011	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level	193.98		1/1/2012	
	Level H: AIDS	340.18	338.28	1/1/2012	
	Level U: Fragile Under 21	457.51	456.74	1/1/2012	
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 02/17/1999	n Interim Component	
<b>Distribution:</b>	(T)		Stephen Russell		
Contract Managen Permanent File	nent / Fiscal Agent	Medicaid Cost Reimbursement Analysis			
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Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



Manor Care-Carrollwood	of Tampa FL, LLC		Provider Number:	0 325678-00
3030 W. Bearass Avenue			Date:	12/29/2011
Tampa FL 33618			Fiscal Year End:	5/31/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	Currer Rate 204.3	Rate	Effective Date 1/1/2012
_			<del></del>	
I	Level H: AIDS	350.5	2 352.99	1/1/2012
I	Level U: Fragile Under 21	467.8	5 471.45	1/1/2012
Basis:  Budget X Unaudited cost Field audit - ir Desk audited cost Desk audit - In	costs aterim portion costs	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	th Interim Component
Contract Manageme	nt / Fiscal Agent		Stephen Russell	
Permanent File For informat No Change	tion Only		icaid Cost Reimbursemer	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



MCHS Dunedin			Provider Number:	0 325686-00
870 Patricia Ave			Date:	12/29/2011
Dunedin FL 34698			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type:	Charle I and	Current Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level	191.01		1/1/2012
	Level H: AIDS	337.21	339.85	1/1/2012
	Level U: Fragile Under 21	454.54	458.31	1/1/2012
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Usual Targe FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  sure Rating Change and Customary Limitation t Rate limitation change Schange  Semester Change RV [2] as of 05/01/1996	h Interim Component
<b>Distribution:</b> Contract Manager	nent / Fiscal Agent		Stephen Russell	A a alamia
Permanent File For inforn No Chang	nation Only ge in Rate		laus Reimbursement	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Manor Care of Palm H	arbor FL, LLC		Provider Number:	0 325694-00
2851 Tampa Road			Date:	12/29/2011
Palm Harbor FL 34684	1		Fiscal Year End:	5/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 201.34	New Rate 191.26	Effective Date  1/1/2012
	Level H: AIDS	347.54	338.87	1/1/2012
	Level U: Fragile Under 21	464.87	457.33	1/1/2012
Basis:  Budget X Unaudited comprised audited a	d costs - interim portion	Usual a Target FRVS  X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Total Prospective with  Total Prospective with  Total Prospective  Total Prospe	n Interim Component
<u>Distribution:</u> Contract Manager	ment / Fiscal Agent		Stephen Russell	
Permanent File	nation Only		aid Cost Reimbursement	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Heartland of Zephyrhill	S		Provider Number:	0 325708-00
38220 Henry Drive			Date:	12/29/2011
Zephyrhills FL 33540			Fiscal Year End:	9/30/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 187.96	New Rate 189.15	Effective Date  1/1/2012
	Level H: AIDS	334.16	336.76	1/1/2012
	Level U: Fragile Under 21	451.49	455.22	1/1/2012
Basis:  Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	l costs interim portion	Usual Target FRVS X Rate S	tive Total Prospective Prospective Adjusted Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 02/04/1988	h Interim Component
<b>Distribution:</b> Contract Managem	nent / Fiscal Agent		Stephen Russell	
Permanent File For inform No Chang	ation Only		aid Cost Reimbursement	•
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Moosehaven, Inc.			Provider Number:	0 326011-00
1701 Park Avenue			Date:	12/29/2011
Orange Park FL 32073			Fiscal Year End:	4/30/2011
			Audit Status:	Unaudited [3]
Provider Type:	Simple Level	Curren Rate	Rate	Effective Date
<b>Nursing Home</b>	Single Level	198.9	<u>200.56</u>	1/1/2012
	Level H: AIDS	345.1	4 348.17	1/1/2012
	Level U: Fragile Under 21	462.4	7 466.63	1/1/2012
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Insure Rating Change It and Customary Limitation change It Rate limitation change It S Change Semester Change It S Change It	th Interim Component
Contract Management / Fiscal Agent		Stephen Russell		
Permanent File		Medicaid Cost Reimbursement Analysis		
For information Only No Change in Rate		Sty	hus Ru	wall
Home Office:	1 - No Home Office			