

Surrey Place Care Center		Provider Number:	0 001135-00
110 Southeast Lee Avenue		Date:	6/27/2012
Live Oak FL 32060		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 207.04	New Rate 213.85	Effective Date 7/1/2012
ruising frome Single Devel	207.04		7/1/2012
Level H: AIDS	354.65	363.06	7/1/2012
Level U: Fragile Under 21	473.11	482.81	7/1/2012
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	Usual ar Target F FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change and Customary Limitation Rate limitation change Change	n Interim Component
Desk audit - Interim Portion Desk Audit - Prospective portion		mester Change [2] as of 01/21/1988	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299	Medicaid Co	Stephen Russell st Reimbursement Plan	ning and Finance



Signature HealthCARE	E of Palm Beach		Provider Number:	0 001136-00
4405 Lakewood Road			Date:	6/27/2012
Lake Worth FL 33461			Fiscal Year End:	9/30/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 210.04	New Rate 217.27	Effective Date 7/1/2012
	Level H: AIDS	357.65	366.48	7/1/2012
	Level U: Fragile Under 21	476.11	486.23	7/1/2012
Basis: Budget X Unaudited concept and the property of the pro	d costs interim portion d costs Interim Portion	Usual an Target R FRVS C	mester Change	n Interim Component
Desk Audit	- Prospective portion	On FRV	[2] as of 07/01/1988	
<u> </u>	•	Medicaid Cos Stylin	Stephen Russell st Reimbursement Plan	ning and Finance



The Crossings	110	vider Number:	0 001291-00
4445 Pine Forest Dr.		Date:	6/27/2012
Lake Worth FL 33463	Fis	cal Year End:	6/30/2008
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>252.83</u>	267.33	7/1/2012
Level H: AIDS	400.44	416.54	7/1/2012
Level U: Fragile Under 21	518.90	536.29	7/1/2012
Rate Type: InterimTotal InterimInterim ComponentX Settlement based on costsPrior Provider Prospective data Basis: BudgetX Unaudited costsField audited costsField audit - interim portionDesk audit - Interim PortionDesk Audit - Prospective portion Distribution:	Changes: Licensure Rati Usual and Cus Target Rate lin FRVS Change X Rate Semester On FRV [2] as	ng Change tomary Limitati nitation change Change of 11/01/1988	h Interim Component
Contract Management / Fiscal Agent		ephen Russell	. 15
Permanent FileFor information Only No Change in Rate	Medicaid Cost Rein	Roursement Plan	used finance



The Crossroads			Provider Number:	0 001306-00
206 West Orange Street	_		Date:	6/27/2012
Davenport FL 33837			Fiscal Year End:	11/8/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Si	ngle Level	231.84	236.86	7/1/2012
Le	vel H: AIDS	379.45	386.07	7/1/2012
Le	vel U: Fragile Under 21	497.91	505.82	7/1/2012
Interir Settler Prior I Basis: X Budget Unaudited costs Field audited cost Field audit - inte Desk audited cos Desk audit - Inte Desk Audit - Pro	rim portion ts rim Portion	Changes: Licensure Usual and Target Ra FRVS Ch X Rate Semi	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation change	h Interim Component
Distribution: Contract Management	/ Eignal A cont		Stephen Russell	
Permanent File For information No Change in F Home Office:	Only	Medicaid Cost	Reimbursement Plan	nning and Finance



Florida Baptist Retirement Center		Provider Number:	0 001416-00
1006 33rd St.		Date:	6/27/2012
Vero Beach FL 32960		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	189.70	194.21	7/1/2012
Level H: AIDS	337.31	343.42	7/1/2012
Level U: Fragile Under 21	455.77	463.17	7/1/2012
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 ar Target F FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with Te Rating Change and Customary Limitation Rate limitation change Change mester Change [7 [2] as of 07/30/2008	n Interim Component
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medicaid Co Styli	stephen Russell st Reimbursement Plan	ning and Finance



Village Place Health and Rehab Center		Provider Number:	0 002400-00
2370 Harbor Blvd.		Date:	6/27/2012
Port Charlotte FL 33952		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current	New	Effective
Nursing Home Single Level	Rate 230.49	239.39	Date 7/1/2012
Level H: AIDS	378.10	388.60	7/1/2012
Level U: Fragile Under 21	496.56	508.35	7/1/2012
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	Changes: Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted: Total Prospective with Read Rating Change Country Limitation Total Prospective with	n Interim Component
Desk Audit - Prospective portion Distribution:	On FRV	[2] as of 09/22/1987	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Greystone Healthcare Managem 4042 Park Oaks Blvd, Suite 300 Tampa FL 33610	Steph	Stephen Russell Reimbursement Plan	ning and Finance



Trinity Regional Rehab	Center		Provider Number:	0 003521-00
2144 Welbilt Boulevard	<u> </u>		Date:	6/27/2012
Trinity FL 34655			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 198.20	New Rate 203.86	Effective Date 7/1/2012
	Level H: AIDS	345.81	353.07	7/1/2012
	Level U: Fragile Under 21	464.27	472.82	7/1/2012
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 X Rate Sen	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution: Contract Managen Permanent File For informat No Change Home Office:	tion Only	Steph	Stephen Russell t Reimbursement Plan	ning and Finance



	Provider Number:	0 005021-00
	Date:	6/27/2012
	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited [3]
Current Rate	New Rate 196 67	Effective Date 7/1/2012
		1/1/2012
338.80	345.88	7/1/2012
457.26	465.63	7/1/2012
Changes: Licensure Usual and Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 08/01/1994	n Interim Component
Medicaid Cos	Stephen Russell	ning and Finance
Styl	us Ri	isself
	Rate 191.19	Total Prospective Variable Variable



Osceola Health Care Center		Provider Number:	0 005219-00
4201 W. New Nolte Rd.		Date:	6/27/2012
St. Cloud FL 34772		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 211.99	New Rate	Effective Date 7/1/2012
Nursing Home Single Level	211.99		//1/2012
Level H: AIDS	359.60	364.33	7/1/2012
Level U: Fragile Under 21	478.06	484.08	7/1/2012
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:	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 nester Change [2] as of 10/28/1991	n Interim Component
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medicaid Cos Stylu	Stephen Russell t Reimbursement Plan	ning and Finance



Debary Manor				Provider Number:	0 005372-00	
60 N. Highway 17-92				Date:	6/27/2012	
Debary FL 32713				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home Si	ingle Level	_	188.70	195.68	7/1/2012	
Le	vel H: AIDS	_	336.31	344.89	7/1/2012	
Le	vel U: Fragile Under 21		454.77	464.64	7/1/2012	
Basis: Budget X Unaudited costs Field audited co Field audit - inte Desk audit - Inte Desk Audit - Pro Distribution:	erim portion sts erim Portion ospective 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	
Contract Managemen	t / Fiscal Agent		edicaid Cos	t Daimburgament Dlan	ning and Finance	
Permanent File For information No Change in l	•	M	typh	us Ri	well	
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502		•			



Flagler Pines				Provider Number:	0 005374-00	
300 South Lemon Street				Date:	6/27/2012	
Bunnell FL 32110				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Sing	gle Level	-	Current Rate 202.26	New Rate 210.40	Effective Date 7/1/2012	
	Sie Eever	-	202.20	210.40	7/1/2012	
Leve	l H: AIDS		349.87	359.61	7/1/2012	
Leve	l U: Fragile Under 21		468.33	479.36	7/1/2012	
Settleme	Component ent based on costs ovider Prospective data m portion n Portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Distribution: Contract Management / Permanent File For information C No Change in Ra	only	<i>I</i> t	Medicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	-
	2 North Palafox Street Pensacola Fl 32502	ocivicus, LLC				



Longwood Health Care Ce	nter			Provider Number:	0 005379-00	
1520 South Grant Street				Date:	6/27/2012	
Longwood FL 32750				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ingle Level	-	Current Rate 197.87	New Rate 203.54	Effective Date 7/1/2012	
	ingle Bever	-	177.07	203.34	7/1/2012	
Le	evel H: AIDS		345.48	352.75	7/1/2012	
Le	evel U: Fragile Under 21		463.94	472.50	7/1/2012	
Interior Settle	erim portion sts erim Portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/29/1998	n Interim Component	
Contract Managemen	t / Fiscal Agent			Stephen Russell		_
Permanent File For information No Change in I Home Office:	n Only	<i>I</i>	Tedicaid Cos	t Reimbursement Plan	ning and Finance	
	2 North Palafox Street Pensacola Fl 32502					



The Rehabilitation Center of	of Winter Park			Provider Number:	0 005380-00	
1700 Monroe Avenue				Date:	6/27/2012	
Maitland FL 32751				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]]
Provider Type: Nursing Home Si	ngle Level	-	Current Rate	New Rate 227.76	Effective Date 7/1/2012	
runsing frome	ngic Level	-	221.04		7/1/2012	
Le	vel H: AIDS	_	369.25	376.97	7/1/2012	
Le	vel U: Fragile Under 21		487.71	496.72	7/1/2012	
Basis: Budget X Unaudited costs Field audit - inte Desk audit - Inte Desk Audit - Pro Distribution:	erim portion sts rim Portion espective 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	:
Contract Management	t / Fiscal Agent	N	ledicaid Cos	t Daimburgament Dlan	ning and Finance	_
Permanent File		1.	- 1	ノカ	~//	,
For information	•	_J.T.	ye u	us Ri	wall	
No Change in F		,		•		
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	Services, LLC				



Brynwood Center				Provider Number:	0 005381-00
1656 South Jefferson Stre	eet			Date:	6/27/2012
Monticello FL 32344				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 192.81	New Rate 199.43	Effective Date 7/1/2012
I	evel H: AIDS		340.42	348.64	7/1/2012
I	evel U: Fragile Under 21		458.88	468.39	7/1/2012
Basis: Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	osts terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/01/2002 Stephen Russell	n Interim Component
Contract Manageme Permanent File For information No Change in	on Only	<u>-</u> Bi	Medicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502		,		



Nursing Pavilion at Chip	pola Retirement Center			Provider Number:	0 005383-00	
4294 3rd Avenue				Date:	6/27/2012	
Marianna FL 32446				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	_	Current Rate 199.34	New Rate 205.66	Effective Date 7/1/2012	
		_				
	Level H: AIDS	_	346.95	354.87	7/1/2012	
	Level U: Fragile Under 21	_	465.41	474.62	7/1/2012	
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - Is	costs nterim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component	
Contract Managem Permanent File For informat No Change i	ion Only	Me St	dicaid Cos	stephen Russell t Reimbursement Plan	ning and Finance	
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	_				



Glencove Nursing Pavilion				Provider Number:	0 005384-0	00
1027 East Highway Business 98				Date:	6/27/2012	2
Panama City FL 32401				Fiscal Year End:	12/31/201	1
				Audit Status:	Unaudited	[3]
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home Single Lev	el		209.95	<u>217.16</u>	7/1/2012	
Level H: AII	os	<u>, </u>	357.56	366.37	7/1/2012	
Level U: Fraș	gile Under 21	4	476.02	486.12	7/1/2012	
Rate Type : Interim Total Interim Interim Compon	ent	X		e Total Prospective Prospective Adjusted	for New Costs	
Settlement based Prior Provider Pr	on costs	Changes:		Total Prospective with		ent
Budget X Unaudited costs Field audited costs Field audit - interim portio Desk audited costs Desk audit - Interim Portio Desk Audit - Prospective p	n	X	Usual and Target Ra FRVS CI	e Rating Change d Customary Limitation ate limitation change nange nester Change [2] as of 09/01/1992	on	
Distribution: Contract Management / Fiscal A Permanent File For information Only No Change in Rate	gent	Med Med	dicaid Cost	Stephen Russell t Reimbursement Plan	ning and Finance	_
2 North	ola Administrative Ser Palafox Street la Fl 32502	rvices, LLC				



Panama City Nursing Cente	er			Provider Number:	0 005385-00	
924 West 13th Street				Date:	6/27/2012	
Panama City FL 32401				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ngle Level	-	Current Rate 197.35	New Rate 203.02	Effective Date 7/1/2012	
Le	vel H: AIDS	-	344.96	352.23	7/1/2012	
	vel U: Fragile Under 21		463.42	471.98	7/1/2012	
	ver of Fragine Chaef 21		403.42	471.70	7/1/2012	
Interio	erim portion sts rim 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 Managemen Permanent File For information No Change in I Home Office:	ı Only	<i>I</i>	Medicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	-
nome office.	2 North Palafox Street Pensacola Fl 32502					



Riverchase Care Center				Provider Number:	0 005386-00
1017 Strong Road				Date:	6/27/2012
Quincy FL 32351				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	198.46	204.84	7/1/2012
	Level H: AIDS	_	346.07	354.05	7/1/2012
	Level U: Fragile Under 21	<u>-</u>	464.53	473.80	7/1/2012
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 e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<u>Distribution:</u>	· / E' - 1 A			Stephen Russell	
Contract Managen Permanent File For informat No Change	tion Only		edicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502		,		



Suwannee Health Care Center				Provider Number:	0 005387-00	
1620 Helvenston Streets E				Date:	6/27/2012	
Live Oak FL 32064				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Sing	le Level	- -	Current Rate 201.75	New Rate 207.53	Effective Date 7/1/2012	
Level	H: AIDS		349.36	356.74	7/1/2012	
Level	U: Fragile Under 21		467.82	476.49	7/1/2012	
Budget X Unaudited costs Field audited costs Field audit - interin Desk audit - Interin Desk Audit - Prospe	Component Int based on costs Vider Prospective data In portion In 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	
Prome office.	nly	Ĭ.	Medicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	



Berkshire Manor				Provider Number:	0 005388-00
1255 NE 135th Street				Date:	6/27/2012
North Miami FL 33161				Fiscal Year End:	12/31/2010
	Current Rate 229.72 Level H: AIDS Level U: Fragile Under 21 Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Changes: Licensur Usual ar Target F addit - interim Portion udit - Prospective portion Unit: nagement / Fiscal Agent file formation Only nange in Rate Current Rate 229.72 Level U: Fragile Under 21 X Prospective X Prospective X Prospective X Rate Ser On FRV Medicaid Cost Medicaid Cost A Medicaid Cost Medicai	Audit Status:	Unaudited [3]		
Provider Type: Nursing Home	Single Level]	Rate	New Rate 237.30	Effective Date 7/1/2012
I	Level H: AIDS	3	77.33	386.51	7/1/2012
I	Level U: Fragile Under 21	4	95.79	506.26	7/1/2012
Basis: Budget X Unaudited cost Field audit - in Desk audit - In Desk Audit - P	rim Component lement based on costs r Provider Prospective data ts costs atterim portion 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 hange mester Change [2] as of 02/01/1998	n Interim Component
Permanent File	on Only n Rate Pensacola Administrative S 2 North Palafox Street	Sty	icaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance



Carnegie Gardens Nursing				Provider Number:	0 005519-00	
1415 South Hickory Street				Date:	6/27/2012	
Melbourne FL 32901				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ingle Level	-	Current Rate 197.89	New Rate 206.80	Effective Date 7/1/2012	
	ingle Devel	-	177.07	200.00	7/1/2012	
Le	vel H: AIDS		345.50	356.01	7/1/2012	
Le	vel U: Fragile Under 21		463.96	475.76	7/1/2012	
Interior Settles	erim portion sts rim 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	
Contract Managemen	t / Fiscal Agent		1 - 4:: 4 C		ning and Finance	-
Permanent File For information No Change in l	•	J.	typ h	t Reimbursement Plan	used f	
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	,	•			



Fountainhead Care Center				Provider Number:	0 005523-00	1
390 NE 135th Street				Date:	6/27/2012	
North Miami FL 33161				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]
Provider Type:	malo Lovol	-	Current Rate 186.51	New Rate	Effective Date 7/1/2012	
Nursing Home Si	ngle Level	-	100.51	201.44	//1/2012	
Le	vel H: AIDS		334.12	350.65	7/1/2012	
Le	vel U: Fragile Under 21		452.58	470.40	7/1/2012	
Interior Settles	erim portion sts erim Portion ospective portion	Change	Licensure Usual and Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange mester Change [2] as of 02/01/1998 Stephen Russell	n Interim Componen	t
For information No Change in I	•	- Br	tzeli	us Ra	woll	
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	ervices, LLC				



Manor on the Green				Provider Number:	0 005543-00	
324 Wilder Boulevard				Date:	6/27/2012	
Daytona Beach FL 32114				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ngle Level	-	Current Rate 214.47	New Rate	Effective Date 7/1/2012	
runsing frome Si	ngie Levei	-	214.47		//1/2012	
Le	vel H: AIDS		362.08	369.82	7/1/2012	
Le	vel U: Fragile Under 21		480.54	489.57	7/1/2012	
Basis: Budget X Unaudited costs Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion sts rim 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 Management Permanent File For information No Change in I	ı Only	It	Tedicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	,	•			



Oakwood Garden of Deland			Provider Number:	0 005547-00	
451 South Amelia Avenue			Date:	6/27/2012	
Deland FL 32724			Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]]
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home Single Level		201.40		7/1/2012	
Level H: AIDS		349.01	356.43	7/1/2012	
Level U: Fragile	Under 21	467.47	476.18	7/1/2012	
Interim Total Interim Interim Component Settlement based on Prior Provider Prosp Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Cr	Licensure Usual and Target Ra FRVS Ch X Rate Seme	Prospective Adjusted Prospective Adjusted Prospective with Prospective with Rating Change Customary Limitation change	n Interim Componen	t
Distribution: Contract Management / Fiscal Agen Permanent File For information Only No Change in Rate	_	styph	Reimbursement Plan	ning and Finance	
Home Office: 2 North Pala Pensacola F		LLC			



Oaks Of Kissimmee		Provider Number:	0 005549-00
320 North Mitchell Avenue		Date:	6/27/2012
Kissimmee FL 34741		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 213.34	New Rate 224.62	Effective Date 7/1/2012
Level H: AIDS	360.95	373.83	7/1/2012
Level U: Fragile Under 21	479.41	493.58	7/1/2012
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	Changes: Licensur Usual an	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 07/01/2004	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cos Styli	Stephen Russell t Reimbursement Plan	ning and Finance
Home Office: Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	,		



Avante at Ocala, Inc.				Provider Number:	0 005701-00)
2021 SW 1 Avenue				Date:	6/27/2012	
Ocala FL 34474				Fiscal Year End:	5/31/2011	
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home Single	Level		201.92	209.20	7/1/2012	
Level H	: AIDS		349.53	358.41	7/1/2012	
Level U	: Fragile Under 21		467.99	478.16	7/1/2012	
Rate Type :						
		Change		e Total Prospective Prospective Adjusted Total Prospective with		t
Budget X Unaudited costs Field audited costs Field audit - interim p Desk audited costs Desk audit - Interim F Desk Audit - Prospect	Portion	X	Licensure Usual and Target Ra FRVS Cl	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 04/01/1992	on	
Jar 400	•	<i></i>	Medicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	



Palatka Health Care Center		Provider Number:	0 005811-00
110 Kay Larkin Dr.		Date:	6/27/2012
Palatka FL 32177		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate	New Rate	Effective Date 7/1/2012
Nursing frome Single Level	210.43		//1/2012
Level H: AIDS	358.04	366.70	7/1/2012
Level U: Fragile Under 21	476.50	486.45	7/1/2012
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:	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 05/26/1986	Interim Component
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medicaid Cos Stylu	Stephen Russell It Reimbursement Plan	ning and Finance



Boynton Health Care Center		Provider Number:	0 005814-00
7900 Venture Center Way		Date:	6/27/2012
Boynton Beach FL 33437		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 222.92	New Rate 229.16	Effective Date 7/1/2012
Level H: AIDS	370.53	378.37	7/1/2012
Level U: Fragile Under 21	488.99	498.12	7/1/2012
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 Ra FRVS Ch	Total Prospective Prospective Adjusted: Total Prospective with Read Rating Change Country Limitation Total Prospective with	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only	Medicaid Cost	Stephen Russell Reimbursement Plan	ning and Finance
No Change in Rate	mjen	us Ra	were!
Home Office: Pensacola Administrative Serv 2 North Palafox Street Pensacola Fl 32502	vices, LLC		



Accentia Health & Rehabilitation	Center of Tampa B		Provider Number:	0 005826-00
1818 East Fletcher Avenue			Date:	6/27/2012
Tampa FL 33612			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single I	.evel	Current Rate 184.78	New Rate 188.58	Effective Date 7/1/2012
Level H: A	AIDS	332.39	337.79	7/1/2012
Level U: I	Fragile Under 21	450.85	457.54	7/1/2012
Interim Total Interim Interim Comp Settlement bath Prior Provide Basis: Budget X Unaudited costs Field audited costs Field audit - interim port Desk audit - Interim Port Desk Audit - Prospective	tion	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
2 No	l Agent acola Administrative Servic th Palafox Street acola Fl 32502	Steph	t Reimbursement Plan	ning and Finance



Glen Oaks Health Care Cer	nter			Provider Number:	0 005849-00	
1100 Pine Street				Date:	6/27/2012	
Clearwater FL 33756				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:	ingle Level	-	Current Rate	New Rate	Effective Date	
Nursing Home Si	ingle Level	_	227.98	234.96	7/1/2012	
Le	evel H: AIDS		375.59	384.17	7/1/2012	
Le	evel U: Fragile Under 21		494.05	503.92	7/1/2012	
Basis: Budget X Unaudited costs Field audited co Field audit - inte Desk audit - Inte Desk Audit - Pro Distribution:	erim portion sts erim Portion ospective 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	
Contract Managemen Permanent File For information No Change in 1	n Only	<u>I</u>	Tedicaid Cos	t Reimbursement Plan	ning and Finance	
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	,	•			



Heritage Park				Provider Number:	0 005850-0	0
37135 Coleman Avenue				Date:	6/27/2012	
Dade City FL 33525				Fiscal Year End:	12/31/2010)
				Audit Status:	Unaudited [3]
Provider Type:		-	Current Rate	New Rate	Effective Date	
Nursing Home Sin	ngle Level	-	201.55		7/1/2012	
Lev	vel H: AIDS		349.16	356.45	7/1/2012	
Lev	vel U: Fragile Under 21		467.62	476.20	7/1/2012	
Interin Settlen	rim portion ts rim Portion spective portion / Fiscal Agent	Change X	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 Compone	nt
No Change in R Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502					



Lake Eustis Care Center				Provider Number:	0 005851-00	
411 W. Woodward Avenue				Date:	6/27/2012	
Eustis FL 32726				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:	n ele I evel	-	Current Rate	New Rate	Effective Date	
Nursing Home Sin	ngle Level	-	213.44		7/1/2012	
Lev	vel H: AIDS		361.05	369.50	7/1/2012	
Lev	vel U: Fragile Under 21		479.51	489.25	7/1/2012	
Interin Settlen	rim portion ts rim 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	
Contract Management Permanent File For information No Change in R	Only	 St	Tedicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	-
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	,	/			



Lake Placid Health Care Center		Provider Number:	0 006339-00
125 Tomoka Boulevard South		Date:	6/27/2012
Lake Placid FL 33852		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 200.36	New Rate 205.99	Effective Date 7/1/2012
Level H: AIDS	347.97	355.20	7/1/2012
Level U: Fragile Under 21	466.43	474.95	7/1/2012
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 CI	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only	Medicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance
Mo Change in Rate Home Office: Pensacola Administrative Sectors 2 North Palafox Street Pensacola F1 32502	,		



Windsor Manor				Provider Number:	0 006340-00	
602 East Laura Street				Date:	6/27/2012	
Starke FL 32091				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ngle Level	-	Current Rate 201.48	New Rate	Effective Date 7/1/2012	
Nutsing Home Si	ngie Levei	-	201.40	207.25	//1/2012	
Le	vel H: AIDS		349.09	356.46	7/1/2012	
Le	vel U: Fragile Under 21		467.55	476.21	7/1/2012	
Basis: Budget X Unaudited costs Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion sts rim Portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Distribution: Contract Management Permanent File For information No Change in F	Only	<i>I</i>	Medicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	
	2 North Palafox Street Pensacola Fl 32502					



Rehabilitation Center of St. Pete		Provider Number:	0 006408-00
435 42nd Avenue South		Date:	6/27/2012
St. Petersburg FL 33705		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 215.89	New Rate 220.14	Effective Date 7/1/2012
Level H: AIDS	363.50	369.35	7/1/2012
Level U: Fragile Under 21	481.96	489.10	7/1/2012
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	Usual ar Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with The Rating Change and Customary Limitation Change Thange Thange	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medicaid Cos Medicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance



			Provider Number:	0 006483-00	
			Date:	6/27/2012	
			Fiscal Year End:	12/31/2011	
			Audit Status:	Unaudited [3]	
ole Level	_	Current Rate	New Rate	Effective Date 7/1/2012	
Sie Dever	_	204.03		771/2012	
l H: AIDS	_	352.26	364.67	7/1/2012	
l U: Fragile Under 21	-	470.72	484.42	7/1/2012	
Component ent based on costs ovider Prospective data m portion n Portion		Licensure Usual and Target Ra FRVS Cl	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change hange	Interim Component	
Fiscal A cont			Stephen Russell		
Only te Pensacola Administrative S 2 North Palafox Street	M	edicaid Cos	t Reimbursement Plan	ning and Finance	
	Portion Sective portion Fiscal Agent Only te	I H: AIDS I U: Fragile Under 21 terim Component ent based on costs ovider Prospective data Changes m portion m Portion ective portion Fiscal Agent M Only te Pensacola Administrative Services, LLC 2 North Palafox Street	Rate 204.65 1 H: AIDS 1 U: Fragile Under 21 X Prospective derim Component ent based on costs ovider Prospective data Changes: Licensure Usual and Target R: Target R: Target R: Only The Portion Portion Portion Portion Fiscal Agent Medicaid Cost Only The Pensacola Administrative Services, LLC 2 North Palafox Street	Date: Fiscal Year End: Audit Status: Current Rate Rate Rate 204.65 215.46 1 H: AIDS 1 U: Fragile Under 21 X Prospective Total Prospective Adjusted: Total Prospective with Palafox Street Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Stephen Russell Medicaid Cost Reimbursement Plan May May May Rate Audit Status: Current Rate Rate Rate Prospective A Total Prospective With Palafox Street Rate Semester Change On FRV [2] as of 01/01/1999 Stephen Russell Medicaid Cost Reimbursement Plan August August Rate Pensacola Administrative Services, LLC 2 North Palafox Street	Date: 6/27/2012 Fiscal Year End: 12/31/2011 Audit Status: Unaudited [3] Current Rate Rate Rate Date: Date: 12/31/2011 Current Rate Rate Date: Date: 12/31/2011 Current Rate Rate Date: Date: Date: Date: 12/31/2012 Current Rate Rate Date: D



Royal Manor				Provider Number:	0 006489-00	
600 Business Parkway				Date:	6/27/2012	
Royal Palm Beach FL 3341				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]]
Provider Type:	agla I aval	-	Current Rate	New Rate	Effective Date	
Nursing Home Sir	ngle Level	_	208.60		7/1/2012	
Lev	el H: AIDS		356.21	372.54	7/1/2012	
Lev	el U: Fragile Under 21		474.67	492.29	7/1/2012	
Basis: Budget X Unaudited costs Field audited cost Field audit - inter Desk audit - Inter Desk Audit - Prost Distribution:	ts rim portion s im Portion epective 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	
Contract Management	/ Fiscal Agent	N	ledicaid Cos	t Daimburgament Dlan	ning and Finance	_
Permanent File	0.1	1.	- 1	/ カ	11/	
For information No Change in R	•	M	ye u	us Ra	war!	
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	,	/			



Oakbrook of LaBelle		Provider Number:	0 006767-00
250 Broward Avenue		Date:	6/27/2012
Labelle FL 33935		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	220.11	226.32	7/1/2012
Level H: AIDS	367.72	375.53	7/1/2012
Level U: Fragile Under 21	486.18	495.28	7/1/2012
Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion	Changes: Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 12/01/2001	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Pensacola Administrative Ser 2 North Palafox Street Pensacola FI 32502	Steph	t Reimbursement Plan	ning and Finance



Woods of Manatee Springs				Provider Number:	0 008793-00	
5627 9th Street East				Date:	6/27/2012	
Bradenton FL 34203				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home Si	ngle Level	-	230.06	236.66	7/1/2012	
Le	vel H: AIDS		377.67	385.87	7/1/2012	
Le	vel U: Fragile Under 21		496.13	505.62	7/1/2012	
Interior Settles	erim portion sts erim Portion ospective portion	Changes	Licensur Usual an Target R FRVS C Rate Sen On FRV	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 07/01/1987 Stephen Russell	n Interim Component	
Permanent File For information No Change in 1	n Only	Ĭ.	Tedicaid Cos	t Reimbursement Plan	ning and Finance	
Home Office:	Putnam Council, Inc. 16 Norcross Street Roswell GA 30075		/			



Courtyard Gardens R	Rehabilitation Center			Provider Number:	0 010082-00
17781 Thelma Ave				Date:	6/27/2012
Jupiter FL 33458		•		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 219.15	New Rate 226.00	Effective Date 7/1/2012
ruising irome	Single Devel	_	217.13		771/2012
	Level H: AIDS		366.76	375.21	7/1/2012
	Level U: Fragile Under 21	-	485.22	494.96	7/1/2012
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 ted costs it - interim portion ted costs t - Interim Portion it - Prospective portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 07/08/1996	n Interim Component
•	gement / Fiscal Agent		edicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance
	mation Only ge in Rate 1 - No Home Office	_5t	ph	ny Ri	well
nome Office:	2 2.5 2.5 5 5				



HHCC - Sarasota		Provider Number:	0 010453-00
5401 Sawyer Road		Date:	6/27/2012
Sarasota FL 34233		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	216.23		7/1/2012
Level H: AIDS	363.84	372.38	7/1/2012
Level U: Fragile Under 21	482.30	492.13	7/1/2012
Interim Total Interim Interim Component X 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 X Rate Se	tiveTotal Prospective _ Prospective Adjusted = _ Total Prospective withTotal Prospective with	n Interim Component
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 Toledo OH 43604	Medicaid Co	Stephen Russell ost Reimbursement Plan	ning and Finance



HHCC Boca Raton			Provider Number:	0 011997-0	00
7225 Boca Del Mar Drive			Date:	6/27/2012	2
Boca Raton FL 33433			Fiscal Year End:	12/31/201	0
			Audit Status:	Unaudited	[3]
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home Single Level		210.88	217.54	7/1/2012	
Level H: AIDS		358.49	366.75	7/1/2012	
Level U: Fragile Und	ler 21	476.95	486.50	7/1/2012	
Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospectiv Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Char	Licensure Usual and Target Ra FRVS Ch	Cotal Prospective Prospective Adjusted Cotal Prospective with Rating Change Customary Limitation te limitation change	n Interim Compone	ent
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: HCR Manor Ca Julie Yoxtheime 333 North Summ Toledo OH 4360	r r nit Street	Medicaid Cost	Reimbursement Plan	ning and Finance	_



Royal Palm Healthcare & Rehabilitation Center	r		Provider Number:	0 011998-00)
2180 10th Avenue			Date:	6/27/2012	
Vero Beach FL 32960			Fiscal Year End:	6/30/2011	
			Audit Status:	Unaudited [3	8]
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home Single Level		216.85	223.63	7/1/2012	
Level H: AIDS		364.46	372.84	7/1/2012	
Level U: Fragile Under	r 21	482.92	492.59	7/1/2012	
Basis: Budget X Unaudited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion	Chan	Licensure Usual and Target Ra FRVS Ch	Prospective Adjusted Prospective Adjusted Prospective Adjusted Protal Prospective with Pros	n Interim Componer	ıt
<u>Distribution:</u>			Stephen Russell		
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Grace Healthcare Randy Martin 7201 Shallowford Chattanooga TN 3	e, Inc	Medicaid Cost	Reimbursement Plan	ning and Finance	_



Gulf Shore Rehab & Nursing	9			Provider Number:	0 014169-00	
6767 86th Avenue North				Date:	6/27/2012	
Pinellas Park FL 33782				Fiscal Year End:	1/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home Sin	ngle Level		216.66		7/1/2012	
Lev	el H: AIDS		364.27	373.62	7/1/2012	
Leve	el U: Fragile Under 21		182.73	493.37	7/1/2012	
Settlem	s im portion s im Portion pective portion	Changes: X	Licensurd Usual and Target Ra FRVS Cl Rate Sem On FRV	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 02/06/1998 Stephen Russell	n Interim Component	
Permanent File	•	Med	licaid Cos	t Reimbursement Plan	ning and Finance	
For information No Change in Ra	•	Sty	pu	ny Ra	issur	
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road #309 New City NY 10956	_ ′				



St. James Health And Reha	bilitation Center			Provider Number:	0 015613-00
239 Crooked River Road				Date:	6/27/2012
Carrabelle FL 32322				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level	_	Current Rate 210.29	New Rate 217.25	Effective Date 7/1/2012
	g.e 20101	_	210.25		77172012
Lev	vel H: AIDS	_	357.90	366.46	7/1/2012
Lev	vel U: Fragile Under 21	_	476.36	486.21	7/1/2012
Interin Settler	rim portion ts rim Portion spective portion	Changes: X	Licensure Usual and Target R FRVS CI	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 05/26/2009 Stephen Russell	n Interim Component
Permanent File For information	•	Me IT.	edicaid Cos	t Reimbursement Plan	ning and Finance
No Change in R	Rate		7 "	- / / /-	
Home Office:	Saber Healthcare Group, LLC 26691 Richmond Road Bedford Heights OH 44146	_ ′			



Whitehall Boca Raton		Provider Number:	0 016016-00	
7300 Del Prado South		Date:	6/27/2012	
Boca Raton FL 33433		Fiscal Year End:	12/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 210.34	New Rate 219.74	Effective Date 7/1/2012	_
LLH, AIDC	257.05	250.05	Z/1/2012	
Level H: AIDS	357.95	368.95	7/1/2012	
Level U: Fragile Under 21	476.41	488.70	7/1/2012	
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: 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 / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medicaid Cos Medicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	



Bayside Manor				Provider Number:	0 017221-00	
4343 Langley Avenue				Date:	6/27/2012	
Pensacola FL 32504-8511				Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ngle Level		Current Rate 206.05	New Rate 212.48	Effective Date 7/1/2012	
ruising Home on	igic Ecver	-	200.03	212.40	7/1/2012	
Lev	rel H: AIDS		353.66	361.69	7/1/2012	
Lev	vel U: Fragile Under 21		472.12	481.44	7/1/2012	
X Settlen	ts rim portion is im Portion	Change X	Licensur 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 information No Change in R	Only	- M	Medicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	-
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502					



Margate Health Care Cente	r			Provider Number:	0 017222-00	
5951 Colonial Drive				Date:	6/27/2012	
Margate FL 33063				Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ngle Level	-	Current Rate	New Rate 225.03	Effective Date 7/1/2012	
	ingle zever	-	210111		7/1/2012	
Le	vel H: AIDS		366.02	374.24	7/1/2012	
Le	vel U: Fragile Under 21		484.48	493.99	7/1/2012	
Basis: Budget X Unaudited costs Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion sts rim 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 Management Permanent File For information No Change in I	ı Only	<i>I</i> t	Tedicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	
	2 North Palafox Street Pensacola Fl 32502					



Rosewood Manor		Provider Number:	0 017223-00
3107 North H Street		Date:	6/27/2012
Pensacola FL 32501		Fiscal Year End:	6/30/2010
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.08		7/1/2012
Level H: AIDS	357.69	366.01	7/1/2012
Level U: Fragile Under 21	476.15	485.76	7/1/2012
Total Interim Interim Component X 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 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 No Change in Rate Home Office: 1 - No Home Office	Medicaid Co	Stephen Russell ost Reimbursement Plan Russell	ning and Finance



Bay Breeze Nursing & Reti	rement Center			Provider Number:	0 017225-00	
3387 Gulf Breeze Parkway				Date:	6/27/2012	
Gulf Breeze FL 32563				Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ngle Level	-	Current Rate	New Rate 221.18	Effective Date 7/1/2012	
runsing frome 51	ligic Level	-	213.00		7/1/2012	
Le	vel H: AIDS		361.49	370.39	7/1/2012	
Le	vel U: Fragile Under 21		479.95	490.14	7/1/2012	
Interir X Settler	rim portion ts rim Portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 06/30/1994	Interim Component	
Contract Management	/ Fiscal Agent			Stephen Russell		_
Permanent File For information No Change in F	Only	<i>I</i> t	Tedicaid Cos	t Reimbursement Plan	ning and Finance	
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	services, LLC				



Silvercrest Manor		Provider Number:	0 017230-00	
103 Ruby Lane		Date:	6/27/2012	
Crestview FL 32539		Fiscal Year End:	6/30/2010	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 217.78	New Rate 223.85	Effective Date 7/1/2012	_
Single Devel			7/1/2012	
Level H: AIDS	365.39	373.06	7/1/2012	
Level U: Fragile Under 21	483.85	492.81	7/1/2012	
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes: Licensur Usual 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 FileFor information OnlyNo Change in Rate Home Office: Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	Steph	t Reimbursement Plan	ning and Finance	



Specialty Center of Pensaco	ola			Provider Number:	0 017236-00	
6984 Pine Forest Road				Date:	6/27/2012	
Pensacola FL 32526				Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type:	ingle Level	-	Current Rate	New Rate	Effective Date	
Nursing Home Si	ngle Level	_	214.65	221.98	7/1/2012	
Le	vel H: AIDS		362.26	371.19	7/1/2012	
Le	vel U: Fragile Under 21		480.72	490.94	7/1/2012	
Interio X Settler	erim portion sts rim Portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 12/16/1991	n Interim Component	
Contract Management	t / Fiscal Agent			Stephen Russell		
Permanent File For information No Change in I Home Office:	n Only	<i>S</i> t	Tedicaid Cos	t Reimbursement Plan	ning and Finance	
	2 North Palafox Street Pensacola Fl 32502					



Grand Boulevard Health &	Rehab. Center			Provider Number:	0 017242-00	
138 Sandestin Lane				Date:	6/27/2012	
Destin FL 32550				Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ngle Level	-	Current Rate 225.13	New Rate 232.04	Effective Date 7/1/2012	
I a	vel H: AIDS	-	272.74	201.25	7/1/0010	
			372.74	381.25	7/1/2012	
Le	vel U: Fragile Under 21		491.20	501.00	7/1/2012	
Interio X Settler	erim portion sts rim Portion	Change X	Licensurd 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	
Distribution: Contract Management Permanent File	•		Medicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	
For information No Change in I	•	M	yen	ny Ra	weev!	
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502		•			



Lake Bennett Health and Rehabilitation		Provider Number:	0 017301-00
1901 Kelton Avenue		Date:	6/27/2012
Ocoee FL 34761		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 218.62	New Rate 210.00	Effective Date 7/1/2012
~~~g~~ _~~~~			77272
Level H: AIDS	366.23	359.21	7/1/2012
Level U: Fragile Under 21	484.69	478.96	7/1/2012
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 Ser	Total Prospective Prospective Adjusted Total Prospective with  Tre Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Con	Stephen Russell st Reimbursement Plan	ning and Finance



The Park Summit at Coral S	Springs			Provider Number:	0 018066-00	
8500 Royal Palm Blvd.				Date:	6/27/2012	
Coral Springs FL 33065				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	]
Provider Type:  Nursing Home Sin	ngle Level		Current Rate 205.80	New Rate 211.54	Effective Date 7/1/2012	
- ····································	8-00.01				77272	
Lev	vel H: AIDS		353.41	360.75	7/1/2012	
Lev	vel U: Fragile Under 21	_	471.87	480.50	7/1/2012	
Basis:  Budget X Unaudited costs Field audit - inter Desk audited cost Desk audit - Prost Desk Audit - Prost Distribution: Contract Management Permanent File For information No Change in R	rim portion ts rim Portion spective portion  / Fiscal Agent Only	Changes:  X  Me	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	
Home Office:	400 Centre Street Newton MA 02458					



Bay Village of Sarasota			Provider Number:	0 018777-00
8400 Vamo Road		Date:		6/27/2012
Sarasota FL 34231-7899	)		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 213.02	New Rate 219.16	Effective Date 7/1/2012
1101119 1101110	Single Zever			771/2012
	Level H: AIDS	360.63	368.37	7/1/2012
	Level U: Fragile Under 21	479.09	488.12	7/1/2012
Basis:  X Budget Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Changes:  Licensure Usual and Target Ra FRVS Ch	Prospective Adjusted Prospective Adjusted Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation te limitation change lange ester Change [2] as of 02/22/2010	n Interim Component
Contract Managen	pont / Fiscal Agant		Stephen Russell	
Permanent File For informa No Change Home Office:	tion Only	Medicaid Cost	Reimbursement Plan	ning and Finance



Golfview Healthcare Center		Provider Number:	0 019085-00
3636 10th Avenue North		Date:	6/27/2012
St. Petersburg FL 33713		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 217.98	New Rate 199.31	Effective Date 7/1/2012
ruising frome Single Level	217.90		7/1/2012
Level H: AIDS	365.59	348.52	7/1/2012
Level U: Fragile Under 21	484.05	468.27	7/1/2012
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:  Licensure Usual and Target Ranget	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Desk audit - Interim Portion  Desk Audit - Prospective portion		nester Change [2] as of 12/15/1986	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Signature Healthcare LLC  Julie Kleiser  12201 Bluegrass Parkway  Louisville KY 40299	Medicaid Cost	Stephen Russell t Reimbursement Plan	ning and Finance



Southern Pines Healthcare Center		Provider Number:	0 019282-00
6140 Congress Street		Date:	6/27/2012
New Port Richey FL 34653		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 198.16	New	Effective Date 7/1/2012
2-1-9-1			., _, _,
Level H: AIDS	345.77	331.15	7/1/2012
Level U: Fragile Under 21	464.23	450.90	7/1/2012
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 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 09/01/1987	n Interim Component
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Medicaid C	Stephen Russell Cost Reimbursement Plan	ning and Finance
Home Office:  Signature Healthcare LLC  Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299	′		



Signature HealthCARE of Jacksonville		Provider Number:	0 019284-00
2061 Hyde Park Rd		Date:	6/27/2012
Jacksonville FL 32210		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 197.34	New Rate 191.22	Effective Date 7/1/2012
	-	<u> </u>	
Level H: AIDS	344.95	340.43	7/1/2012
Level U: Fragile Under 21	463.41	460.18	7/1/2012
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	Usual ar Target F FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Signature Healthcare LLC  Julie Kleiser  12201 Bluegrass Parkway  Louisville KY 40299	Medicaid Co Styl	st Reimbursement Plan	ning and Finance



Golfcrest Healthcare Center		Provider Number:	0 019287-00
600 North 17th Avenue		Date:	6/27/2012
Hollywood FL 33020		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 206.20	New Rate 192.55	Effective Date 7/1/2012
Level H: AIDS	353.81	341.76	7/1/2012
Level U: Fragile Under 21	472.27	461.51	7/1/2012
Budget X Unaudited costs Field audited costs Field audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion  Distribution:	Changes:  Licensure Usual and Target R: FRVS CI	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 04/01/2003  Stephen Russell	n Interim Component
Contract Management / Fiscal Agent  Permanent FileFor information OnlyNo Change in Rate  Home Office:  Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299	Medicaid Cos	t Reimbursement Plan	ning and Finance



Coastal Health and Rehabilitation Cente	r		Provider Number:	0 021261-00	
820 N Clyde Morris Blvd Daytona Beach FL 32117			Date:	6/27/2012	
Daytona Beach FL 32117			Fiscal Year End:	6/30/2010	
			Audit Status:	Unaudited [3]	ı
Provider Type:  Nursing Home  Single Level		Current Rate 214.22	New Rate 221.60	Effective Date 7/1/2012	
Tursing frome Single Devel		214,22	221.00	7/1/2012	
Level H: AIDS		361.83	370.81	7/1/2012	
Level U: Fragile	e Under 21	480.29	490.56	7/1/2012	
Interim  Total Interim Interim Component X Settlement based of Prior Provider Prose  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective port  Distribution: Contract Management / Fiscal Age	costs pective data  Ch	Licensure Usual and Target Ra FRVS Ch  X Rate Sem On FRV [	Prospective Adjusted of Cotal Prospective Adjusted of Cotal Prospective with Rating Change Customary Limitation te limitation change ange ester Change 2] as of 07/19/2004  Stephen Russell Raimbursoment Plan	n Interim Component	
Permanent FileFor information Only No Change in Rate		Steph	en Ra	well	
Home Office: Pensacola	Administrative Services, I lafox Street Fl 32502	,			



Carlton Shores Health and Rehab Center		Provider Number:	0 022138-00	
1350 South Nova Road		Date:	6/27/2012	
Daytona Beach FL 32114		Fiscal Year End:	12/31/2010	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	230.81	238.14	7/1/2012	
Level H: AIDS	378.42	387.35	7/1/2012	
Level U: Fragile Under 21	496.88	507.10	7/1/2012	
Rate Type: InterimTotal InterimInterim ComponentX Settlement based on costsPrior Provider Prospective data  Basis: BudgetX Unaudited costsField audited costsField audit - interim portionDesk audited costsDesk audit - Interim PortionDesk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only	Wedicaid Coo	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Rate limitation change	n Interim Component	
No Change in Rate  Home Office:  Greystone Healthcare Manag  4042 Park Oaks Blvd, Suite 3 Tampa FL 33610	ment, LLC			



San Marco Terrace Rehabilitation and Care		Provider Number:	0 022293-00
189 San Marco Avenue		Date:	6/27/2012
St. Augustine FL 32084		Fiscal Year End:	5/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 207.57	New Rate 213.46	Effective Date 7/1/2012
Level H: AIDS	355.18	362.67	7/1/2012
Level U: Fragile Under 21	473.64	482.42	7/1/2012
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 Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change Change Communication	h Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Brooks Health System  Bruce Blake 3599 University Blvd, South Jacksonville FL 32216	Medicaid (	Stephen Russell Cost Reimbursement Plan Russell	aning and Finance



Blountstown Health a	nd Rehabilitation Center			Provider Number:	0 022987-00
16690 S. W. Chipola		-		Date:	6/27/2012
Blountstown FL 3242	4	=		Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level	_	Rate 204.45	Rate	Date 7/1/2012
ruising Home	Single Level	_	204.43		7/1/2012
	Level H: AIDS		352.06	359.94	7/1/2012
	Level U: Fragile Under 21	-	470.52	479.69	7/1/2012
		-			
Rate Type:					
Interim		X	Prospectiv	ve .	
	Total Interim		X	Total Prospective	
1	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
I	Prior Provider Prospective data				
Basis:		Changes	:		
Budget			Licensur	e Rating Change	
X Unaudited	costs			d Customary Limitation	on
Field audite	ed costs		_	ate limitation change	
	- interim portion		FRVS C	hange	
Desk audite					
	- Interim Portion - Prospective portion	X		nester Change [2] as of 08/01/1996	
Distribution:	r				
	ement / Fiscal Agent			Stephen Russell	
Permanent File		M	edicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only	27	Kin de	$\mathcal{D}_{i}$	well
No Chang	•	///	y v	us Re	
	WW Healthcare Consultar	,	•	ı	
Home Office:	Melvin Woodward, Jr.	, <del></del> -			
	1978 8th Avenue NW				
	Hickory NC 28603				



The Home Association, Inc	».			Provider Number:	0 022994-00	
1203 East 22nd Avenue				Date:	6/27/2012	
Tampa FL 33605				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home Si	ingle Level		213.07		7/1/2012	
Le	vel H: AIDS		360.68	357.13	7/1/2012	
Le	vel U: Fragile Under 21	_	479.14	476.88	7/1/2012	
Interio Settles	erim portion sts rim 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 Management Permanent File  For information  No Change in I  Home Office:	n Only	St.	edicaid Cos	t Reimbursement Plan	ning and Finance	



Okeechobee Healthcare Facility		Provider Number:	0 023067-00	
1646 Highway 441 North		Date:	6/27/2012	
Okeechobee FL 34972		Fiscal Year End:	9/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 228.50	New Rate <b>231.94</b>	Effective Date 7/1/2012	
Level H: AIDS	376.11	381.15	7/1/2012	
Level U: Fragile Under 21	494.57	500.90	7/1/2012	
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 Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Modianid Cost	Stephen Russell Reimbursement Plan	ning and Finance	



Vienna Square				Provider Number:	0 023255-00	
701 Overlook Drive				Date:	6/27/2012	
Winter Haven FL 33844				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home Sin	ngle Level	_	221.83	229.98	7/1/2012	
Lev	vel H: AIDS	_	369.44	379.19	7/1/2012	
Lev	vel U: Fragile Under 21	-	487.90	498.94	7/1/2012	
Interin X Settlen	rim portion ts rim Portion spective portion  / Fiscal Agent Only	Changes  X	Licensur Usual an Target R FRVS C Rate Sen On FRV	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Home Office:	TLC Management  1800 North Wabash Ave Marion IN 46952	_ ′	,			



Key West Health & Rehabil				Provider Number:	0 024167-00	
5860 W. Junior College Roa	ad			Date:	6/27/2012	
Key West FL 33040				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Sin	ngle Level	_	Current Rate	New Rate 260.26	Effective Date 7/1/2012	
C		_			_	
Lev	vel H: AIDS	_	332.75	409.47	7/1/2012	
Lev	vel U: Fragile Under 21	-	451.21	529.22	7/1/2012	
Interin Settlen	rim portion ts rim 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	
Contract Management Permanent File For information No Change in R	Only	II.	edicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	<u> </u>
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619	_				



West Broward Rehabilitation and Healthcare		Provider Number:	0 026536-00
7751 West Broward Blvd.		Date:	6/27/2012
Plantation FL 33324		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	227.53		7/1/2012
Level H: AIDS	375.14	381.69	7/1/2012
Level U: Fragile Under 21	493.60	501.44	7/1/2012
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:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  1 - No Home Office	Changes:  Licensure H Usual and G Target Rate FRVS Cha  X Rate Semes On FRV [2]	Rating Change Customary Limitation change Inge Ster Change as of 10/01/1985  Stephen Russell	n Interim Component  on



Cross Pointe Care Cer				Provider Number:	0 028133-00
440 Phippen-Waiters		<u>-</u>		Date:	6/27/2012
Dania Beach FL 3300	94	-		Fiscal Year End:	1/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
	~	_	Rate	Rate	Date
Nursing Home	Single Level	-	239.52		7/1/2012
	Level H: AIDS		387.13	399.82	7/1/2012
	Level U: Fragile Under 21		505.59	519.57	7/1/2012
	· ·			<del></del>	-
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
I	Prior Provider Prospective data				
Basis:		Change	s:		
Budget			Licensur	e Rating Change	
X Unaudited	costs			d Customary Limitation	on
Field audit	ed costs		Target R	ate limitation change	
	- interim portion		FRVS C	hange	
Desk audite					
	- Interim Portion	X		nester Change [2] as of 05/01/2000	
Distribution:	t - Prospective portion		Oli FK V	[2] as of 03/01/2000	
				Stephen Russell	
•	ement / Fiscal Agent	N	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	nation Only	1-	+ 1	ク	mall
No Chang	•		ye u	in Ri	men (
No Chang					
Home Office:	1 - No Home Office				



Cross Terrace Rehabilitation	Center		Provider Number:	0 028148-00
1351 San Christopher Drive			Date:	6/27/2012
Dunedin FL 34698			Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Sin	gle Level	Current Rate 212.10	New Rate 219.70	Effective Date 7/1/2012
ruising Home om	Sic Devel			7/1/2012
Leve	l H: AIDS	359.71	368.91	7/1/2012
Leve	l U: Fragile Under 21	478.17	488.66	7/1/2012
Settleme	Component ent based on costs ovider Prospective data  m portion m Portion	Changes:  Licensure Usual and Target Ra FRVS Ch X Rate Seme	Prospective Adjusted Prospective Adjusted Prospective Adjusted Prospective with Rating Change Customary Limitation change ange ester Change 2] as of 10/01/1985	h Interim Component
Contract Management /	Fiscal Agent		Stephen Russell	
Permanent File For information C No Change in Ra Home Office:	Only	Medicaid Cost  My	Reimbursement Plan	uning and Finance



Wuesthoff Progressive Care Center		Provider Number:	0 028602-00
8050 Spyglass Rd		Date:	6/27/2012
Viera FL 32940		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.47	211.20	7/1/2012
Level H: AIDS	352.08	360.41	7/1/2012
Level U: Fragile Under 21	470.54	480.16	7/1/2012
X Total 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  Distribution:	Usual ar Target F FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with  Te Rating Change and Customary Limitation Rate limitation change Change  mester Change [2] as of 05/30/1995	n Interim Component
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Co  My	stephen Russell st Reimbursement Plan	ning and Finance



The Health Center Of Windermere	Provider Nu	mber: 0 030479-00
4875 Cason Cove Drive		Date: 6/27/2012
Orlando FL 32811	Fiscal Year	End: 6/30/2011
	Audit S	Status: Unaudited [3]
Provider Type:	Current New Rate Rate	Effective Date 7/1/2012
Nursing Home Single Level	<u>213.91</u> <u>222.33</u>	
Level H: AIDS	361.52 371.54	7/1/2012
Level U: Fragile Under 21	479.98 491.29	7/1/2012
Interim  Total Interim Interim Component X 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:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  1 - No Home Office		djusted for New Costs ive with Interim Component  ge dimitation change



The Health Center of Plant City		Provider Number:	0 030484-00
701 North Wilder Road		Date:	6/27/2012
Plant City FL 33566		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 224.29	New Rate 233.39	Effective Date 7/1/2012
Single Devel		233.37	111/2012
Level H: AIDS	371.90	382.60	7/1/2012
Level U: Fragile Under 21	490.36	502.35	7/1/2012
Interim Total Interim Interim Component X 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:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	t Reimbursement Plan	ning and Finance



The Health Center of Pensacola, Inc.		Provider Number:	0 030487-00
8475 University Pkwy		Date:	6/27/2012
Pensacola FL 32514		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	217.35		7/1/2012
Level H: AIDS	364.96	373.99	7/1/2012
Level U: Fragile Under 21	483.42	493.74	7/1/2012
Interim  Total Interim Interim Component X 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:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  1 - No Home Office	Changes:  Licensur Usual an Target R FRVS C  X Rate Sen On FRV	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	on Interim Component



Parkway Health & Rehab		Provider Number:	0 030490-00
800 SE Central Pkwy		Date:	6/27/2012
Stuart FL 34994		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 220.80	New Rate 230.32	Effective Date 7/1/2012
Single Devel			771/2012
Level H: AIDS	368.41	379.53	7/1/2012
Level U: Fragile Under 21	486.87	499.28	7/1/2012
Interim  Total Interim Interim Component X 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: Contract Management / Fiscal Agent Permanent File	Licensur Usual an Target R FRVS C  X Rate Sen On FRV	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  mester Change [2] as of 03/22/1990  Stephen Russell	on Interim Component
For information Only No Change in Rate  Home Office:  1 - No Home Office	Styli	us Ri	well



The Health Center of Merritt Island		Provider Number:	0 030491-00
500 Crockett Boulevard		Date:	6/27/2012
Merritt Island FL 32953		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	219.39	227.77	7/1/2012
Level H: AIDS	367.00	376.98	7/1/2012
Level U: Fragile Under 21	485.46	496.73	7/1/2012
Interim Total Interim Interim Component X 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	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Medicaid Cos Stylu	t Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office	_		



The Health Center of Lake City		Provider Number:	0 030527-00
560 S.W. McFarlane Ave.		Date:	6/27/2012
Lake City FL 32025		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	213.61		7/1/2012
Level H: AIDS	361.22	370.56	7/1/2012
Level U: Fragile Under 21	479.68	490.31	7/1/2012
Interim  Total Interim Interim Component X 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:  Contract Management / Fiscal Agent Permanent File For information Only	Licensur Usual an Target R FRVS C  X Rate Sen On FRV	Total Prospective Prospective Adjusted: Total Prospective with  The Rating Change of Customary Limitation change of the Change o	n Interim Component
No Change in Rate  Home Office:  1 - No Home Office	_myen	ary Re	



Imperial Health Care	Center			Provider Number:	0 030530-00
900 Imperial Golf Co	ourse			Date:	6/27/2012
Naples FL 34110	_			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	223.77	232.82	7/1/2012
	Level H: AIDS		371.38	382.03	7/1/2012
	Level U: Fragile Under 21	<del>-</del>	489.84	501.78	7/1/2012
	Ç	<del>-</del>			
Rate Type :					
Interim	m . 17	<u>X</u>	Prospectiv		
	Total Interim			Total Prospective Prospective Adjusted	for Now Costs
	Interim Component				
	Settlement based on costs			Total Prospective with	i interim Component
	Prior Provider Prospective data				
Basis:		Changes	:		
Budget			Licensur	e Rating Change	
X Unaudited	costs	-	_	nd Customary Limitation	าท
Field audit			_	tate limitation change	·
	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 06/01/1991	
<b>Distribution:</b>				Stephen Russell	
Contract Manag	gement / Fiscal Agent	M	edicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File			•	/ -7	
For inform	nation Only	5.7	wh	nes Ra	well
No Chang	ge in Rate	7	Je vi	my Re	
	1 - No Home Office			I	
Home Office:	1 - No Home Office				



The Health Center of l	Daytona Beach			Provider Number:	0 030535-00
550 National Healthca				Date:	6/27/2012
Daytona Beach FL 32	114			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level		Rate	Rate	Date
Nursing nome	Single Level	_	218.17		7/1/2012
	Level H: AIDS		365.78	373.75	7/1/2012
	Level U: Fragile Under 21	_	484.24	493.50	7/1/2012
	•	_			
Rate Type :					
Interim		X	Prospectiv	NA.	
	Total Interim	A	riospecii	Total Prospective	
	nterim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Trospective with	
		CI	1		
Basis:		<b>Changes</b> :			
D 1 .			Licancui	re Rating Change	
Budget  X Unaudited of	posts	-	_	nd Customary Limitation	n .
Field audite			_	Rate limitation change	Ш
	- interim portion	-	FRVS C	=	
Desk audite		-	-	munge	
	- Interim Portion	<u> X</u>	Rate Ser	nester Change	
	- Prospective portion	-	_	[2] as of 07/11/1996	
<b>Distribution:</b>				Stephen Russell	
Contract Manage	ement / Fiscal Agent		-1::1 C		ning and Eineman
Permanent File		IVIE	edicald Cos	st Reimbursement Plan	ning and rmance
For inform	nation Only	21	in As	an Ro	well
No Chang	e in Rate	10	ze ir	my Re	
	1 - No Home Office			1	
Home Office:	1 - NO HOME OFFICE				



Health Center of Coconut Creek		Provider Number:	0 030537-00
4125 W. Sample Road		Date:	6/27/2012
Coconut Creek FL 33073		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 229.98	New Rate 239.42	Effective Date 7/1/2012
Single Devel			771/2012
Level H: AIDS	377.59	388.63	7/1/2012
Level U: Fragile Under 21	496.05	508.38	7/1/2012
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:	Changes:  Licensure Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with Rating Change d Customary Limitation ate limitation change hange hester Change [2] as of 12/09/1997	n Interim Component
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Medicaid Cost	Stephen Russell t Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office	_		



Charlotte Harbor Healthcare		Provider Number:	0 030540-00
4000 Kings Highway		Date:	6/27/2012
Port Charlotte FL 33980		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 226.62	New Rate 236.43	Effective Date 7/1/2012
Level H: AIDS	374.23	385.64	7/1/2012
Level U: Fragile Under 21	492.69	505.39	7/1/2012
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  Re Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styph	Stephen Russell  It Reimbursement Plan  Aug Russell	ning and Finance



•	& Rehabilitation Center			Provider Number:	0 030546-00
7210 Beacon Woods	Drive			Date:	6/27/2012
Hudson FL 34667				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:	Single Level	_	Current Rate	New Rate	Effective Date 7/1/2012
Nursing Home	Single Level	_	222.64	231.56	//1/2012
	Level H: AIDS	_	370.25	380.77	7/1/2012
	Level U: Fragile Under 21	_	488.71	500.52	7/1/2012
Basis:  Budget X Unaudited Field audit Desk audit Desk Audit Desk Audit	ted costs	Changes:  X	Licensur Usual an Target R FRVS C Rate Sen On FRV	Total Prospective Prospective Adjusted Total Prospective with Te Rating Change d Customary Limitation change hange nester Change [2] as of 10/01/2000  Stephen Russell	n Interim Component  on
	mation Only ge in Rate  1 - No Home Office	<i>S</i> t,	ze li	ku Ri	well
Home Office:	T To Home Office				



The Aristocrat		Provider Number:	0 030552-00
10949 Parnu Street		Date:	6/27/2012
Naples FL 34109		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date 7/1/2012
Nursing Home Single Level	251.79	<u>263.08</u>	//1/2012
Level H: AIDS	399.40	412.29	7/1/2012
Level U: Fragile Under 21	517.86	532.04	7/1/2012
Rate Type:  Interim Total Interim Component X Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audited costs Field audited costs Desk audited costs Desk audited rests Prior Provider Portion Desk audited rests Desk audited rests Desk audited rests Prior Provider Prospective portion Desk audited rests	Changes:  Licensure Usual and Target Ra FRVS Ch  X Rate Sem On FRV	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation Intelligible Intelligible Change	n Interim Component



North Campus Rehabilitation and Health Center		Provider Number:	0 031880-00
700 N Palmetto Street		Date:	6/27/2012
Leesburg FL 34748		Fiscal Year End:	3/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date 7/1/2012
Nursing Home Single Level	215.00		//1/2012
Level H: AIDS	362.61	371.76	7/1/2012
Level U: Fragile Under 21	481.07	491.51	7/1/2012
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	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
<u>Distribution:</u>		Stephen Russell	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos	t Reimbursement Plan	ning and Finance



Clyde E. Lassen State Veterans Nursing Home		Provider Number:	0 032049-00
4650 State Road 16		Date:	6/27/2012
St. Augustine FL 32092		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 210.63	New Rate 220.13	Effective Date 7/1/2012
ruising frome Single Level	210.03		7/1/2012
Level H: AIDS	358.24	369.34	7/1/2012
Level U: Fragile Under 21	476.70	489.09	7/1/2012
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	Changes:  Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Read Prospective Adjusted Read Prospective Adjusted Read Prospective Rea	n Interim Component
Desk Audit - Prospective portion	On FRV	[2] as of 11/16/2010	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Florida Dept. of Veterans Affair  Walter Gilchrist  11351 Ulmerton Road, Room 33  Largo Fl 33778-1630	Styli	Stephen Russell Reimbursement Plan	ning and Finance



Unity Health & Rehab Cen	iter			Provider Number:	0 032482-00	1
1404 NW 22nd Street				Date:	6/27/2012	
Miami FL 33142				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3	]
Provider Type:  Nursing Home Si	ingle Level		Current Rate 204.50	New Rate 212.30	Effective Date 7/1/2012	
- ( <del> </del>					77172012	
Le	evel H: AIDS		352.11	361.51	7/1/2012	
Le	evel U: Fragile Under 21		470.57	481.26	7/1/2012	
Interior Settle	erim portion sts erim Portion	Change	Licensur Usual and Target R FRVS CI	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Componen	t
Distribution:  Contract Managemen	t / Fiscal Agent		Medicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	_
Permanent File For information No Change in l	•	B	typh	us Re	issell	r
Home Office:	Greystone Healthcare Manag 4042 Park Oaks Blvd, Suite 3 Tampa FL 33610	gement, LLC	,			



Seven Hills Health and Rehabilitation Center		Provider Number:	0 033175-00
3333 Capital Medical Blvd.		Date:	6/27/2012
Tallahassee FL 32308		Fiscal Year End:	11/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 207.77	New Rate 212.76	Effective Date 7/1/2012
2g.0 2.0 10			11112012
Level H: AIDS	355.38	361.97	7/1/2012
Level U: Fragile Under 21	473.84	481.72	7/1/2012
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  Distribution:	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 Management / Fiscal Agent		Stephen Russell	. 17
Permanent FileFor information OnlyNo Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Stylin  —	st Reimbursement Plan	ining and Finance



Benderson Family Skilled Nuring & Rehab Center		Provider Number:	0 033717-00
1955 North Honore Ave.		Date:	6/27/2012
Sarasota FL 34235		Fiscal Year End:	10/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	234.75		7/1/2012
Level H: AIDS	382.36	394.05	7/1/2012
Level U: Fragile Under 21	500.82	513.80	7/1/2012
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 - Prospective 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
<u>Distribution:</u>			
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos	Stephen Russell  It Reimbursement Plan	ning and Finance



Grace Healthcare at Lake Wales		Provider Number:	0 034504-00
730 North Scenic Highway		Date:	6/27/2012
Lake Wales FL 33853		Fiscal Year End:	2/29/2012
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 202.08	New Rate <b>206.83</b>	Effective Date 7/1/2012
Level H: AIDS	349.69	356.04	7/1/2012
Level U: Fragile Under 21	468.15	475.79	7/1/2012
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  Distribution:	Usual a Target FRVS  X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Four Rating Change and Customary Limitation Rate limitation change Change Emester Change Every [2] as of 03/09/2011	n Interim Component
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Grace Healthcare, Inc  Randy Martin  7201 Shallowford Rd, STE 200  Chattanooga TN 37421	Stype	Stephen Russell  Fost Reimbursement Plan  Reimbursement Plan  Reimbursement Plan	ning and Finance



NuVista Living at Wellington Green		Provider Number:	0 038640-00
10330 Devonshire Blvd.		Date:	6/27/2012
Wellington FL 33414		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 231.52	New Rate 240.59	Effective Date 7/1/2012
Level H: AIDS	379.13	389.80	7/1/2012
Level U: Fragile Under 21	497.59	509.55	7/1/2012
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	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	n Interim Component
Desk audit - Interim Portion  Desk Audit - Prospective portion		nester Change [2] as of 10/04/2011	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	Stephen Russell t Reimbursement Plan	ning and Finance



University Center West	Provider Number: 0 041685-00
545 West Euclid Avenue	Date:6/27/2012
Deland FL 32720	Fiscal Year End: 8/31/2011
	Audit Status: Unaudited [3]
Provider Type:	Current New Effective Rate Rate Date
Nursing Home Single Level	<u>206.40</u> <u>205.90</u> <u>7/1/2012</u>
Level H: AIDS	354.01 355.11 7/1/2012
Level U: Fragile Under 21	472.47 474.86 7/1/2012
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data  Basis: Budget _X Unaudited costsField audited costsField audited costsDesk audited costsDesk audited costsDesk audited rosts	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component  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 Planning and Finance  Manney Amanual Planning Aman



University Center East		Provider Number:	0 041686-00
991 East New York Ave		Date:	6/27/2012
Deland FL 32724		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 204.48	New Rate 203.48	Effective Date 7/1/2012
ituising frome ongic Devel		203.46	7/1/2012
Level H: AIDS	352.09	352.69	7/1/2012
Level U: Fragile Under 21	470.55	472.44	7/1/2012
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:	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Contract Management / Fiscal Agent  Permanent File For information Only  No Change in Rate	Medicaid Cos  Styli	t Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office	_ /		



Cross Landings Healt	h & Rehab Center			Provider Number:	0 042138-00
1780 N. Jefferson St.		Date: 6		6/27/2012	
Monticello FL 32344		_		Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>					
• •			Current	New	Effective
NI II.	C' l . T l		Rate	Rate	Date
<b>Nursing Home</b>	Single Level		223.73		7/1/2012
	Level H: AIDS		371.34	378.00	7/1/2012
	Level U: Fragile Under 21	_	489.80	497.75	7/1/2012
Rate Type :					
X Interim			Prospectiv	e	
X	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	h Interim Component
]	Prior Provider Prospective data				
Basis:		<b>Changes:</b>			
			_		
<b>X</b> Budget			-	e Rating Change	
Unaudited Field audit			_	d Customary Limitation change	on
		-	FRVS Cl	_	
Desk audit	: - interim portion		·	nunge	
	- Interim Portion	X	Rate Sen	nester Change	
Desk Audi	t - Prospective portion		On FRV	[2] as of 04/01/2009	
<b>Distribution:</b>				Stephen Russell	
_	ement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		11.1	- 1	us Re	
	nation Only	20	_L U	m Kr	isser
No Chang	ge in Rate	/	•		
Home Office:	1 - No Home Office				



Crosswinds Health & Rehab Center		Provi	ider Number:	0 042140-00
13455 W US 90			Date:	6/27/2012
Greenville FL 33231		Fisca	al Year End:	6/30/2012
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	R	nent nte <b>0.97</b>	New Rate 226.01	Effective Date 7/1/2012
Level H: AIDS	36	3.58	375.22	7/1/2012
Level U: Fragile Under	48	7.04	494.97	7/1/2012
X Total Interim Interim Component Settlement based on costs Prior Provider Prospective  Basis:  X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes:	Prospec	g Change omary Limitati tation change	for New Costs th Interim Component on
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Sty	aid Cost Reimb	ohen Russell oursement Plan	nning and Finance



Crestview Rehabilitation Center		Provider Number:	0 044886-00
1849 First Avenue, East		Date:	6/27/2012
Crestview FL 32539		Fiscal Year End:	1/31/2013
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.04	214.74	7/1/2012
Level H: AIDS	354.65	363.95	7/1/2012
Level U: Fragile Under 21	473.11	483.70	7/1/2012
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  Distribution:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with Total Prospective Total Prospecti	n Interim Component
Contract Management / Fiscal Agent		Stephen Russell	
Permanent FileFor information OnlyNo Change in Rate  Home Office:  Southern HealthCare Manager R. Mark Cronquist 5887 Glenridge Drive, Suite 15 Atlanta GA 30328	Styli nent, LLC	it Reimbursement Plan	ning and Finance



Fort Walton Rehabilit	tation Center			Provider Number:	0 044888-00
1 LBJ Sr. Drive		_		Date:	6/27/2012
Ft. Walton Beach FL	32548	_		Fiscal Year End:	1/31/2013
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N	Cimala I aval	_	Rate	Rate	Date
Nursing Home	Single Level	_	213.40	219.81	7/1/2012
	Level H: AIDS		361.01	369.02	7/1/2012
	Level U: Fragile Under 21	•	479.47	488.77	7/1/2012
		•			
Rate Type :					
X Interim			Prospectiv	re	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			-	•
Basis:		Changes	,.		
Dasis.		Changes	<u>··</u>		
X Budget			Licensur	e Rating Change	
Unaudited	costs			d Customary Limitation	on
Field audit				ate limitation change	
Field audit	: - interim portion		FRVS C	hange	
Desk audite	-				
Desk audit	- Interim Portion	X		nester Change	
	t - Prospective portion		On FRV	[2] as of 12/08/1987	
<u>Distribution:</u>				Stephen Russell	
Contract Manag	ement / Fiscal Agent	N	ledicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			- 1	ノーカ	
For inform	nation Only	91	celi	us Kr	issell
No Chang	ge in Rate			us Ri	
Home Office:	Southern HealthCare Man	•	•		
Home Office.	R. Mark Cronquist				
	5887 Glenridge Drive, Sui	te 150			
	Atlanta GA 30328				



River Valley Rehabili	tation Center			Provider Number:	0 044889-00
17884 N.E. Crozier St		<b>-</b> -		Date:	6/27/2012
Blountstown FL 3242	4	_		Fiscal Year End:	1/31/2013
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nuncing Homo	Single I aval	_	Rate	Rate	Date
Nursing Home	Single Level	_	209.75	216.91	7/1/2012
	Level H: AIDS		357.36	366.12	7/1/2012
	Level U: Fragile Under 21	-	475.82	485.87	7/1/2012
		-			
Rate Type:					
X Interim			Prospectiv	re	
X	Total Interim			Total Prospective	
I	nterim Component			Prospective Adjusted	for New Costs
S	Settlement based on costs			Total Prospective with	n Interim Component
F	Prior Provider Prospective data				
Basis:		Changes	:		
X Budget			Licensur	e Rating Change	
Unaudited	costs			d Customary Limitation	on
Field audite	ed costs		_	ate limitation change	
	- interim portion		FRVS C	hange	
Desk audite				CT.	
	- Interim Portion - Prospective portion	X		nester Change [2] as of 01/01/1987	
Distribution:				Stankan Duggall	
Contract Manage	ement / Fiscal Agent			Stephen Russell	1.52
Permanent File	Ç	M	edicaid Cos	t Reimbursement Plan	ning and Finance
For inform	nation Only	67	tun de	R	well
No Chang	ge in Rate	110	ez vi	ny Ri	
Home Office:	Southern HealthCare Man	,	•	l	
Home Office.	R. Mark Cronquist				
	5887 Glenridge Drive, Suit	te 150			
	Atlanta GA 30328				



Plantation Key Nursing Center		Provider Number:	0 044975-00
48 High Point Road		Date:	6/27/2012
Tavernier FL 33070		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	233.36	243.25	7/1/2012
Level H: AIDS	380.97	392.46	7/1/2012
Level U: Fragile Under 21	499.43	512.21	7/1/2012
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 - Prospective portion	Changes:  Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation Ite limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cost  Style	Stephen Russell Reimbursement Plan	ning and Finance



Homestead Manor A Palace Community		Provider Number:	0 046017-00	
1330 NW First Avenue Homestead FL 33030		Date:	6/27/2012	
Homestead FL 33030		Fiscal Year End:	9/30/2012	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 239.44	New Rate <b>248.01</b>	Effective Date 7/1/2012	
Level H: AIDS	387.05	397.22	7/1/2012	
Level U: Fragile Under 21	505.51	516.97	7/1/2012	
X Interim  X Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:		e  Fotal Prospective  Prospective Adjusted  Total Prospective with		
X Budget Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	e Rating Change I Customary Limitation ate limitation change nange ester Change [2] as of 11/01/2011	on	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Professional Care I, Inc. Oscar Roiz 11355 SW 84th St Miami FL 33173	Medicaid Cost	Stephen Russell Reimbursement Plan	ning and Finance	



Bon Secours Maria Manor		Provider Number:	0 200107-00
10300 4th Street North		Date:	6/27/2012
St. Petersburg FL 33716		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	213.35	222.64	7/1/2012
Level H: AIDS	360.96	371.85	7/1/2012
Level U: Fragile Under 21	479.42	491.60	7/1/2012
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:	Changes:  Licensure Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Contract Management / Fiscal Agent	- M. P. 11G		' 15'
Permanent FileFor information OnlyNo Change in Rate	Steph	t Reimbursement Plan	used
Home Office:  Bon Secours Health System, Ind Keith Braganza 1505 Marriottsville Road Marriottsville MD 21104-1399			



Westminster Oaks				Provider Number:	0 200409-00
4449 Meandering Way				Date:	6/27/2012
Tallahassee FL 32308				Fiscal Year End:	3/31/2011
				Audit Status:	Unaudited [3]
Provider Type:	Single I and	_	Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	_	187.76	<u> 192.86</u> _	7/1/2012
L	evel H: AIDS	_	335.37	342.07	7/1/2012
L	evel U: Fragile Under 21	-	453.83	461.82	7/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Interest of the second content o	osts terim portion osts	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  nester Change [2] as of 10/21/1988	n Interim Component
Contract Manageme	nt / Fiscal Agent			Stephen Russell	
Permanent File For information No Change in	on Only	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	Westminster Services  80 West Lucerne Circle Orlando FL 32801	_ ′	•		



Floridean Nursing & Rehab		Provider Number:	0 200425-00
47 NW 32nd Place		Date:	6/27/2012
Miami FL 33125		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 225.07	New Rate 233.73	Effective Date 7/1/2012
Level H: AIDS	372.68	382.94	7/1/2012
Level U: Fragile Under 21	491.14	502.69	7/1/2012
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	Usual ar Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The 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  Home Office:  1 - No Home Office	Medicaid Cos  Styl	Stephen Russell st Reimbursement Plan	ning and Finance



Miami Jewish Health	Systems			Provider Number:	0 200506-00
5200 N.E. 2nd Avenu	ie			Date:	6/27/2012
Miami FL 33137	_			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
		(	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		218.75	226.20	7/1/2012
			_		
	Level H: AIDS		366.36	375.41	7/1/2012
	Level U: Fragile Under 21	<u> </u>	484.82	495.16	7/1/2012
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 - Interim Portion tt - Prospective 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 Thange The Rating Change Thange	n Interim Component
	gement / Fiscal Agent			Stephen Russell	
Permanent File	zoment / 1 iscai Ageiit	Med	dicaid Cos	st Reimbursement Plan	ning and Finance
	mation Only	St	n/h	na Ra	issell
No Chan	ge in Rate	110	p vi	my Re	
Home Office:	1 - No Home Office	/			



Pines Nursing Home		Provider Number:	0 200620-00
301 NE 141st Street North		Date:	6/27/2012
North Miami Beach FL 33161		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	235.61		7/1/2012
Level H: AIDS	383.22	397.20	7/1/2012
Level U: Fragile Under 21	501.68	516.95	7/1/2012
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	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
<u>Distribution:</u> Contract Management / Fiscal Agent Permanent File For information Only	Medicaid Co	Stephen Russell  est Reimbursement Plan  Russell  Russell  Russell	ning and Finance
No Change in Rate	myen	my /w	us - o i
Home Office: 1 - No Home Office	_ /		



All Saints Catholic Nursing Home & R.C. Inc.		Provider Number:	0 200735-00
5888 Blanding Boulevard		Date:	6/27/2012
Jacksonville FL 32244		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date 7/1/2012
Nursing Home Single Level	207.93	215.41	//1/2012
Level H: AIDS	355.54	364.62	7/1/2012
Level U: Fragile Under 21	474.00	484.37	7/1/2012
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: Contract Management / Fiscal Agent	Usual an Target R FRVS C  X Rate Ser On FRV	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change Thange	n Interim Component
Permanent FileFor information OnlyNo Change in Rate	Medicaid Cos Styl	st Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office	_ ′		



River Garden Hebrew Home		Provider Number:	0 200859-00
11401 Old St. Augustine Rd.		Date:	6/27/2012
Jacksonville FL 32258		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 224.43	New Rate 231.98	Effective Date 7/1/2012
Level H: AIDS	372.04	381.19	7/1/2012
Level U: Fragile Under 21	490.50	500.94	7/1/2012
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:  Budget  X Unaudited costs  Field audited costs	Changes:  Licensure Usual and	e Fotal Prospective Prospective Adjusted Total Prospective with Rating Change I Customary Limitation te limitation change	n Interim Component
Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion		ester Change [2] as of 10/01/1985	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Steph	Stephen Russell Reimbursement Plan	ning and Finance
Home Office:  River Garden Holding Company Betty Parker 11401 Old St. Augustine Road Jacksonville FL 32258	y .		



Avante at Jacksonville Beach, Inc.		Provider Number:	0 200913-00
1504 Seabreeze Avenue		Date:	6/27/2012
Jacksonville Beach FL 32250-3369		Fiscal Year End:	5/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Curren Rate 209.9	Rate	Effective Date 7/1/2012
Level H: AIDS	357.5	6 365.02	7/1/2012
Level U: Fragile Under 21	476.0	2 484.77	7/1/2012
Budget X Unaudited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Desk Audit - Prospective portion  Desk Audit - Prospective portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted Total Prospective wit  Insure Rating Change It and Customary Limitatiet Rate limitation change S Change EV [2] as of 07/01/1989	h Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Avante Group, Inc.  Janan Mitchell  4000 Hollywood Blvd, Suite  Hollywood FL 33021-6744	Styp	Stephen Russell  Cost Reimbursement Plan  Russell	nning and Finance



COMPREHENSIVE HEALTHC.	ARE OF CLEARWAT			Provider Number:	0 200956-00
2055 PALMETTO STREET				Date:	6/27/2012
Clearwater FL 34625				Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single	Level	_	Current Rate 233.15	New Rate 236.67	Effective Date 7/1/2012
Level H:	AIDS		380.76	385.88	7/1/2012
Level U:	Fragile Under 21	_	499.22	505.63	7/1/2012
	proponent assed on costs er Prospective data  ortion ortion ve portion	Changes:  X	Licensur Usual an Target R FRVS C	nester Change [2] as of 02/01/1996 Stephen Russell	n Interim Component
Permanent FileFor information OnlyNo Change in Rate	-	M	Te h	t Reimbursement Plan	used finance
Tim 7150	ic Health Care othy J Trybus O Columbia Gateway Drive umbia MD 21046	_			



Memorial Manor Nursing	Home			Provider Number:	0 201006-00	
777 South Douglas Road				Date:	6/27/2012	
Pembroke Pines FL 33025	)			Fiscal Year End:	4/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
		(	Current	New	Effective	
<b>.</b>			Rate	Rate	Date	
Nursing Home S	Single Level		211.97		7/1/2012	
L	evel H: AIDS		359.58	369.41	7/1/2012	
L	evel U: Fragile Under 21		478.04	489.16	7/1/2012	
Rate Type :						
Interim		<u>X</u>	Prospectiv	ve .		
Total	l Interim			Total Prospective		
Inter	im Component			Prospective Adjusted	for New Costs	
Settle	ement based on costs			Total Prospective with	Interim Component	
Prior	Provider Prospective data					
Basis:		<b>Changes:</b>				
				D : G		
Budget		-		e Rating Change		
X Unaudited costs				d Customary Limitation ate limitation change	on	
Field audited co			_	_		
Field audit - int	_	-	FRVS C	nange		
Desk audited co		X	Data San	nester Change		
	cospective portion	A		[2] as of 07/14/1989		
<b>Distribution:</b>				Stephen Russell		
Contract Managemen	nt / Fiscal Agent		dianid Con	t Reimbursement Plan	ning and Finance	_
Permanent File		Mic	uicaiu Cos	t Kennoursement Flan	ining and Pinance	•
For informatio	on Only	11	n Si	m Ka	well	
No Change in	Rate	10	y vi	us Re		
Home Office:	Memorial Healthcare System	_ /				
Home Office.	James Ziebarth, Dir. Reimburs.					
	3501 Johnson Street					
	Hollywood FL 33021					



Gulf Coast Village Care Center		Provider Number:	0 201120-00
1333 Santa Barbara Blvd.		Date:	6/27/2012
Cape Coral FL 33991		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 205.94	New Rate 215.98	Effective Date 7/1/2012
Level H: AIDS	353.55	365.19	7/1/2012
Level U: Fragile Under 21	472.01	484.94	7/1/2012
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 an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change de Customary Limitation ate limitation change hange The Prospective with The Rating Change and Customary Limitation ate limitation change and Customary Limitation ate limitation change The Rating C	n Interim Component
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	Stephen Russell  It Reimbursement Plan	ning and Finance



Hobe Sound Geriatric	c Village, Inc.			Provider Number:	0 201545-00
9555 SE Federal Hig	•			Date:	6/27/2012
Hobe Sound FL 3345	55			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			rrent ate	New Rate	Effective Date
Nursing Home	Single Level		5.77	211.63	7/1/2012
	Level H: AIDS	35	3.38	360.84	7/1/2012
	Level U: Fragile Under 21	47	1.84	480.59	7/1/2012
Basis:  Budget X Unaudited Field audit Field audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  costs ted costs t - interim portion ted costs	Changes:	icensure Isual and arget Ra	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation Ite limitation change	n Interim Component
	t - Prospective portion			ester Change [2] as of 10/01/1985	
Permanent FileFor inform	gement / Fiscal Agent mation Only ge in Rate  1 - No Home Office	Medic Sty	aid Cost	Reimbursement Plan	ning and Finance



The Gardens at DePugh Nursing Center		Provider Number:	0 201588-00
559 West Morse Boulevard		Date:	6/27/2012
Winter Park FL 32789		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 184.64	New Rate 202.92	Effective Date 7/1/2012
Single Devel			7/1/2012
Level H: AIDS	332.25	352.13	7/1/2012
Level U: Fragile Under 21	450.71	471.88	7/1/2012
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: Contract Management / Fiscal Agent Permanent File	Usual an Target R FRVS C  X Rate Sen On FRV	Total Prospective Prospective Adjusted Total Prospective with Te Rating Change ad Customary Limitation Late limitation change Thange Th	n Interim Component
For information Only No Change in Rate  Home Office:  1 - No Home Office	Styph	ku Remoursement Plan	issell



Guardian Care Nursing & Rehabilitation Center		Provider Number:	0 201651-00
2500 West Church Street		Date:	6/27/2012
Orlando FL 32805		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	218.21		7/1/2012
Level H: AIDS	365.82	374.58	7/1/2012
Level U: Fragile Under 21	484.28	494.33	7/1/2012
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:  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>		Stephen Russell	
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	t Reimbursement Plan	ning and Finance



Westchester Gardens Rehabilitation & Care Center		Provider Number:	0 202011-00
3301 McMullen Booth Road		Date:	6/27/2012
Clearwater FL 33761		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 218.58	New Rate 226.59	Effective Date 7/1/2012
Level H: AIDS	366.19	375.80	7/1/2012
Level U: Fragile Under 21	484.65	495.55	7/1/2012
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	Changes:  Licensur 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
Desk Audit - Prospective portion	On FRV	[2] as of 09/01/1989	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  The Goodman Group, LLC  1107 Hazeltine Blvd Chaska MN 55318	Medicaid Cos Styph	t Reimbursement Plan	ning and Finance



The Rohr Home		Provider Number:	0 202533-00
2120 Marshall Edwards Drive		Date:	6/27/2012
Bartow FL 33830		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 234.36	New Rate 237.99	Effective Date 7/1/2012
Single Devel	201.00		7/1/2012
Level H: AIDS	381.97	387.20	7/1/2012
Level U: Fragile Under 21	500.43	506.95	7/1/2012
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 Ser	Total Prospective Prospective Adjusted Total Prospective with  Tre Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Co  My  Medicaid Co	Stephen Russell st Reimbursement Plan	ning and Finance



SAMANTHA R. WILSON	AT BAYVIEW			Provider Number:	0 202606-00	
161 Marine Street		<u>.</u>		Date:	6/27/2012	
St. Augustine FL 32084		•		Fiscal Year End:	9/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home  Si	ingle Level	_	Current Rate 215.09	New Rate 220.68	Effective Date 7/1/2012	
	ingle Bever	_	210.07		771,2012	
Le	vel H: AIDS	<u>-</u>	362.70	369.89	7/1/2012	
Le	vel U: Fragile Under 21		481.16	489.64	7/1/2012	
Interi	erim portion sts erim 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	
Contract Managemen Permanent File	-	M	ledicaid Cos	t Daimhursamant Dlan	ning and Finance	
For information No Change in	•	M	gen	ns Ra	issU	
Home Office:	1 - No Home Office					



JH FLOYD SUNSHINE M	MANOR, INC.			Provider Number:	0 202681-00	
1755 18th Street		•		Date:	6/27/2012	
Sarasota FL 34234				Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home  S	ingle Level	_	Current Rate	New Rate	Effective Date 7/1/2012	
Nursing Home 5	ingle Level	_	227.92	235.68	//1/2012	
Le	evel H: AIDS	_	375.53	384.89	7/1/2012	
Le	evel U: Fragile Under 21	_	493.99	504.64	7/1/2012	
Basis:  Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Into Desk Audit - Pr  Distribution: Contract Managemen	erim portion ests erim Portion ospective portion	Changes:  X	Licensur Usual an Target R FRVS C Rate Sen On FRV	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  Stephen Russell	on Interim Component	
Permanent File For informatio No Change in	•	M	ph	ns Ra	well	
Home Office:	1 - No Home Office	′				



Fiscal Year Audit and Audi	Status:         Unaudited [3]           Effective Date           5         7/1/2012           6         7/1/2012
Audit aurrent New Rate Rate 248.9: 87.12 398.16	Status:         Unaudited [3]           Effective Date           5         7/1/2012           6         7/1/2012
New Rate Rate 248.95 87.12 398.16	Effective Date  5 7/1/2012
Rate         Rate           39.51         248.99           87.12         398.16	Date 7/1/2012 6 7/1/2012
	<del></del>
	<del></del>
05.58 517.92	1 7/1/2012
	1 7/1/2012
X Total Prospec Prospective A	Adjusted for New Costs stive with Interim Component age Limitation change
Stephen R	ent Planning and Finance Russell
]	Prospective A Total Prospect  Licensure Rating Char Usual and Customary Target Rate limitation FRVS Change  Rate Semester Change On FRV [2] as of 10/0  Stephen Respondences



SUNNYSIDE NURSING HOME		Provider Number:	0 202711-00
5201 BAHIA VISTA ST		Date:	6/27/2012
Sarasota FL 34232		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 249.07	New Rate <b>260.90</b>	Effective Date 7/1/2012
Level H: AIDS	396.68	410.11	7/1/2012
Level U: Fragile Under 21	515.14	529.86	7/1/2012
Budget X Unaudited costs Field audited costs Field audited costs Desk audited costs Desk Audit - Prospective portion Desk Audit - Prospective portion	Changes:  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 10/01/1985	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent		Stephen Russell	
Permanent File For information Only No Change in Rate  Home Office:  Sunnyside Properties Of Saras  Roy Sharp  5201 Bahia Vista Street  Sarasota FL 34232	Steph	t Reimbursement Plan	ning and Finance



Center for Health Care of The Alliance Community		Provider Number:	0 202789-00
130 West Armstrong Avenue		Date:	6/27/2012
Deland FL 32720		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	173.52	177.59	7/1/2012
Level H: AIDS	321.13	326.80	7/1/2012
Level U: Fragile Under 21	439.59	446.55	7/1/2012
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 audit - Interim Portion Desk Audit - Prospective portion  Distribution:	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  Stephen Russell	n Interim Component
Contract Management / Fiscal Agent Permanent FileFor information Only	Medicaid Co	ost Reimbursement Plan	ning and Finance
No Change in Rate  Home Office:  1 - No Home Office			



MIRACLE HILL AND NURSING AND REHABILITA		Provider Number:	0 202941-00
1329 ABRAHAM STREET		Date:	6/27/2012
Tallahassee FL 32304		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 195.20	Rate	Effective Date 7/1/2012
Level H: AIDS	342.87	344.91	7/1/2012
Level U: Fragile Under 21	461.33	3 464.66	7/1/2012
Basis:  Budget X Unaudited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion	Usua Targe FRV	Total Prospective Prospective Adjusted Total Prospective with  Sure Rating Change I and Customary Limitation change S Change Semester Change RV [2] as of 10/01/1985	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid of Medica	Stephen Russell Cost Reimbursement Plan Russell	ning and Finance



Avante at Leesburg, In	nc.			Provider Number:	0 203122-00
2000 Edgewood Aven	iue	<b>-</b> -		Date:	6/27/2012
Leesburg FL 34748		_		Fiscal Year End:	5/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				Tadit Status	
J			Current	New	Effective
		-	Rate	Rate	Date
Nursing Home	Single Level	-	223.48	230.68	7/1/2012
	Level H: AIDS		371.09	379.89	7/1/2012
	Level U: Fragile Under 21		489.55	499.64	7/1/2012
Rate Type :					
Interim		X	Prospectiv	ve .	
	Total Interim		X	Total Prospective	
I			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	n Interim Component
F	Prior Provider Prospective data				
Basis:		Change	s:		
D 1 .			Licancur	e Rating Change	
Budget  X Unaudited of	poets			d Customary Limitatio	an .
Field audite		-		ate limitation change	Л
	- interim portion		FRVS C	_	
Desk audite	-				
	- Interim Portion	X		nester Change	
	- Prospective portion		On FRV	[2] as of 01/01/1991	
<b>Distribution:</b>				Stephen Russell	
Contract Manage	ement / Fiscal Agent	N	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		4	- 1	us Re	
	nation Only	120	selv	us Ka	isser
No Chang	ge in Rate			. ,	
Home Office:	Avante Group, Inc.		,		
	Janan Mitchell				
	4000 Hollywood Blvd, Suit				
	Hollywood FL 33021-6744	ŀ			



Villa Maria Nursing & Rehabilitation		Provider Number:	0 203165-00	
1050 NE 125th Street		Date:	6/27/2012	
North Miami FL 33161		Fiscal Year End:	9/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 236.00	New Rate 243.95	Effective Date 7/1/2012	
			771/2012	
Level H: AIDS	383.61	393.16	7/1/2012	
Level U: Fragile Under 21	502.07	512.91	7/1/2012	
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  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 07/01/2010	n Interim Component	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Catholic Health Services  Mary Jo Frick  4790 N. State Road 7  Lauderdale Lakes FL 33319	Medicaid Co	Stephen Russell ost Reimbursement Plan	ning and Finance	



Glades Health Care Center		Provider Number:	0 203203-00
230 S. Barfield Highway		Date:	6/27/2012
Pahokee FL 33476		Fiscal Year End:	2/28/2012
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 218.76	New Rate 226.53	Effective Date 7/1/2012
Level H: AIDS	366.37	375.74	7/1/2012
Level U: Fragile Under 21	484.83	495.49	7/1/2012
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	Changes:  Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with  Prospective Adjusted Fotal Prospective with  Prospective with  Prospective with  Prospective with  Prospective with  Prospective Adjusted  Prospective With  Prospective With	n Interim Component
Desk Audit - Prospective portion	Not on FI	RV [1]	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Council on Aging of Florida, Ir  1311 SW 16th Street  Gainesville FL 32608	Steph	Stephen Russell Reimbursement Plan	ning and Finance



Avante at Inverness, Inc.		Provider Number:	0 203220-00
304 South Citrus Avenue		Date:	6/27/2012
Inverness FL 34452-4753		Fiscal Year End:	5/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.94	211.16	7/1/2012
Level H: AIDS	352.55	360.37	7/1/2012
Level U: Fragile Under 21	471.01	480.12	7/1/2012
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 at Total Prospective with  Re Rating Change d Customary Limitation ate limitation change	Interim Component
Desk Audit - Prospective portion	On FRV	[2] as of 01/01/1991	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Avante Group, Inc.  Janan Mitchell  4000 Hollywood Blvd, Suite 5.  Hollywood FL 33021-6744	Styll	Stephen Russell  It Reimbursement Plant  Russell  Russell	ning and Finance



Avante At Lake Worth, Inc.			Provider Number:	0 203238-00
2501 North A Street			Date:	6/27/2012
Lake Worth FL 33460			Fiscal Year End:	5/31/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level		Current Rate 228.86	New Rate <b>236.03</b>	Effective Date 7/1/2012
Level H: AIDS		376.47	385.24	7/1/2012
Level U: Fragile Unde	er 21	494.93	504.99	7/1/2012
Total Interim Interim Component Settlement based on costs Prior Provider Prospectiv  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion		Licensure Usual and Target Rate Sem	nester Change	n Interim Component
Desk Audit - Prospective portion		On FRV	[2] as of 01/01/1991	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Avante Group, I  Janan Mitchell 4000 Hollywood Hollywood FL 33	nc. Blvd, Suite 540-N	Medicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance



The Palace at Kendall Nu	rsing and Rehab Center			Provider Number:	0 203327-00
11215 SW 84th Street				Date:	6/27/2012
Miami FL 33173				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  S	Single Level		Current Rate 219.35	New Rate 225.42	Effective Date 7/1/2012
L	evel H: AIDS		366.96	374.63	7/1/2012
L	evel U: Fragile Under 21	_	485.42	494.38	7/1/2012
Basis:  Budget X Unaudited costs Field audited co Field audited co Desk audited co Desk audit - Int	osts terim portion osts terim Portion	Changes:	Usual an Target R FRVS C	nester Change	n Interim Component
Desk Audit - Pr	rospective portion		On FRV	[2] as of 03/18/1991	
Contract Manageme Permanent File For information No Change in Home Office:	on Only	Me Me	dicaid Cos	stephen Russell  It Reimbursement Plan  Russell	ning and Finance



TimberRidge Nursing & Rehab Center		Provider Number:	0 203335-00	
9848 SW 110th Street		Date:	6/27/2012	
Ocala FL 34481		Fiscal Year End:	12/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 210.41	New Rate 217.60	Effective Date 7/1/2012	
Single 2010			77172012	
Level H: AIDS	358.02	366.81	7/1/2012	
Level U: Fragile Under 21	476.48	486.56	7/1/2012	
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	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Trotal 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  Home Office:  1 - No Home Office	Medicaid Co	Stephen Russell  est Reimbursement Plan  Russell	ning and Finance	



Marianna Health & Rehabilitation		Provider Number:	0 203475-00
4295 5th Avenue		Date:	6/27/2012
Marianna FL 32446		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	201.10		7/1/2012
Level H: AIDS	348.71	355.74	7/1/2012
Level U: Fragile Under 21	467.17	475.49	7/1/2012
Budget X Unaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion  Distribution:	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 V [2] as of 01/01/1989  Stephen Russell	n Interim Component
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Medicaid C	ost Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office			



Manor at Carpenter's				Provider Number:	0 203599-00	
1001 Carpenter's Way				Date:	6/27/2012	
Lakeland FL 33809				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Le	evel	_	Current Rate 203.75	New Rate 210.09	Effective Date 7/1/2012	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	203.75		77172012	
Level H: A	DS	_	351.36	359.30	7/1/2012	
Level U: Fr	agile Under 21	_	469.82	479.05	7/1/2012	
Interim Total Interim Interim Compo Settlement base Prior Provider  Basis:  Budget X Unaudited costs Field audit - interim porti Desk audit - Interim Porti Desk Audit - Prospective  Distribution:	ed on costs Prospective data  on on	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Contract Management / Fiscal Permanent File For information Only	Agent		dicaid Cos	t Daimhursamant Dlan	ning and Finance	-
No Change in Rate		190	zen	ny Ra	und v	
Home Office: 1 - No	Home Office					



Perdue Medical Center		Provider Number:	0 203670-00	
19590 Old Cutler Road		Date:	6/27/2012	
Miami FL 33157		Fiscal Year End:	9/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 216.01	New Rate 225.33	Effective Date 7/1/2012	
Single Devel			7/1/2012	
Level H: AIDS	363.62	374.54	7/1/2012	
Level U: Fragile Under 21	482.08	494.29	7/1/2012	
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 audit - Interim Portion  Desk Audit - Prospective portion	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos Styli	Stephen Russell  t Reimbursement Plan	ning and Finance	



John Knox Village Of Florida		Provider Number:	0 203769-00
651 S.W. 6TH STREET		Date:	6/27/2012
Pompano Beach FL 33060		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 202.94	New Rate	Effective Date 7/1/2012
Level H: AIDS	350.55	359.54	7/1/2012
Level U: Fragile Under 21	469.01	479.29	7/1/2012
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 CI	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 01/01/1989	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cost  Styli	Stephen Russell  t Reimbursement Plan	ning and Finance



Westminster Asbury Towe	ers			Provider Number:	0 203815-00	
1533 4th Avenue West				Date:	6/27/2012	
Bradenton FL 34205				Fiscal Year End:	3/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home Si	ingle Level	_	192.78	198.06	7/1/2012	
Le	evel H: AIDS	_	340.39	347.27	7/1/2012	
Le	evel U: Fragile Under 21		458.85	467.02	7/1/2012	
Basis:  Budget X Unaudited costs Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion sts	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 08/01/1991	n Interim Component	
Distribution:  Contract Management Permanent File  For information  No Change in the Home Office:	n Only	M M	Tedicaid Cos	Stephen Russell  t Reimbursement Plan  Russell	ning and Finance	
	80 West Lucerne Circle Orlando FL 32801					



Oak Bluffs Health Center		Provider Number:	0 203823-00
420 Bay Avenue		Date:	6/27/2012
Clearwater FL 34616		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	192.46	<u> 198.15</u>	7/1/2012
Level H: AIDS	340.07	347.36	7/1/2012
Level U: Fragile Under 21	458.53	467.11	7/1/2012
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:  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 / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	Stephen Russell  t Reimbursement Plan	ning and Finance



Lisenby on Lake Caroline		Provider Number:	0 203980-00
1400 West Eleventh Street		Date:	6/27/2012
Panama City FL 32401		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 161.02	New Rate 164.60	Effective Date 7/1/2012
indising frome single Devel		104.00	7/1/2012
Level H: AIDS	308.63	313.81	7/1/2012
Level U: Fragile Under 21	427.09	433.56	7/1/2012
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: Contract Management / Fiscal Agent	Changes:  Licensur Usual an Target R FRVS C  X Rate Sen On FRV	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  mester Change [2] as of 10/08/1991  Stephen Russell	on Interim Component
Permanent File For information Only No Change in Rate	Medicaid Cos  Styph	t Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office	_ ′		



Mease Continuing Care		Provider Number:	0 204072-00
910 New York Avenue		Date:	6/27/2012
Dunedin FL 34698		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 210.49	New Rate 207.40	Effective Date 7/1/2012
Level H: AIDS	358.10	356.61	7/1/2012
Level U: Fragile Under 21	476.56	476.36	7/1/2012
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 Rate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Medicaid Cos  Medicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance



Jackson Memorial Long Term Care Center		Provider Number:	0 204161-00
2500 NW 22nd Avenue		Date:	6/27/2012
Miami FL 33142		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	214.84		7/1/2012
Level H: AIDS	362.45	370.71	7/1/2012
Level U: Fragile Under 21	480.91	490.46	7/1/2012
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 Ra FRVS Ch	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
<u>Distribution:</u>		Stephen Russell	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Public Health Trust of Dade C  Eric Rodriguez  1611 N.W. 12th Avenue  Miami FL 33136	Steph	t Reimbursement Plan	ning and Finance



Regents Park Of Boca Raton		Provider Number:	0 204170-00
6363 Verde Trail		Date:	6/27/2012
Boca Raton FL 33433		Fiscal Year End:	2/29/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	227.18	239.74	7/1/2012
Level H: AIDS	374.79	388.95	7/1/2012
Level U: Fragile Under 21	493.25	508.70	7/1/2012
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:  Contract Management / Fiscal Agent	Changes:  Licensure Usual and Target R: FRVS CI X Rate Sem On FRV	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 08/01/1994  Stephen Russell	n Interim Component
Permanent FileFor information OnlyNo Change in Rate	Medicaid Cost Style	t Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office	_ ′		



Olds Hall Good Samaritan		Provider Number:	0 204391-00
327 Orange Avenue		Date:	6/27/2012
Daytona Beach FL 32114		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 213.34	New Rate 222.81	Effective Date 7/1/2012
Level H: AIDS	360.95	372.02	7/1/2012
Level U: Fragile Under 21	479.41	491.77	7/1/2012
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 Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with Re Rating Change Country Limitation Total Prospective with	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Steph	Stephen Russell  Reimbursement Plan	ning and Finance
Home Office: Evangelical Lutheran Good Sa Kim Kouri 4800 West 57th Street Sioux Falls SD 57117	marttatt		



TAYLOR HOME FOR THE	AGED, INC.			Provider Number:	0 204536-00	)
3937 Spring Park Road				Date:	6/27/2012	
Jacksonville FL 32207				Fiscal Year End:	8/31/2011	
				Audit Status:	Unaudited [3	]
Provider Type:  Nursing Home Sin	gle Level	_	Current Rate	New Rate 212.61	Effective Date 7/1/2012	
	gie Ecver	_	200.14		7/1/2012	
Leve	el H: AIDS	_	355.75	361.82	7/1/2012	
Leve	el U: Fragile Under 21	_	474.21	481.57	7/1/2012	
Basis:  Budget X Unaudited costs Field audited costs Field audit - interi Desk audited costs Desk Audit - Prost Distribution:	Component ent based on costs ovider Prospective data  s m portion m Portion pective portion	Changes	Licensure Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Componen	t
Contract Management / Permanent File For information 0 No Change in Ra	Only	- M	edicaid Cos	t Reimbursement Plan	ning and Finance	_
Home Office:	Taylor Foundation Services, James T. Price 6601 Chester Avenue Jacksonville FL 32217	,				



Tri-County Nursing Home				Provider Number:	0 204625-00
7280 S.W. SR 26				Date:	6/27/2012
Trenton FL 32693	_			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:		_	ırrent Rate	New Rate	Effective Date
Nursing Home Single Le	vel		90.81	196.41	7/1/2012
Level H: AI	DS	3.	38.42	345.62	7/1/2012
Level U: Fra	gile Under 21	4.	56.88	465.37	7/1/2012
Interim Total Interim Interim Compo Settlement base Prior Provider I  Basis:  Budget X Unaudited costs Field audited costs	d on costs	Changes:	Licensure Usual and	e Fotal Prospective Prospective Adjusted Total Prospective with Rating Change I Customary Limitation the limitation change	n Interim Component
Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective	on	X	FRVS Cl Rate Sem	=	
<b>Distribution:</b>				Stephen Russell	
Contract Management / Fiscal A Permanent FileFor information OnlyNo Change in Rate  Home Office:  1 - No	Agent Home Office	Medi Sty	caid Cost	Reimbursement Plan	ning and Finance



	Provider Number:	0 204811-00
	Date:	6/27/2012
	Fiscal Year End:	9/30/2011
	Audit Status:	Unaudited [3]
Current Rate 215.15	New Rate 221.77	Effective Date 7/1/2012
362.76	370.98	7/1/2012
481.22	490.73	7/1/2012
Licensure Usual and Target Rat FRVS Cha	Rating Change Customary Limitation change ange ester Change [2] as of 10/01/1985	n Interim Component
		. 15
Stylus	Reimbursement Plan	usell
	Rate	Total Prospective    Licensure Rating Change Usual and Customary Limitation Target Rate   Licensure Rating Change FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change   FRVS Change



St. Catherine Laboure Ma	nor			Provider Number:	0 205150-00	
1750 Stockton Street				Date:	6/27/2012	
Jacksonville FL 32204				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:	Y . I T . I		Current Rate	New Rate	Effective Date	
Nursing Home S	Single Level	_	211.28	217.69	7/1/2012	
L	evel H: AIDS		358.89	366.90	7/1/2012	
L	evel U: Fragile Under 21	_	477.35	486.65	7/1/2012	
Basis:  Budget X Unaudited costs Field audit - ins Desk audited co	osts terim portion osts	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with  e Rating Change d Customary Limitation at e limitation change hange hester Change [2] as of 07/01/1993	n Interim Component	
Contract Manageme Permanent File For information No Change in Home Office:	on Only	Me Sty	dicaid Cos	Stephen Russell t Reimbursement Plant	ning and Finance	
	1 Shircliff Way Jacksonville FL 32204					



KISSIMMEE GOOD SAMARITAN		Provider Number:	0 205303-00	
1550 Aldersgate Drive		Date:	6/27/2012	
Kissimmee FL 34746		Fiscal Year End:	7/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 199.71	New Rate 202.33	Effective Date 7/1/2012	
Single Devel			771/2012	
Level H: AIDS	347.32	351.54	7/1/2012	
Level U: Fragile Under 21	465.78	471.29	7/1/2012	
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:	Changes:  Licensure Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with  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 FileFor information OnlyNo Change in Rate  Home Office:  Evangelical Lutheran Good S Kim Kouri 4800 West 57th Street Sioux Falls SD 57117	Steph	t Reimbursement Plan	ning and Finance	



American Finnish Nu	ursing Home			Provider Number:	0 205460-00	
1800 South Drive				Date:	6/27/2012	
Lake Worth FL 3346	1			Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 231.09	Effective Date 7/1/2012	
		_				
	Level H: AIDS	<u>-</u>	371.61	380.30	7/1/2012	
	Level U: Fragile Under 21	-	490.07	500.05	7/1/2012	
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	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	
Permanent File	gement / Fiscal Agent		ledicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	
No Chan Home Office:	ge in Rate  1 - No Home Office		y v			



Health Center at Abbey De	lray			Provider Number:	0 205745-00	
2000 Lawson Blvd.				Date:	6/27/2012	
Delray Beach FL 33445				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	]
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home Si	ngle Level	_	215.27	223.48	7/1/2012	
Le	vel H: AIDS	_	362.88	372.69	7/1/2012	
Le	vel U: Fragile Under 21	_	481.34	492.44	7/1/2012	
Interir Settler	erim portion sts rim Portion espective 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 hange nester Change [2] as of 07/01/1988  Stephen Russell	n Interim Component	: 
Permanent FileFor information	Only	M	edicaid Cos	t Reimbursement Plan	ning and Finance	•
No Change in F Home Office:	LifeSpace Communities, Inc.  100 East Grand Ave. Des Moines IA 50309	_		•		



The Commons at Orlando Luthern Towers		Provider Number:	0 205796-00
300 East Church Street		Date:	6/27/2012
Orlando FL 32801		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	196.56	197.26	7/1/2012
Level H: AIDS	344.17	346.47	7/1/2012
Level U: Fragile Under 21	462.63	466.22	7/1/2012
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:  Contract Management / Fiscal Agent	Wadiesid Coo	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change Ind Customary Limitation Rate limitation change Change The Russell The Russell The Russell	n Interim Component
Permanent File For information Only No Change in Rate	Styph	ing Ri	issell
Home Office: 1 - No Home Office			



St John's Nursing Home		Provider Number:	0 205800-00	
3075 NW 35th Avenue		Date:	6/27/2012	
Lauderdale Lakes FL 33311		Fiscal Year End:	9/30/2011	
		Audit Status:	Unaudited [3]	٠
Provider Type:  Nursing Home Single Level	Current Rate 235.24	New Rate <b>242.66</b>	Effective Date 7/1/2012	
Level H: AIDS	382.85	391.87	7/1/2012	
Level U: Fragile Under 21	501.31	511.62	7/1/2012	
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	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 FRV [1]	n Interim Component	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Catholic Health Services  Mary Jo Frick  4790 N. State Road 7  Lauderdale Lakes FL 33319	Medicaid Co	Stephen Russell ost Reimbursement Plan	ning and Finance	



Lourdes-Noreen McKeen Residence		Provider Number:	0 205923-00
315 South Flagler Drive		Date:	6/27/2012
West Palm Beach FL 33401		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	231.87		7/1/2012
Level H: AIDS	379.48	393.97	7/1/2012
Level U: Fragile Under 21	497.94	513.72	7/1/2012
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:	Changes:		
Budget	Licensur	re Rating Change	
X Unaudited costs		nd Customary Limitatio	on
Field audited costs	Target R	Rate limitation change	
Field audit - interim portion	FRVS C	Change	
Desk audited costs	D	. di	
Desk audit - Interim Portion  Desk Audit - Prospective portion		mester Change [2] as of 04/01/1993	
<u>Distribution:</u>		Stephen Russell	
Contract Management / Fiscal Agent	Medicaid Cos	et Daimhuraamant Dlan	ning and Finance
Permanent File	Medicala Col	/ ->	. / /
For information Only	Steel	m Ka	issell
No Change in Rate	27/1	hy Ri	
Home Office: 1 - No Home Office	_ ′		



Suwannee Valley Nursing Center		Provider Number:	0 206300-00
427 N W 15th Ave.		Date:	6/27/2012
Jasper FL 32052		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 210.97	New Rate 222.10	Effective Date 7/1/2012
Level H: AIDS	358.58	371.31	7/1/2012
Level U: Fragile Under 21	477.04	491.06	7/1/2012
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:  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 / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Stylu	Stephen Russell t Reimbursement Plan	ning and Finance



Morton Plant Rehabilitation Center	<u>-</u>	Provider Number:	0 206431-00
400 Corbett Street	<u>-</u>	Date:	6/27/2012
Clearwater FL 33756	<u>-</u>	Fiscal Year End:	12/31/2006
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 213.28	New Rate 220.85	Effective Date 7/1/2012
Single zever			77172012
Level H: AIDS	360.89	370.06	7/1/2012
Level U: Fragile Under 21	479.35	489.81	7/1/2012
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 Total Prospective Prospective Adjusted: Total Prospective with  Trotal Prospective with	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Baycare Health System  16331 Bay Vista Drive Clearwater Fl 33760	Medicaid Co	Stephen Russell  Ost Reimbursement Plan  Russell	ning and Finance



Saint Andrews Estates North	Provider Number: 0 206521-00
6152 North Verde Trail	Date: 6/27/2012
Boca Raton FL 33433	Fiscal Year End: 12/31/2010
	Audit Status: Unaudited [3]
Provider Type:  Nursing Home Single Level	Current         New         Effective           Rate         Rate         Date           218.52         224.10         7/1/2012
Nursing Home Single Level	<u>218.52</u> <u>224.10</u> <u>7/1/2012</u>
Level H: AIDS	366.13 373.31 7/1/2012
Level U: Fragile Under 21	484.59 493.06 7/1/2012
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	X Prospective  X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  X Rate Semester Change
Desk Audit - Prospective portion  Distribution:	On FRV [2] as of 10/01/1985
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  Acts, Inc Karen Beasley 375 Morris Road West Point PA 19486	Stephen Russell  Medicaid Cost Reimbursement Planning and Finance  Staphen Russell  Medicaid Cost Reimbursement Planning and Finance



The Waterford				Provider Number:	0 206610-00
601 Universe Blvd.				Date:	6/27/2012
Juno Beach FL 33408				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		urrent Rate	New Rate <b>242.01</b>	Effective Date 7/1/2012
	Level H: AIDS	3	80.94	391.22	7/1/2012
	Level U: Fragile Under 21	4	99.40	510.97	7/1/2012
Basis:  Budget X Unaudited conception Field audited au	d 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 Manage Permanent File For informa No Change Home Office:	•	Sty	icaid Cos	t Reimbursement Plan	ning and Finance



Abbey Delray South				Provider Number:	0 206865-00	)
1717 Homewood Blvd.				Date:	6/27/2012	
Delray Beach FL 33445				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3	]
Provider Type:  Nursing Home Sir	ngle Level	_	Current Rate 238.16	New Rate 251.26	Effective Date 7/1/2012	
rursing frome si	igic Level	_	230.10		7/1/2012	
Lev	rel H: AIDS		385.77	400.47	7/1/2012	
Lev	rel U: Fragile Under 21	_	504.23	520.22	7/1/2012	
Settlem	ts rim portion spective portion  / Fiscal Agent	Changes:  X	Licensure Usual and Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  mester Change [2] as of 04/01/1986  Stephen Russell	n Interim Componen	t
No Change in R  Home Office:	•	- M	pu	ns Re	assec)	
	100 East Grand Ave. Des Moines IA 50309					



Riverside Care Center				Provider Number:	0 207276-00	
899 NW 4th Street				Date:	6/27/2012	
Miami FL 33128				Fiscal Year End:	2/29/2012	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home Sin	ngle Level		211.01		7/1/2012	
Lev	rel H: AIDS	_	358.62	379.18	7/1/2012	
Lev	rel U: Fragile Under 21	-	477.08	498.93	7/1/2012	
Settlem	ts rim portion sim Portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange	n Interim Component	
Distribution:  Contract Management Permanent File For information No Change in R  Home Office:	Only	 Я	edicaid Cos	Stephen Russell  t Reimbursement Plan	ning and Finance	



Joseph L. Morse Geriatric Center, Inc		Provider Number:	0 207381-00
4847 FRED GLADSTONE DRIVE		Date:	6/27/2012
West Palm Beach FL 33417		Fiscal Year End:	5/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate	New Rate	Effective Date
Nursing Home Single Level	217.72		7/1/2012
Level H: AIDS	365.33	375.10	7/1/2012
Level U: Fragile Under 21	483.79	494.85	7/1/2012
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	Changes:  Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation I Change	n Interim Component
Desk Audit - Prospective portion			
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cost	Reimbursement Plan	ning and Finance



TAYLOR CARE CENTER, INC.			Provider Number:	0 207446-00	١
6635 CHESTER AVE.			Date:	6/27/2012	
Jacksonville FL 32217			Fiscal Year End:	8/31/2011	
			Audit Status:	Unaudited [3	]
Provider Type:	1	urrent Rate	New Rate	Effective Date	
Nursing Home Single Level		17.76		7/1/2012	
Level H: AIDS	30	65.37	369.04	7/1/2012	
Level U: Fragile Under 21	4	83.83	488.79	7/1/2012	
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:  Contract Management / Fiscal Agent	Changes:  X	Licensure Usual and Target Ra FRVS Ch Rate Semo	Prospective Adjusted Prospective Adjusted Prospective Adjusted Total Prospective with Rating Change I Customary Limitation te limitation change sange ester Change 2] as of 01/01/2004  Stephen Russell  Reimbursement Plan	n Interim Componen	t
Permanent File  For information Only  No Change in Rate	Medi	caid Cost - eh	Reimbursement Plan	usell	•
Home Office: Taylor Foundation Se James T. Price 6601 Chester Avenue Jacksonville FL 32217	,				



Sunrise Health & Rehabilitation Center	_	Provider Number:	0 207497-00
4800 Nob Hill Road	_	Date:	6/27/2012
Sunrise FL 33351	_	Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Curren Rate	Rate	Effective Date
Nursing Home Single Level	220.2	9 231.69 _	7/1/2012
Level H: AIDS	367.9	0 380.90	7/1/2012
Level U: Fragile Under 21	486.3	500.65	7/1/2012
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	Usua Targ FRV X Rate		h Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Subacute Services, Inc.  David Lemcke 3100 Five Forks Trickum Lilburn GA 30047	Styp	Stephen Russell Cost Reimbursement Plan Russell	aning and Finance



AUBURNDALE OAKS HEALTHCARE CENTER		Provider Number:	0 207527-00
919 Old Winter Haven Road		Date:	6/27/2012
Auburndale FL 33823		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	195.20	205.49	7/1/2012
Level H: AIDS	342.81	354.70	7/1/2012
Level U: Fragile Under 21	461.27	474.45	7/1/2012
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 an Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with Tee Rating Change and Customary Limitation cate limitation change Change The C	Interim Component
Contract Management / Fiscal Agent  Permanent FileFor information OnlyNo Change in Rate  Home Office:  Lyric Health Care Timothy J Trybus 7150 Columbia Gateway Drive Columbia MD 21046	Styph	stephen Russell st Reimbursement Plans	ning and Finance



Lakeside Health Center				Provider Number:	0 207683-00	
2501 Australian Avenue				Date:	6/27/2012	
West Palm Beach FL 33407				Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	j
Provider Type:  Nursing Home Sin	gle Level	_	Current Rate 213.71	New Rate 219.72	Effective Date 7/1/2012	
	•					
Leve	el H: AIDS		361.32	368.93	7/1/2012	
Leve	el U: Fragile Under 21	_	479.78	488.68	7/1/2012	
Settleme	Component ent based on costs ovider Prospective data  s m portion m 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	
Contract Management /	Fiscal Agent	Ma	dissid Cos		ning and Einanga	_
Permanent File For information O No Change in Ra	ate	M	ze li	t Reimbursement Plan	usall	•
Home Office:	Doug Ruth 3570 NW Keith Street Cleveland TN 37320	_				



The Ponce Therapy Care Center		Provider Number:	0 207799-00
1999 Old Moultrie Road		Date:	6/27/2012
St. Augustine FL 32806		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 224.76	New Rate 232.33	Effective Date 7/1/2012
Level H: AIDS	372.37	381.54	7/1/2012
Level U: Fragile Under 21	490.83	501.29	7/1/2012
Basis:  Budget X Unaudited costs Field audit - interim portion Desk audited costs  Protal Interim Interim Component Settlement based on costs Prior Provider Prospective data	Usual an Target R FRVS C		n Interim Component
Desk audit - Interim Portion  Desk Audit - Prospective portion		nester Change [2] as of 03/01/2004	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  HPSA, Inc.  Eric Thomas  210 25th Ave North, Suite 508  Nashville TN 37203	Medicaid Cos	stephen Russell  It Reimbursement Plan	ning and Finance



Florida Club Care Center				Provider Number:	0 207993-00	
220 Sierra Drive				Date:	6/27/2012	
Miami FL 33179				Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home Si	ingle Level	_	225.81	234.12	7/1/2012	
Le	vel H: AIDS	_	373.42	383.33	7/1/2012	
Le	vel U: Fragile Under 21	_	491.88	503.08	7/1/2012	
Interior Settles	erim portion sts erim Portion	Changes  X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 10/01/1998	n Interim Component	
Contract Managemen Permanent File For information No Change in 1	n Only	M M	edicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	
Home Office:	Seniors Management, Inc Lenard Brown 1114 Wynwood Avenue Cherry Hill NJ 08002	_ ′				



BERNARD L. SAMSON NURSING CENTER		Provider Number:	0 208442-00
255 - 59 STREET NORTH		Date:	6/27/2012
St. Petersburg FL 33710		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 229.41	New Rate 235.51	Effective Date 7/1/2012
Level H: AIDS	377.02	384.72	7/1/2012
Level U: Fragile Under 21	495.48	504.47	7/1/2012
Basis:  Budget X Unaudited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion	Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with The Rating Change and Customary Limitation The Change of Customary Limitation The Change of Customary Limitation Change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styl	Stephen Russell st Reimbursement Plan	ning and Finance



Jupiter Medical Center Pavilion, Inc.			Provider Number:	0 208485-00	
1230 South Old Dixie Highway			Date:	6/27/2012	
Jupiter FL 33458			Fiscal Year End:	9/30/2011	
			Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level		Current Rate 219.27	New Rate 223.17	Effective Date 7/1/2012	
Tursing rome Single Level		117.27		7/1/2012	
Level H: AIDS	_3	366.88	372.38	7/1/2012	
Level U: Fragile Under 2		185.34	492.13	7/1/2012	
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective d  Basis:  Budget  X Unaudited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion  Distribution:		Licensure Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Contract Management / Fiscal Agent	Med	licaid Cos	t Daimhursamant Dlan	ning and Finance	
Permanent FileFor information Only No Change in Rate	St.	z h	ny Ri	well	
Home Office: 1 - No Home Office	r				



Claridge House		Provider Number:	0 208507-00
13900 NE 3rd Court		Date:	6/27/2012
North Miami FL 33161		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 198.65	New Rate	Effective Date 7/1/2012
Nursing frome Single Level	198.05	202.84	//1/2012
Level H: AIDS	346.26	352.05	7/1/2012
Level U: Fragile Under 21	464.72	471.80	7/1/2012
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:	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Stylu	t Reimbursement Plan	ning and Finance



Westminster Towers				Provider Number:	0 208540-00
70 West Lucerne Circle				Date:	6/27/2012
Orlando FL 32801				Fiscal Year End:	3/31/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  Si	ingle Level	_	Current Rate	New Rate 191.37	Effective Date 7/1/2012
	ingic Devel	_	103.70		771/2012
Le	vel H: AIDS	_	333.57	340.58	7/1/2012
Le	vel U: Fragile Under 21	-	452.03	460.33	7/1/2012
Interior Settles	erim portion sts rim Portion	Changes  X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Contract Managemen	t / Fiscal Agent				<del></del>
Permanent File	S	M	ledicaid Cos	t Reimbursement Plan	ning and Finance
For information	•	IT.	celi	ar Remoursement Plant	issell
No Change in I	Rate			. / -	
Home Office:	Westminster Services  80 West Lucerne Circle Orlando FL 32801	′			



Baptist Manor				Provider Number:	0 208809-00	
10095 Hillview Road				Date:	6/27/2012	
Pensacola FL 32514				Fiscal Year End:	9/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home Si	ngle Level	_	205.81	208.43	7/1/2012	
Le	vel H: AIDS	_	353.42	357.64	7/1/2012	
Le	vel U: Fragile Under 21		471.88	477.39	7/1/2012	
Interio Settles	erim portion sts rim Portion espective portion	Changes  X	Licensur Usual an Target R FRVS C Rate Sen On FRV	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  mester Change [2] as of 02/01/2009  Stephen Russell	n Interim Component	
Permanent File	C	M	ledicaid Cos	t Reimbursement Plan	ning and Finance	
For information No Change in I	•	M	zeh	us Re	issell	
Home Office:	Baptist Health Care Corpora Timothy M. Owens 1717 North E Street Pensacola FL 32501	,				



Courtenay Springs Village		Provider Number:	0 209325-00
1100 S. Courtenay Parkway		Date:	6/27/2012
Merritt Island FL 32952		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	211.64		7/1/2012
Level H: AIDS	359.25	353.59	7/1/2012
Level U: Fragile Under 21	477.71	473.34	7/1/2012
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:  Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted: Total Prospective with Read Rating Change Country Limitation Total Prospective with	Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Retirement Housing Foundation  Robin Padilla  911 N. Studebaker Rd  Long Beach CA 90815-4900	Styli	Stephen Russell Reimbursement Plan	ning and Finance



Westminster Asbury Manor		Provider Number:	0 209422-00
1700 21st Avenue West		Date:	6/27/2012
Bradenton FL 34205		Fiscal Year End:	3/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	200.36	206.51	7/1/2012
Level H: AIDS	347.97	355.72	7/1/2012
Level U: Fragile Under 21	466.43	475.47	7/1/2012
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 at a limitation change Thange Thange	n Interim Component
Desk Audit - Prospective portion  Distribution:	Oli TKV	[2] as of 03/11/1987	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Westminster Services  80 West Lucerne Circle Orlando FL 32801	Medicaid Cos  Stylu	stephen Russell st Reimbursement Plan	ning and Finance



St Anne's Nursing Center		Provider Number:	0 209473-00
11855 Quail Roost Drive		Date:	6/27/2012
Miami FL 33177		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 224.02	New Rate 229.43	Effective Date 7/1/2012
Level H: AIDS	371.63	378.64	7/1/2012
Level U: Fragile Under 21	490.09	498.39	7/1/2012
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 l FRVS 0	Total Prospective Prospective Adjusted Total Prospective with  Tree 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  Home Office:  Catholic Health Services  Mary Jo Frick  4790 N. State Road 7  Lauderdale Lakes FL 33319	Medicaid Co	Stephen Russell  ost Reimbursement Plan  Russell	ning and Finance



Bishop's Glen Health Care Center			Provider Number:	0 209511-00	
900 LPGA Blvd			Date:	6/27/2012	
Holly Hill FL 32117			Fiscal Year End:	9/30/2011	
			Audit Status:	Unaudited [3]	]
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home Single Level		221.83	228.90	7/1/2012	
Level H: AIDS		369.44	378.11	7/1/2012	
Level U: Fragile U	nder 21	487.90	497.86	7/1/2012	
Interim  Total Interim  Interim Component  Settlement based on comprise Prior Provider Prospect  Basis:  Budget  X Unaudited costs  Field audited costs  Field audited costs  Desk audited costs  Desk Audit - Interim Portion  Desk Audit - Prospective portion	Char	Licensure Usual and Target Ra FRVS Ch	Prospective Adjusted Prospective Adjusted Prospective with Rating Change Customary Limitation change	n Interim Componen	t
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Medicaid Cost	Reimbursement Plan	ning and Finance	
Robin Padilla 911 N. Studet		•			



Winter Park Towers				Provider Number:	0 209848-00	
1111 South Lakemount Av	venue ,M.S. #101			Date:	6/27/2012	
Winter Park FL 32792				Fiscal Year End:	3/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home  S	ingle Level	_	Current Rate	New Rate 188.09	Effective Date 7/1/2012	
	mgio ze (oi	_	100.00	100.07	77172012	
Le	evel H: AIDS	_	330.96	337.30	7/1/2012	
Le	evel U: Fragile Under 21	-	449.42	457.05	7/1/2012	
Basis:  Budget X Unaudited costs Field audit - int Desk audit - Interior Desk Audit - Pr	erim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 10/01/1987	n Interim Component	
Distribution:  Contract Managemer  Permanent File  For informatio  No Change in	n Only	I.	fedicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	
Home Office:	Westminster Services  80 West Lucerne Circle Orlando FL 32801	′	•			



Sun Terrace Health Care Center		Provider Number:	0 209856-00
105 Trinity Lake Drive		Date:	6/27/2012
Sun City Center FL 33570		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.13	214.19	7/1/2012
Level H: AIDS	357.74	363.40	7/1/2012
Level U: Fragile Under 21	476.20	483.15	7/1/2012
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 audit - Interim Portion  Desk Audit - Prospective portion  Distribution:	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
Contract Management / Fiscal Agent  Permanent FileFor information OnlyNo Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos Styli	t Reimbursement Plan	ning and Finance



Life Care Center of Altamonte Springs		Provider Number:	0 210137-00
989 Orienta Avenue		Date:	6/27/2012
Altamonte Springs FL 32701		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Curren Rate 200.3	Rate	Effective Date 7/1/2012
Level H: AIDS	347.9	2 355.13	7/1/2012
Level U: Fragile Under 21	466.3	8 474.88	7/1/2012
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:	Usua Targ FRV  X Rate	Total Prospective Prospective Adjusted	th Interim Component
Contract Management / Fiscal Agent Permanent FileFor information Only No Change in Rate	Medicaid  Styp	Stephen Russell  Cost Reimbursement Plan  Russell	nning and Finance
Home Office:  Life Care Centers Of Americ  Doug Ruth 3570 NW Keith Street  Cleveland TN 37320	,		



Covenant Village Cen	iter Center			Provider Number:	0 210188-00
9201 West Broward B	Blvd.	<del>-</del> -		Date:	6/27/2012
Plantation FL 33324		_		Fiscal Year End:	1/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NI II	C' al Taril	-	Rate	Rate	Date
Nursing Home	Single Level	-	221.65		7/1/2012
	Level H: AIDS		369.26	379.22	7/1/2012
	Level U: Fragile Under 21		487.72	498.97	7/1/2012
Rate Type :					
Interim		X	Prospectiv	/e	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
I	Prior Provider Prospective data				
Basis:		Change	s:		
D., J.,			Licensur	e Rating Change	
Budget  X Unaudited	costs			d Customary Limitation	nn
Field audite				ate limitation change	,,,,
Field audit	- interim portion		FRVS C	hange	
Desk audite	_				
	- Interim Portion	X		nester Change	
	- Prospective portion		On FRV	[2] as of 03/15/1988	
<b>Distribution:</b>				Stephen Russell	
•	ement / Fiscal Agent	N	Iedicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	nation Only	1-	1.1	ク	mall
No Chang	•		ye u	m Re	men of
No Chang		•		·	
Home Office:	Covenant Retirement Com	nmunities			
	Elizabeth Buikema				
	5700 Old Orchard Road Skokie IL 60077				
	DRORIC ILI 00011				



John Knox Village Medica				Provider Number:	0 210285-00	
4100 E. FLETCHER AVE	NUE			Date:	6/27/2012	
Tampa FL 33613				Fiscal Year End:	12/31/2006	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Si	ngle Level	_	Current Rate	New Rate 206.99	Effective Date 7/1/2012	
	ingle Devel	_	201.00		7/1/2012	
Le	vel H: AIDS	<u>-</u>	349.21	356.20	7/1/2012	
Le	vel U: Fragile Under 21	-	467.67	475.95	7/1/2012	
Interio Settles	erim portion sts rim Portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 12/01/1987	n Interim Component	_
Contract Management	t / Fiscal Agent			Stephen Russell		
Permanent File For information No Change in I	ı Only	M	edicaid Cos	t Reimbursement Plan	ning and Finance	
Home Office:	Baycare Health System  16331 Bay Vista Drive Clearwater Fl 33760	_ ′	•			



Azalea Trace				Provider Number:	0 210374-00
10100 Hillview Road		<b>-</b> -		Date:	6/27/2012
Pensacola FL 32504		_		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N	Cinala Laval		Rate	Rate	Date
Nursing Home	Single Level	_	207.74	213.25	7/1/2012
	Level H: AIDS		355.35	362.46	7/1/2012
	Level U: Fragile Under 21	_ _	473.81	482.21	7/1/2012
Rate Type:					
Interim		X	Prospectiv		
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	1 Interim Component
	Prior Provider Prospective data				
Basis:		<b>Changes:</b>			
D 1			Liconeur	e Rating Change	
Budget X Unaudited	costs		_	d Customary Limitatio	nn.
Field audit			_	ate limitation change	)II
	t - interim portion	-	FRVS C	_	
Desk audit	_		_		
	- Interim Portion	X		nester Change	
	t - Prospective portion		On FRV	[2] as of 09/01/1988	
<u>Distribution:</u>				Stephen Russell	
Contract Manag	gement / Fiscal Agent	M	edicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File				ノーカ	
	nation Only	27.	re li	us Ka	issell
No Chang	ge in Rate		/	my Re	
Home Office:	Acts, Inc				
	Karen Beasley				
	375 Morris Road				
	West Point PA 19486				
	-				



Village on the Isle		Provider Number:	0 210463-00
950 SOUTH TAMIAMI TRAIL		Date:	6/27/2012
Venice FL 34285		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 235.48	New Rate 242.56	Effective Date 7/1/2012
Level H: AIDS	383.09	391.77	7/1/2012
Level U: Fragile Under 21	501.55	511.52	7/1/2012
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	Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with The Rating Change and Customary Limitation change	Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance



HealthPark Care Center				Provider Number:	0 210587-00	
16131 Rose Rush Court				Date:	6/27/2012	
Ft. Myers FL 33908				Fiscal Year End:	9/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Si	ngle Level	_	Current Rate 224.23	New Rate 232.65	Effective Date 7/1/2012	
		_	224.23		771/2012	
Lev	vel H: AIDS	_	371.84	381.86	7/1/2012	
Lev	vel U: Fragile Under 21	_	490.30	501.61	7/1/2012	
Settlen	ts rim portion tage respective data	Changes:	Licensure Usual and Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change	Interim Component	
Contract Management	/ Fiscal Agent		4::4 C		ning and Einene	
Permanent File		IVIE		t Reimbursement Plan	ning and rinance	
For information	•	St	en	us Re	issell	
No Change in R	tate			• /		
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:	6/27/2012
North Miami FL 33170		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	238.22	245.05	7/1/2012
Level H: AIDS	385.83	394.26	7/1/2012
Level U: Fragile Under 21	504.29	514.01	7/1/2012
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:  Contract Management / Fiscal Agent	Wadigaid Co	Total Prospective Prospective Adjusted Total Prospective with  Total Prospective with  re Rating Change and Customary Limitation Rate limitation change Change  mester Change / [2] as of 03/11/1992  Stephen Russell	n Interim Component
Permanent File For information Only No Change in Rate	Styl	st Reimbursement Plan	used finance
Home Office: 1 - No Home Office	′		



AVANTE AT BOCA RATON, INC.		Provider Number:	0 210676-00	_
1130 NORTHWEST 15TH STREET Boca Raton FL 33486		Date:	6/27/2012	
Boca Raton FL 33480		Fiscal Year End:	5/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 233.22	New Rate 240.88	Effective Date 7/1/2012	
Single Devel			7/1/2012	
Level H: AIDS	380.83	390.09	7/1/2012	
Level U: Fragile Under 21	499.29	509.84	7/1/2012	
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	Usual ar Target F FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with  Tre Rating Change and Customary Limitation Rate limitation change	n Interim Component	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Avante Group, Inc.  Janan Mitchell  4000 Hollywood Blvd, Suite 5  Hollywood FL 33021-6744	Steph	Stephen Russell  est Reimbursement Plan  Russell	ning and Finance	



The Edgewater at Waterman Village		Provider Number:	0 210684-00
300 Brookfield Ave		Date:	6/27/2012
Mount Dora FL 32757		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	212.53	220.08	7/1/2012
Level H: AIDS	360.14	369.29	7/1/2012
Level U: Fragile Under 21	478.60	489.04	7/1/2012
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 Sei	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change The Prospective Adjusted in the Prospective with The Rating Change The	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Medicaid Cos  Medicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance



Brighton Gardens of Port St. Lucie		Provider Number:	0 210781-00
1699 E. Lyngate Drive		Date:	6/27/2012
Port St. Lucie FL 34952		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 205.24	New Rate 224.79	Effective Date 7/1/2012
Level H: AIDS	352.85	374.00	7/1/2012
Level U: Fragile Under 21	471.31	493.75	7/1/2012
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget	anges:	Total Prospective Prospective Adjusted Total Prospective with	
X Unaudited costs Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	Target Ra FRVS CI  X Rate Sem	d Customary Limitation at limitation change hange nester Change [2] as of 10/18/1993	on
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Sunrise Senior Living  Tony Harris  7900 W. Park Drive, STE T900  McLean VA 22102	Medicaid Cost	Stephen Russell  t Reimbursement Plan	ning and Finance



Emory L. Bennett Me	emorial Veterans Nursing Home			Provider Number:	0 210889-00
1920 Mason Avenue				Date:	6/27/2012
Daytona Beach FL 32	2117			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Cinala I aval	-	Rate	Rate	Date
Nursing Home	Single Level	-	218.76		7/1/2012
	Level H: AIDS		366.37	375.68	7/1/2012
	Level U: Fragile Under 21		484.83	495.43	7/1/2012
Rate Type:					
Interim		X	Prospectiv		
	Total Interim			Total Prospective	C. N. G.
	Interim Component			Prospective Adjusted Total Prospective with	
	Settlement based on costs Prior Provider Prospective data			Total Flospective with	i internii Component
	Thor Frovider Frospective data				
Basis:		Change	s:		
Budget			Licensur	e Rating Change	
X Unaudited	costs	-		d Customary Limitation	on
Field audit				ate limitation change	
Field audit	: - interim portion		FRVS C	hange	
Desk audit					
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 01/19/1994	
Distribution:	• •			-	
<del></del>	ement / Fiscal Agent			Stephen Russell	
Permanent File	Ç	N	Medicaid Cos	t Reimbursement Plan	ning and Finance
For inform	nation Only	In the second	tinh	m Ka	well
No Chang	ge in Rate	110	e p	m Re	
Home Office:	Florida Dept. of Veterans A			1	
Home Office.	Walter Gilchrist				
	11351 Ulmerton Road, Roo	m 332-I			
	Largo Fl 33778-1630				



Stratford Court at Palm Harbor		Provider Number:	0 210943-00
45 Katherine Blvd		Date:	6/27/2012
Palm Harbor FL 34684		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 221.79	New Rate 231.24	Effective Date 7/1/2012
Level H: AIDS	369.40	380.45	7/1/2012
Level U: Fragile Under 21	487.86	500.20	7/1/2012
Budget X Unaudited costs Field audited costs Field audit - interim portion 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 hange  nester Change [2] as of 02/12/1992	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Sunrise Senior Living  Tony Harris 7900 W. Park Drive, STE T900  McLean VA 22102	Medicaid Cos  Styph	t Reimbursement Plan	ning and Finance



Sabal Palms Health Care Ce	nter			Provider Number:	0 210951-00	
499 Alternate Keene Road				Date:	6/27/2012	
Largo FL 33771-1652				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Sir	ngle Level	_	Current Rate 182.75	New <u>Rate</u>	Effective Date 7/1/2012	
		_	102.75		7/1/2012	
Lev	el H: AIDS	_	330.36	335.38	7/1/2012	
Lev	el U: Fragile Under 21	_	448.82	455.13	7/1/2012	
Basis:  Budget X Unaudited costs Field audit - inter Desk audited cost Desk audit - Pros Distribution: Contract Management	ts rim portion s im Portion spective portion	Changes:  X	Licensure Usual and Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 05/18/1990  Stephen Russell	n Interim Component	
Permanent File For information No Change in R	•	M	ph	ny Ra	well	
Home Office:	The Goodman Group, LLC  1107 Hazeltine Blvd Chaska MN 55318	_ /	,			



Stratford Court at Boo	ca Pointe			Provider Number:	0 211010-00
6343 Via Sonrisa De	Sur	<b>-</b>		Date:	6/27/2012
Boca Raton FL 33433	3	_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nuusina Homo	Cinala I aval	_	Rate	Rate	Date
Nursing Home	Single Level	_	211.15	230.36	7/1/2012
	Level H: AIDS		358.76	379.57	7/1/2012
	Level U: Fragile Under 21	- -	477.22	499.32	7/1/2012
Rate Type :					
Interim		X	Prospectiv	ve	
	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:		Changes	:		
				D : G	
Budget			_	e Rating Change	
XUnaudited Field audited				d Customary Limitation ate limitation change	on
	- interim portion		FRVS C	=	
Desk audite	_		_	80	
	- Interim Portion	X	Rate Sen	nester Change	
	t - Prospective portion		On FRV	[2] as of 03/17/1994	
<b>Distribution:</b>				Stephen Russell	
Contract Manage	ement / Fiscal Agent		edicaid Cos	t Reimbursement Plan	ning and Finance .
Permanent File			<i>)</i>	1	. //
	nation Only	£1.	celi	us Kr	issell
No Chang	ge in Rate	الم مراسد		us Re	
Home Office:	Sunrise Senior Living	′			
	Tony Harris 7900 W. Park Drive, STE T	Г900			
	McLean VA 22102				



W FRANK WELLS	NURSING FACILITY			Provider Number:	0 211052-00
159 NORTH THIRD				Date:	6/27/2012
Macclenny FL 32063				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
<b>.</b>	C' 1 T 1	_	Rate	Rate	Date
Nursing Home	Single Level	_	231.38	237.39	7/1/2012
	Level H: AIDS		378.99	386.60	7/1/2012
	Level U: Fragile Under 21	<del>-</del>	497.45	506.35	7/1/2012
	, and the second	-			
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim	-	- X	Total Prospective	
<del></del>	Interim Component			Prospective Adjusted	for New Costs
<del></del> ;	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Changes	:		
		8			
Budget			Licensur	e Rating Change	
X Unaudited	costs	-	Usual an	d Customary Limitation	on
Field audit	red costs		Target R	tate limitation change	
Field audit	: - interim portion		FRVS C	hange	
Desk audit	ed costs				
	- Interim Portion	X	_	mester Change	
	t - Prospective portion		On FRV	[2] as of 10/01/1985	
<b>Distribution:</b>				Stephen Russell	
_	ement / Fiscal Agent	M	edicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File		1-	- 1	my Re	11/
	nation Only	120	y U	my Ka	wall
No Chang	ge in Rate				
Home Office:	1 - No Home Office				



Huntington Place Car	re & Rehabilitation Center			Provider Number:	0 211281-00
1775 Huntington Lan	e	_		Date:	6/27/2012
Rockledge FL 32955		_		Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nuusina Homo	Cinale Level	_	Rate	Rate	Date
Nursing Home	Single Level	_	180.31	<u> 185.59</u> _	7/1/2012
	Level H: AIDS		327.92	334.80	7/1/2012
	Level U: Fragile Under 21	-	446.38	454.55	7/1/2012
Doto Truno					
Rate Type :					
Interim	Tracel Index of the	<u> X</u>	Prospective V		
	Total Interim Interim Component			Total Prospective Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Prospective with	Timeriii Component
Basis:	1	Changes			
Dasis.		Changes	·• ·		
Budget			Licensur	e Rating Change	
X Unaudited	costs			d Customary Limitation	on
Field audit	red costs		_	ate limitation change	
Field audit	t - interim portion		FRVS C	hange	
Desk audit			_		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 10/01/1985	
Distribution:				Stephen Russell	
Contract Manag	gement / Fiscal Agent				· 15.
Permanent File	•	M	ledicaid Cos	t Reimbursement Plan	ning and Finance
For inform	mation Only	1.7	In Si	m Ra	well
No Chang	ge in Rate	10	eje vi	us Re	
Home Office:	Sun Healthcare Group, Inc		•		
nome office.	Reimbursement Departmen				
	101 Sun Avenue NE				
	Albuquerque NM 87109				



Hardee Manor Health	ncare Center			Provider Number:	0 211435-00
401 Orange Place		_ _		Date:	6/27/2012
Wauchula FL 33873		_		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		185.65	<u> 191.79</u> _	7/1/2012
	Level H: AIDS		333.26	341.00	7/1/2012
	Level U: Fragile Under 21		451.72	460.75	7/1/2012
Rate Type :					
Interim		X	Prospectiv	7 <b>P</b>	
	Total Interim		_ `	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data				
Basis:		Change	es:		
Budget				e Rating Change	
X Unaudited				d Customary Limitation	on
Field audit		-	FRVS C	ate limitation change	
Desk audit	t - interim portion			nange	
	- Interim Portion	<u> X</u>	Rate Sen	nester Change	
Desk Audi	t - Prospective portion		On FRV	[2] as of 10/01/1989	
<b>Distribution:</b>				Stephen Russell	
Contract Manag	gement / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File				/ ->	. //
	nation Only	Ti Si	teen	m Re	issell
No Chang	ge in Rate			, , ,	
Home Office:	Advocat Inc. & Subsidiar	ies	•		
1101110 0111100.	Walt McCullough				
	1621 Galleria Blvd				
	Brentwood TN 37027				



LAUREL POINTE HEALTH AND REHABILITATIO		Provider Number:	0 211516-00
703 South 26th Street		Date:	6/27/2012
Ft. Pierce FL 34947		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 197.93	New Rate <b>208.18</b>	Effective Date 7/1/2012
Level H: AIDS	345.54	357.39	7/1/2012
Level U: Fragile Under 21	464.00	477.14	7/1/2012
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 a Target FRVS  X Rate So	Total Prospective Prospective Adjusted Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change	n Interim Component
Desk Audit - Prospective portion  Distribution:	On FR	V [2] as of 05/01/1993	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Lyric Health Care  Timothy J Trybus 7150 Columbia Gateway Driv Columbia MD 21046	Stype	Stephen Russell ost Reimbursement Plan	ning and Finance



Life Care Center of Citrus County		Provider Number:	0 211532-00	
3325 Jerwayne Lane		Date:	6/27/2012	
Lecanto FL 34461		Fiscal Year End:	7/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	201.20	207.14	7/1/2012	
Level H: AIDS	348.81	356.35	7/1/2012	
Level U: Fragile Under 21	467.27	476.10	7/1/2012	
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  Trotal Prospective Adjusted:  Trotal Prospective Adjusted:  Trotal Prospective  Trotal Pr	n Interim Component	_
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  Cleveland TN 37320	Stype	Stephen Russell  ost Reimbursement Plan  Russell  Russell	ning and Finance	



Plaza West				Provider Number:	0 211885-00	
912 American Eagle Blvd				Date:	6/27/2012	
Sun City Center FL 33573				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	J
Provider Type:	olo I ovol		Current Rate	New Rate	Effective Date	
Nursing Home Sin	gle Level	_	198.54	205.99	7/1/2012	
Leve	el H: AIDS		346.15	355.20	7/1/2012	
Leve	el U: Fragile Under 21	_	464.61	474.95	7/1/2012	
Basis:  Budget X Unaudited costs Field audited costs Field audit - interi Desk audited costs Desk Audit - Prosp Distribution:	Component ent based on costs ovider Prospective data  s m portion m Portion pective 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	
Contract Management / Permanent File For information ( No Change in Ra	Only	Me Me	dicaid Cos	t Reimbursement Plan	ning and Finance	_
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	
259 SW Captain Brown Roa	d	_		Date:	6/27/2012	
Madison FL 32340		-		Fiscal Year End:	8/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Sin	gle Level	_	Current Rate	New Rate 180.83	Effective Date 7/1/2012	
3		_			-	
Leve	el H: AIDS	<u>-</u>	325.63	330.04	7/1/2012	
Leve	el U: Fragile Under 21		444.09	449.79	7/1/2012	
Basis:  Budget X Unaudited costs Field audited cost Field audit - interi Desk audit - Interi Desk Audit - Pros	Component ent based on costs rovider Prospective data  s im portion s m 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 Management A  Permanent File  For information O  No Change in Ra  Home Office:	Only		Tedicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	



Edward J Healey Rehabilitation and Nursing Center		Provider Number:	0 212032-00
1200 45th Street		Date:	6/27/2012
West Palm Beach FL 33401		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 218.98	New Rate 227.25	Effective Date 7/1/2012
Level H: AIDS	366.59	376.46	7/1/2012
Level U: Fragile Under 21	485.05	496.21	7/1/2012
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:	Changes:  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
Contract Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate	Medicaid Cos  Medicaid Cos	t Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office	_		



Westminster Woods on J	Julington Creek			Provider Number:	0 212083-00
25 William Bartram Scen	nic Highway			Date:	6/27/2012
Jacksonville FL 32259				Fiscal Year End:	3/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	- -	Current Rate 190.05	New Rate 195.31	Effective Date 7/1/2012
	Level H: AIDS		337.66	344.52	7/1/2012
	Level U: Fragile Under 21		456.12	464.27	7/1/2012
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  The Rating Change d Customary Limitation ate limitation change hange  The Prospective with  The Rating Change and Customary Limitation ate limitation change and Customary Limitation ate limitation change The Russell  Stephen Russell	n Interim Component
Contract Managem Permanent File For informati No Change i Home Office:	ion Only in Rate Westminster Services		Tedicaid Cos	t Reimbursement Plan	ning and Finance
	80 West Lucerne Circle Orlando FL 32801				



Ybor City Healthcare and Rehabilitation Center	_	Provider Number:	0 212164-00
1709 Taliaferro Ave.	_ _	Date:	6/27/2012
Tampa FL 33602	_	Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Curren Rate 204.2	Rate	Effective
Truising Home Single Level	204.2	210.16	7/1/2012
Level H: AIDS	351.88	359.39	7/1/2012
Level U: Fragile Under 21	470.3	479.14	7/1/2012
Rate Type :			
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data	X Prospe	Total Prospective Prospective Adjusted	I for New Costs th Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usua Targe FRV X Rate	nsure Rating Change I and Customary Limitati et Rate limitation change S Change Semester Change RV [2] as of 10/01/1985	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Medicaid Styl	Stephen Russell Cost Reimbursement Pla	nning and Finance
Home Office:  Summit Care II, Inc  Guy Farmer  2851 Remington Green Ci  Tallahassee FL 32308			



The Fountains Nursing Home		Provider Number:	0 212393-00
3800 North Federal Hwy.		Date:	6/27/2012
Boca Raton FL 33431		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 206.69	New Rate 212.81	Effective Date 7/1/2012
2g.0 2.0 10			77272
Level H: AIDS	354.30	362.02	7/1/2012
Level U: Fragile Under 21	472.76	481.77	7/1/2012
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  Re Rating Change d Customary Limitation ate limitation change hange	n Interim Component
Desk audit - Interim Portion  Desk Audit - Prospective portion		nester Change [2] as of 03/01/1986	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Rohm Service Corp  740 East Avenue Rochester NY 14607	Medicaid Cos  Styli	stephen Russell  It Reimbursement Plan	ning and Finance



Woodland Terrace		Provider Number:	0 212636-00
120 Chipola Avenue		Date:	6/27/2012
Deland FL 32720		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	164.88	169.93	7/1/2012
Level H: AIDS	312.49	319.14	7/1/2012
Level U: Fragile Under 21	430.95	438.89	7/1/2012
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  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 09/27/1996	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  SMJ Enterprises, LLC  Donna Marsh  1704 Huntington Village Circle  Daytona Beach FL 32114	Steps	ost Reimbursement Plan	ning and Finance



Suncoast Manor				Provider Number:	0 212709-00
6909 9th Street South	1	<u>-</u>		Date:	6/27/2012
St. Petersburg FL 337	705-6272	=		Fiscal Year End:	3/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nuusina Homo	Cinale Level	_	Rate	Rate	Date
Nursing Home	Single Level	_	178.12	<u> 183.14</u> _	7/1/2012
	Level H: AIDS		325.73	332.35	7/1/2012
	Level U: Fragile Under 21	-	444.19	452.10	7/1/2012
Rate Type :					
Interim		X	Prospectiv		
	Total Interim		<u>X</u>	Total Prospective	for Nov. Costs
	Interim Component Settlement based on costs			Prospective Adjusted Total Prospective with	
	Prior Provider Prospective data			Total Prospective with	i internii Component
	Thoi Provider Prospective data				
Basis:		Changes	<b>::</b>		
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			<u></u>		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 08/23/1996	
Distribution:	* *				
Contract Manag	ement / Fiscal Agent			Stephen Russell	. 172
Permanent File	•	IV.	ledicaid Cos	t Reimbursement Plan	ning and Finance
For inform	nation Only	27	In Si	m Ra	well
No Chang	ge in Rate		eje ii	m Re	
Home Office:	Westminster Services		•		
	80 West Lucerne Circle Orlando FL 32801				



Oceanside Extended Care Center		Provider Number:	0 212733-00
550 9th Street		Date:	6/27/2012
Miami Beach FL 33139		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	150.51		7/1/2012
Level H: AIDS	298.12	302.43	7/1/2012
Level U: Fragile Under 21	416.58	422.18	7/1/2012
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 Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with  Sure Rating Change and Customary Limitation Rate limitation change Change  Semester Change RV [2] as of 10/01/1985	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  SMJ Enterprises, LLC  Donna Marsh  1704 Huntington Village Circle  Daytona Beach FL 32114	Styl	Stephen Russell Cost Reimbursement Plan	ning and Finance



Florida Lutheran Retirement Center		Provider Number:	0 212792-00
450 NORTH MCDONALD AVENUE		Date:	6/27/2012
DeLand FL 32724		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 184.78	New Rate	Effective Date 7/1/2012
Nursing Home Single Level		<u> 188.88</u> _	//1/2012
Level H: AIDS	332.39	338.09	7/1/2012
Level U: Fragile Under 21	450.85	457.84	7/1/2012
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:	Changes:  Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Contract Management / Fiscal Agent  Permanent FileFor information OnlyNo Change in Rate  Home Office:  Evangelical Lutheran Good Sa Kim Kouri 4800 West 57th Street Sioux Falls SD 57117	Steph	Stephen Russell  Reimbursement Plan  Reimbursement Plan	ning and Finance



	Provider Number:	0 212806-00
	Date:	6/27/2012
	Fiscal Year End:	7/31/2011
	Audit Status:	Unaudited [3]
Current Rate	New Rate	Effective Date
244.85	250.63	7/1/2012
392.46	399.84	7/1/2012
510.92	519.59	7/1/2012
Changes:  Licensure Usual and Target Ra FRVS Ch  X Rate Sem On FRV	Prospective Adjusted Prospective Adjusted Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation change hange Rester Change Page 12] as of 01/24/1997  Stephen Russell Resimbursoment Plan	on Interim Component
	Rate   244.85	Current Rate Rate  244.85 250.63  392.46 399.84 510.92 519.59  X Prospective Prospective Adjusted Total Prospective with Total Prospective with Total Prospective Will Prospective Will Rate Prospective Adjusted Total Prospective Will Prospective



Tarpon Bayou Center		Provider Number:	0 212849-00
515 Chesapeake Drive		Date:	6/27/2012
Tarpon Springs FL 34689		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 192.52	New Rate 196.39	Effective Date 7/1/2012
Level H: AIDS	340.13	345.60	7/1/2012
Level U: Fragile Under 21	458.59	465.35	7/1/2012
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data  Basis:Budget	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
Contract Management / Fiscal Agent	Maradaga		
Permanent File  For information Only  No Change in Rate	Ityh	t Reimbursement Plan	used finance
Home Office: 1 - No Home Office			



Date:	
Date.	6/27/2012
Fiscal Year End:	8/31/2011
Audit Status:	Unaudited [3]
nt New Rate 188 78	Effective Date 7/1/2012
100.70	1112012
97 337.99	7/1/2012
457.74	7/1/2012
Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ensure Rating Change all and Customary Limitation get Rate limitation change VS Change e Semester Change FRV [2] as of 10/01/1985  Stephen Russell	h Interim Component
Cost Reimbursement Plan	nning and Finance
	Audit Status:  New Rate  36 188.78  97 337.99  43 457.74  Dective  X Total Prospective Prospective Adjusted Total Prospective with  Prospective With  Prospective With  Prospective With  Prospective Wit



The Groves Center				Provider Number:	0 212881-00
512 South 11th Stree				Date:	6/27/2012
Lake Wales FL 3385	3			Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	177.12	<u> 179.32</u>	7/1/2012
	Level H: AIDS	_	324.73	328.53	7/1/2012
	Level U: Fragile Under 21	-	443.19	448.28	7/1/2012
Basis:  Budget X Unaudited Field audi Field audi Desk audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  costs ted costs t - interim portion	Changes X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Desk Audi	t - Prospective portion		On FRV	[2] as of 10/01/1985	
Contract Manag Permanent File For inform	gement / Fiscal Agent	M M	edicaid Cos	t Reimbursement Plan	ning and Finance



Egret Cove Center		Provider Number:	0 212890-00
550 62nd Street South		Date:	6/27/2012
St. Petersburg FL 33707		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	189.93	194.58	7/1/2012
Level H: AIDS	337.54	343.79	7/1/2012
Level U: Fragile Under 21	456.00	463.54	7/1/2012
Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with The Rating Change and Customary Limitation Change The Chan	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Medicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance



Emerald Coast Center		Provider Number:	0 212903-00
114 Third Street South East		Date:	6/27/2012
Ft. Walton Beach FL 32548		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	186.91	185.74	7/1/2012
Level H: AIDS	334.52	334.95	7/1/2012
Level U: Fragile Under 21	452.98	454.70	7/1/2012
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:	Changes:  Licensur Usual an Target R FRVS C	nester Change [2] as of 10/01/1985	n Interim Component
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	stephen Russell t Reimbursement Plan	ning and Finance



Clearwater Center	<u></u>		Provider Number:	0 212911-0	)0
1270 Turner Street			Date:	6/27/2012	2
Clearwater FL 34616	<u> </u>		Fiscal Year End:	8/31/2011	l
			Audit Status:	Unaudited [	[3]
Provider Type:	1	irrent Rate	New Rate	Effective Date	
Nursing Home Single Level		04.90	199.45	7/1/2012	
Level H: AIDS	_ 3:	52.51	348.66	7/1/2012	
Level U: Fragile Under 21	4	70.97	468.41	7/1/2012	
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:	Changes:	Licensur Usual an Farget R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Compone	nt
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medi Sty	caid Cos	t Reimbursement Plan	ning and Finance	_



Florida Presbyterian Homes, Inc.		Provider Number:	0 212971-00
16 Lake Hunter Drive		Date:	6/27/2012
Lakeland FL 33803		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 200.59	New Rate <b>205.36</b>	Effective Date 7/1/2012
Level H: AIDS	348.20	354.57	7/1/2012
Level U: Fragile Under 21	466.66	474.32	7/1/2012
Basis:  Budget X Unaudited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Sen	Total Prospective Prospective Adjusted: Total Prospective with  Re Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	stephen Russell  It Reimbursement Plan	ning and Finance



Bay Center		Provider Number:	0 212989-00
1336 St. Andrews Blvd		Date:	6/27/2012
Panama City FL 32405		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	197.27	<u> 194.47</u> _	7/1/2012
Level H: AIDS	344.88	343.68	7/1/2012
Level U: Fragile Under 21	463.34	463.43	7/1/2012
Basis:  Budget X Unaudited costs Field audited costs Field audited costs Desk audited costs Desk Audit - Prospective portion Desk Audit - Prospective portion	Usual ar Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change and Customary Limitation Cate limitation change Change The Rating Chang	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Medicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance



Bartow Center		Provider Number:	0 212997-00
2055 East Georgia Street		Date:	6/27/2012
Bartow FL 33830		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 190.54	New Rate 196.15	Effective Date 7/1/2012
Level H: AIDS	338.15	345.36	7/1/2012
Level U: Fragile Under 21	456.61	465.11	7/1/2012
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:	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change	Interim Component
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cos Styl	Stephen Russell t Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office			



Boca Ciega Center		Provider Number:	0 213004-00
1414 59th Street South		Date:	6/27/2012
Gulfport FL 33707		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	197.55	196.47	7/1/2012
Level H: AIDS	345.16	345.68	7/1/2012
Level U: Fragile Under 21	463.62	465.43	7/1/2012
Basis:  Budget X Unaudited costs Field audited costs Field audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with The Rating Change and Customary Limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Medicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance



Tamarac Rehabilitation and Health Center		Provider Number:	0 213098-00
7901 NW 88th Avenue		Date:	6/27/2012
Tamarac FL 33321		Fiscal Year End:	1/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 218.34	New Rate 225.04	Effective Date 7/1/2012
Level H: AIDS	365.95	374.25	7/1/2012
Level U: Fragile Under 21	484.41	494.00	7/1/2012
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	Changes:  Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted: Total Prospective with Re Rating Change Id Customary Limitation ate limitation change hange	n Interim Component
Desk Audit - Prospective portion  Distribution:	On FRV	[2] as of 11/01/1997	
Contract Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate  Home Office:  Millenium Health Systems Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309	Medicaid Cost	Stephen Russell Reimbursement Plan	ning and Finance



Water's Edge Extended Care		Provider Number:	0 213152-00	
1500 S.W. Capri		Date:	6/27/2012	
Palm City FL 34990		Fiscal Year End:	12/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 243.29	New Rate 255.54	Effective Date 7/1/2012	
2g. 2.0			77272	
Level H: AIDS	390.90	404.75	7/1/2012	
Level U: Fragile Under 21	509.36	524.50	7/1/2012	
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 an Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted: Total Prospective with The 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  Home Office:  1 - No Home Office	Medicaid Cos  My	Stephen Russell st Reimbursement Plan	ning and Finance	



Life Care Center at Wells Crossing		Provider Number:	0 213161-00	
355 Crossing Boulevard		Date:	6/27/2012	
Orange Park FL 32073		Fiscal Year End:	7/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	194.53	200.46	7/1/2012	
Level H: AIDS	342.14	349.67	7/1/2012	
Level U: Fragile Under 21	460.60	469.42	7/1/2012	
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 Rate limitation change	n Interim Component	
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  Cleveland TN 37320	Medicaid Cos  My  Medicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance	



Harborchase of Venice		Provider Number:	0 213322-00
950 Pinebrook Road		Date:	6/27/2012
Venice FL 34292		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 202.49	New Rate 208.23	Effective Date 7/1/2012
Single Devel		200,23	7/1/2012
Level H: AIDS	350.10	357.44	7/1/2012
Level U: Fragile Under 21	468.56	477.19	7/1/2012
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 an Target R FRVS C X Rate Sen	Total Prospective Prospective Adjusted: Total Prospective with  Re Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	Stephen Russell  It Reimbursement Plan	ning and Finance



Life Care Center Of Orlando		Provider Number:	0 213403-00
3211 Rouse Road		Date:	6/27/2012
Orlando FL 32817		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>199.90</u>		7/1/2012
Level H: AIDS	347.51	355.75	7/1/2012
Level U: Fragile Under 21	465.97	475.50	7/1/2012
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 Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Life Care Centers Of America  Doug Ruth 3570 NW Keith Street Cleveland TN 37320	Medicaid Cost	Stephen Russell  Reimbursement Plan  Russell	ning and Finance



Madison Nursing Center	Provider Number: 0 213462-00
2481 West US 90	Date: 6/27/2012
Madison FL 32340	Fiscal Year End: 7/31/2011
	Audit Status: Unaudited [3]
Provider Type:  Nursing Home Single Level	Current         New         Effective           Rate         Rate         Date           215.22         222.63         7/1/2012
Level H: AIDS	362.83 371.84 7/1/2012
Level U: Fragile Under 21	481.29 491.59 7/1/2012
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component  Changes:
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change  Usual and Customary Limitation  Target Rate limitation change  FRVS Change  X Rate Semester Change On FRV [2] as of 09/01/1996
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Summit Care II, Inc  Guy Farmer  2851 Remington Green Circle  Tallahassee FL 32308	Stephen Russell  Medicaid Cost Reimbursement Planning and Finance  Stephen Russell  Stephen Russell



VI at Lakeside Village		Provider Number:	0 213837-00
2792 Donnelly Drive		Date:	6/27/2012
Lantana FL 33462		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 234.63	New Rate 243.35	Effective Date 7/1/2012
Level H: AIDS	382.24	392.56	7/1/2012
Level U: Fragile Under 21	500.70	512.31	7/1/2012
Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  Re Rating Change d Customary Limitation ate limitation change hange  mester Change [2] as of 08/01/1998	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  My	stephen Russell  It Reimbursement Plan	ning and Finance



Page Rehabilitation and Healthcare Center		Provider Number:	0 213900-00
2310 North Airport Road		Date:	6/27/2012
Fort Myers FL 33907		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 223.03	New Rate 233.54	Effective Date 7/1/2012
Level H: AIDS	370.64	382.75	7/1/2012
Level U: Fragile Under 21	489.10	502.50	7/1/2012
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 hange  nester Change [2] as of 07/01/1986	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only	Madigaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance
No Change in Rate  Home Office:  1 - No Home Office	_ _		



TMH Skilled Nursing Facility		Provider Number:	0 213934-00
1609 Medical Drive		Date:	6/27/2012
Tallahassee FL 32308		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 202.57	New Rate 208.56	Effective Date 7/1/2012
Level H: AIDS	350.18	357.77	7/1/2012
Level U: Fragile Under 21	468.64	477.52	7/1/2012
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 an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with The Rating Change and Customary Limitation change	Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Medicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance



Gramercy Park Nursin	ng Center			Provider Number:	0 214027-00
17475 S. Dixie Highw	<i>r</i> ay			Date:	6/27/2012
Miami FL 33157				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NI II	C' l . T l		Rate	Rate	Date
Nursing Home	Single Level	_	198.27	183.62	7/1/2012
	Level H: AIDS		345.88	332.83	7/1/2012
	Level U: Fragile Under 21	_	464.34	452.58	7/1/2012
Rate Type :					
Interim		X	Prospectiv	/e	
	Total Interim	_	<u>X</u>	Total Prospective	
I	nterim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
F	Prior Provider Prospective data				
Basis:		Changes			
D. 1			Licensur	e Rating Change	
Budget  X Unaudited	costs	-	_	d Customary Limitation	nn
Field audite			_	ate limitation change	л
	- interim portion		FRVS C	_	
Desk audite	-		_		
	- Interim Portion	X		nester Change	
	- Prospective portion		On FRV	[2] as of 04/01/2004	
<b>Distribution:</b>				Stephen Russell	
•	ement / Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		1-1	- /	m Re	11/1
	nation Only	20	R U	my Ka	isser!
No Chang	ge in Kate	/	/	<i>(</i>	
Home Office:	Seniors Management, Inc				
	Lenard Brown				
	1114 Wynwood Avenue Cherry Hill NJ 08002				
	Cherry Tilli NJ 00002				



MIAMI SHORES NURSIN	G AND REHAB CENTER			Provider Number:	0 214035-00	
9380 N.E 7TH AVENUE				Date:	6/27/2012	
Miami FL 33150				Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Sir	ngle Level	_	Current Rate	New Rate 250.76	Effective Date 7/1/2012	
~ · · · · · · · · · · · · · · · · · · ·	-8-00 / 0-1	<del>-</del>			77272	
Lev	el H: AIDS	<u>-</u>	387.17	399.97	7/1/2012	
Lev	el U: Fragile Under 21		505.63	519.72	7/1/2012	
Settlem	a Component nent based on costs rovider Prospective data  its im portion s im 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 hange  nester Change [2] as of 10/01/1985	n Interim Component	
Contract Management Permanent File For information	C		Tedicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	-
No Change in R	ate	10	Je vi			
Home Office:	DOS Health Care, Inc Jorge Hernando 300 71st Street, Suite 400 Miami FL 33141	_ ′	,			



Marion House Health Care (	Center			Provider Number:	0 214043-00
3930 E Silver Springs Blvd				Date:	6/27/2012
Ocala FL 32670				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Sir	ngle Level	_	Current Rate	New Rate	Effective Date 7/1/2012
runsing frome sin	igie Level	_	225.11		//1/2012
Lev	el H: AIDS	_	372.72	380.94	7/1/2012
Lev	el U: Fragile Under 21		491.18	500.69	7/1/2012
Settlem	a Component thent based on costs rovider Prospective data  as the same of the	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Contract Management Permanent File For information No Change in R.	Only	IN St	edicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance
Home Office:	Seniors Management, Inc Lenard Brown 1114 Wynwood Avenue Cherry Hill NJ 08002	•			



Life Care Center of Hilliard	d			Provider Number:	0 214060-00	
US 1 & 3rd Street				Date:	6/27/2012	
Hilliard FL 32046				Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Si	ingle Level	_	Current Rate	New Rate	Effective Date 7/1/2012	
Nutsing Home Si	iligie Levei	_	192.17	<u> 197.72</u> _	//1/2012	
Le	evel H: AIDS	_	339.78	346.93	7/1/2012	
Le	vel U: Fragile Under 21	_	458.24	466.68	7/1/2012	
Interior Settles	erim portion sts erim Portion	Changes:  X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 05/01/1990	Interim Component	
Contract Managemen	t / Fiscal Agent			Stephen Russell		-
Permanent File For information No Change in I  Home Office:	•	M	walcald Cos	t Reimbursement Plan	sall	
	Cleveland TN 37320					



Baldomero Lopez State Veterans Nursing Home		Provider Number:	0 214914-00
6919 Parkway Blvd.		Date:	6/27/2012
Land O Lakes FL 34639		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Curren Rate 213.0	Rate	Effective Date 7/1/2012
Level H: AIDS	360.6	7 369.96	7/1/2012
Level U: Fragile Under 21	479.1	3 489.71	7/1/2012
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	Usua Targe FRV X Rate	Prospective Adjusted	h Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Florida Dept. of Veterans A Walter Gilchrist 11351 Ulmerton Road, Root Largo Fl 33778-1630	Sty.	Stephen Russell Cost Reimbursement Plan Russell	nning and Finance



Osprey Point Nursing	Center			Provider Number:	0 215597-00	
1104 South Main Street				Date:	6/27/2012	
Bushnell FL 33513				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
	~	_	Rate	Rate	Date	
Nursing Home	Single Level	_	194.24		7/1/2012	
	Level H: AIDS	_	341.85	349.49	7/1/2012	
	Level U: Fragile Under 21	_	460.31	469.24	7/1/2012	
Rate Type :		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:				
Budget X Unaudited	costs		-	e Rating Change d Customary Limitatio	on.	
Field audite		Target Rate limitation change				
Field audit	- interim portion		FRVS C	hange		
Desk audite			_			
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 07/02/1999		
<b>Distribution:</b>				Stephen Russell		
Contract Manag	ement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance .	
Permanent File				1	.//	
	nation Only	150	en	us Re	issul	
No Chang	ge in Rate			. / -		
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	ı
401 E. Linton Boulevard				Date:	6/27/2012	
Delray Beach FL 33483				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3	]
Provider Type:  Nursing Home Si	ngle Level	_	Current Rate 234.86	New Rate	Effective Date 7/1/2012	
Nursing Home Si	ngie Levei		234.00		//1/2012	
Lev	vel H: AIDS		382.47	397.13	7/1/2012	
Lev	vel U: Fragile Under 21	_	500.93	516.88	7/1/2012	
Basis:  Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk audit - Inter Desk Audit - Prost Distribution: Contract Management	ts rim portion ts rim Portion spective portion	Changes:  X  Me	Licensure Usual and Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  mester Change [2] as of 01/01/1999  Stephen Russell	n Interim Componen	t
Permanent File For information No Change in R	•	M	ph	us Re	issell	,
Home Office:	LifeSpace Communities, Inc.  100 East Grand Ave. Des Moines IA 50309	_ /	•			



Crystal River Health & Rehabilitation Center	Provider Number: 0 217263-00
136 Northeast 12th Avenue	Date: 6/27/2012
Crystal River FL 34429	Fiscal Year End: 6/30/2011
	Audit Status: Unaudited [3]
Provider Type:	Current New Effective Rate Rate Date
Nursing Home Single Level	<u>203.57</u> <u>209.67</u> <u>7/1/2012</u>
Level H: AIDS	351.18 358.88 7/1/2012
Level U: Fragile Under 21	469.64 478.63 7/1/2012
Rate Type :	
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  X Rate Semester Change On FRV [2] as of 07/01/1999
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  NHS Management  Claude Lee  931 Fairfax Park  Tuscaloosa AL 35406	Stephen Russell  Medicaid Cost Reimbursement Planning and Finance  Russell  Russell



Ocala Health & Rehabilitation Center		Provider Number:	0 217395-00
1201 Southeast 24th Road		Date:	6/27/2012
Ocala FL 34471		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 188.42	New Rate 193.90	Effective Date 7/1/2012
Single Level	100.42	193.90	7/1/2012
Level H: AIDS	336.03	343.11	7/1/2012
Level U: Fragile Under 21	454.49	462.86	7/1/2012
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 an Target R FRVS C X Rate Sen	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation and Change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  NHS Management  Claude Lee  931 Fairfax Park  Tuscaloosa AL 35406	Medicaid Cos  Medicaid Cos	Stephen Russell at Reimbursement Plan	ning and Finance



West Melbourne Health & Rehabilitation Center		Provider Number:	0 217727-00
2125 West New Havene Avenue		Date:	6/27/2012
West Melbourne FL 32904		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	198.65	<u> 198.41</u> _	7/1/2012
Level H: AIDS	346.26	347.62	7/1/2012
Level U: Fragile Under 21	464.72	467.37	7/1/2012
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	Changes:  Licensur Usual an Target R FRVS C	nester Change	Interim Component
Desk Audit - Prospective portion  Distribution:	On FRV	[2] as of 01/01/2011	
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406	Medicaid Cos  Styph	Stephen Russell  It Reimbursement Plan	ning and Finance



St. Augustine Health & Rehabilitation Center	Provider Number: 0 21773.	5-00
51 Sunrise Boulevard	Date: 6/27/20	012
St. Augustine FL 32086	Fiscal Year End: 6/30/20	)11
	Audit Status: Unaudite	ed [3]
Provider Type:  Nursing Home Single Level	Current         New         Effective           Rate         Rate         Date           207.23         213.10         7/1/2012	_
Level H: AIDS	354.84 362.31 7/1/2012	
Level U: Fragile Under 21	473.30 482.06 7/1/2012	
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	X Prospective  X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Composition  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  X Rate Semester Change	onent
Desk Audit - Prospective portion	On FRV [2] as of 07/01/1999	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  NHS Management  Claude Lee  931 Fairfax Park  Tuscaloosa AL 35406	Stephen Russell  Medicaid Cost Reimbursement Planning and Finance  Stephen Russell  Medicaid Cost Reimbursement Planning and Finance  Stephen Russell	e /



Daytona Beach Health and Rehabilitation Center 1055 Third Avenue				Provider Number:	0 217743-00
		_		Date:	6/27/2012
Daytona Beach FL 32	2117	<u>-</u>		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	e naudrica [e]
<b></b>			Current	New	Effective
.,		_	Rate	Rate	Date
Nursing Home	Single Level	_	200.36	205.04	7/1/2012
	Level H: AIDS		347.97	354.25	7/1/2012
	Level U: Fragile Under 21	_	466.43	474.00	7/1/2012
	C	_			
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
1	Prior Provider Prospective data				
Basis:		Changes	•		
			_		
Budget			Licensur	e Rating Change	
X Unaudited				d Customary Limitation	on
Field audit			_	ate limitation change	
	t - interim portion		FRVS C	hange	
Desk audit	- Interim Portion	<u> X</u>	Rate Sen	nester Change	
	t - Prospective portion			[2] as of 01/01/1999	
<b>Distribution:</b>				Stephen Russell	
Contract Manag	gement / Fiscal Agent		edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		101	- Luicaid Cos	/ — —	ming and i mance
For inform	nation Only	£1.	cali	us Ka	issell
No Chang	ge in Rate	7,70		us Re	
Home Office:	NHS Management	′			
1101110 011100.	Claude Lee				
	931 Fairfax Park				
	Tuscaloosa AL 35406				



Life Care Center of Port St. Luc	ie			Provider Number:	0 217824-00
3720 South Jennings Road				Date:	6/27/2012
Port St Lucie FL 34952				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  Single	e Level	F	arrent Rate	New Rate 218.13	Effective Date 7/1/2012
Level H	: AIDS	35	59.43	367.34	7/1/2012
Level U	: Fragile Under 21	47	77.89	487.09	7/1/2012
Budget X Unaudited costs Field audited costs Field audit - interim posk audited costs Desk audit - Interim I	based on costs der Prospective data  portion		Licensure Usual and Target Ra FRVS Ch	ester Change	n Interim Component
Desk Audit - Prospec	tive portion	(	On FRV	[2] as of 01/01/1999	
Do 35	<u> </u>	Medic Sty	caid Cost	Stephen Russell Reimbursement Plan	ning and Finance



Lakeshore Villas Health Care Center	Provider Number: 0 218057-00	)
16002 Lakeshore Villas Drive	Date: 6/27/2012	
Tampa FL 33613	Fiscal Year End: 1/31/2011	
	Audit Status: Unaudited [3	8]
Provider Type:  Nursing Home Single Level	Current         New         Effective           Rate         Rate         Date           201.85         208.08         7/1/2012	
Truising Home Single Level	201.03 200.00 //1/2012	
Level H: AIDS	349.46 357.29 7/1/2012	
Level U: Fragile Under 21	467.92 477.04 7/1/2012	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis: Budget	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Componen  Changes:  Licensure Rating Change	nt
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Customary Limitation Target Rate limitation change FRVS Change  X Rate Semester Change	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Senior Care Group, Inc.  Kathy Chudow  1240 Marbella Plaza Drive  Tampa FL 33619	Stephen Russell  Medicaid Cost Reimbursement Planning and Finance  Stephen Russell  Medicaid Cost Reimbursement Planning and Finance	



W. JACKSONVILLE HEALTH AND REHAB CENTE		Provider Number:	0 218171-00
1650 Fouraker Road		Date:	6/27/2012
Jacksonville FL 32221		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 195.02	New Rate 199.95	Effective Date 7/1/2012
Level H: AIDS	342.63	349.16	7/1/2012
Level U: Fragile Under 21	461.09	468.91	7/1/2012
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  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 08/10/1990	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Lyric Health Care  Timothy J Trybus  7150 Columbia Gateway Driv  Columbia MD 21046	Styp 1.	Stephen Russell  ost Reimbursement Plan  Russell	ning and Finance



Life Care Center of Winter Haven		Provider Number:	0 219380-00
1510 Cypress Gardens Boulevard		Date:	6/27/2012
Winter Haven FL 33884		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 199.84	New Rate	Effective Date 7/1/2012
ruising frome Single Level	133.04	205.85	7/1/2012
Level H: AIDS	347.45	355.06	7/1/2012
Level U: Fragile Under 21	465.91	474.81	7/1/2012
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 Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Medicaid Cost	Stephen Russell Reimbursement Plan	ning and Finance
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:	6/27/2012
Century FL 32535		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	214.52		7/1/2012
Level H: AIDS	362.13	369.23	7/1/2012
Level U: Fragile Under 21	480.59	488.98	7/1/2012
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 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 Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Summit Care II, Inc  Guy Farmer  2851 Remington Green Circle  Tallahassee FL 32308	Styph	Stephen Russell  ost Reimbursement Plan  Russell  Ost Reimbursement Plan	ning and Finance



Santa Rosa Health & Rehabilitation Center		Provider Number:	0 220612-00
5386 Broad Steeet		Date:	6/27/2012
Milton FL 32570		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 204.20	New Rate 210.05	Effective Date 7/1/2012
Level H: AIDS	351.81	359.26	7/1/2012
Level U: Fragile Under 21	470.27	479.01	7/1/2012
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	Total Prospective Prospective Adjusted Total Prospective with  The 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  Home Office:  Summit Care II, Inc  Guy Farmer  2851 Remington Green Circle  Tallahassee FL 32308	Styll	Stephen Russell st Reimbursement Plan	ning and Finance



Sandy Ridge Care Center				Provider Number:	0 220621-00
5360 Glover Lane				Date:	6/27/2012
Milton FL 32570				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
<b>V</b> I			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home Sir	ngle Level	_	219.46		7/1/2012
Lev	rel H: AIDS		367.07	374.17	7/1/2012
Lev	rel U: Fragile Under 21	-	485.53	493.92	7/1/2012
Rate Type :					
Interim		X	Prospectiv	ve	
Total I	nterim		X	Total Prospective	
Interim	Component			Prospective Adjusted	for New Costs
Settlem	nent based on costs			Total Prospective with	n Interim Component
Prior P	rovider Prospective data				
Basis:		Changes	:		
Dodos			Licensur	e Rating Change	
Budget  X Unaudited costs		-	_	d Customary Limitation	าท
Field audited cost	ts	-	_	ate limitation change	<b>711</b>
Field audit - inter	rim portion		FRVS C	hange	
Desk audited cost	SS .				
Desk audit - Inter Desk Audit - Pros		X		nester Change [2] as of 02/29/2000	
Distribution:	pecu ve portion				
Contract Management	/ Fiscal Agent			Stephen Russell	
Permanent File		M	edicaid Cos	t Reimbursement Plan	ining and Finance
For information	Only	27	In Si	m Ka	well
No Change in R	ate	10	y vi	us Re	· -
Home Office:	Summit Care II, Inc	_ ′	-		
	Guy Farmer				
	2851 Remington Green Circ	le, Ste. D			
	Tallahassee FL 32308				



Clermont Health and Rehabilitation Center		Provider Number:	0 221465-00
151 East Minnehaha Ave		Date:	6/27/2012
Clermont FL 34711		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 176.19	New Rate 181.37	Effective Date 7/1/2012
Level H: AIDS	323.80	330.58	7/1/2012
Level U: Fragile Under 21	442.26	450.33	7/1/2012
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 ar Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change The Rating Chang	n Interim Component
Contract Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance



Calusa Harbour		Provider Number:	0 221473-00
2525 East First Street		Date:	6/27/2012
Ft. Myers FL 33901		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 230.72	New Rate 242.58	Effective Date 7/1/2012
	250172		77172012
Level H: AIDS	378.33	391.79	7/1/2012
Level U: Fragile Under 21	496.79	511.54	7/1/2012
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 a Target	Total Prospective Prospective Adjusted Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change	n Interim Component
Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	X Rate Se	emester Change	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Sunrise Senior Living  Tony Harris  7900 W. Park Drive, STE T900  McLean VA 22102	Stype	Stephen Russell  ost Reimbursement Plan  Russell	ning and Finance



	and Rehabilitation Center		Provider Nun	nber:	0 221589-00
215 Annie St			I	Date:	6/27/2012
Orlando FL 32806			Fiscal Year I	End:	12/31/2010
			Audit St	atus:	Unaudited [3]
Provider Type:		Curre Rate	Rate		fective Date
Nursing Home	Single Level	196.9	202.63		1/2012
	Level H: AIDS	344.5	351.84	7/1	/2012
	Level U: Fragile Under 21	463.0	05 471.59	7/1	/2012
Desk audi Desk audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  I costs Ited costs	Changes:  Lice Usu Targ FRV X Rate	Total Prospective Prospective Ad Total Prospective Ad Total Prospective Prospective Ad Total Prospective Prospecti	justed for Newe with Inter	
Contract Mana Permanent File For infor	gement / Fiscal Agent	Medicaid  Medicaid	Stephen Rus	at Dlanning (	and Finance



Regents Park at Aventura		Provider Number:	0 223239-00
18905 NE 25th Avenue		Date:	6/27/2012
North Miami Beach FL 33180		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 214.74	New Rate 214.56	Effective Date 7/1/2012
Single Devel		214.50	7/1/2012
Level H: AIDS	362.35	363.77	7/1/2012
Level U: Fragile Under 21	480.81	483.52	7/1/2012
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:	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  Re Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	Stephen Russell  It Reimbursement Plan	ning and Finance



Orlando Health and Rehabilitation Center		Provider Number:	0 223654-00
830 29th Street		Date:	6/27/2012
Orlando FL 32805		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 183.41	New Rate 174.43	Effective Date 7/1/2012
Level H: AIDS	331.02	323.64	7/1/2012
Level U: Fragile Under 21	449.48	443.39	7/1/2012
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	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The 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  Home Office:  1 - No Home Office	Medicaid Cos  Stylu	Stephen Russell st Reimbursement Plan	ning and Finance



Life Care Center of Sarasota		Provider Number:	0 223786-00
8104 North Tuttle Avenue		Date:	6/27/2012
Sarasota Fl 34243		Fiscal Year End:	1/31/2012
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 214.04	New Rate 223.99	Effective Date 7/1/2012
indising frome of the control of the			7/1/2012
Level H: AIDS	361.65	373.20	7/1/2012
Level U: Fragile Under 21	480.11	492.95	7/1/2012
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 Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with Read Rating Change Country Limitation Total Prospective with	n Interim Component
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  Cleveland TN 37320	Medicaid Cost	Stephen Russell  Reimbursement Plan	ning and Finance



Avante at Orlando, inc.	Provider Nun	nber: 0 223808-00
2000 North Semoran Boulevard	I	Date: 6/27/2012
Orlando FL 32807	Fiscal Year I	End: 5/31/2011
	Audit St	atus: Unaudited [3]
Provider Type:  Nursing Home Single Level	Current New Rate Rate	Effective
Nursing Home Single Level	220.79 226.91	
Level H: AIDS	368.40 376.12	7/1/2012
Level U: Fragile Under 21	486.86 495.87	7/1/2012
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		justed for New Costs ve with Interim Component  e mitation
Desk Audit - Prospective portion	On FRV [2] as of 11/01/	1990
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Avante Group, Inc.  Janan Mitchell  4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	Medicaid Cost Reimbursemen  Stephen Rus  Medicaid Cost Reimbursemen	at Dianning and Finance



Doctors Lake of Orange Pa	rk			Provider Number:	0 223883-00
833 Kingsley Avenue				Date:	6/27/2012
Orange Park FL 32073				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home Si	ngle Level	_	202.61	209.25	7/1/2012
Le	vel H: AIDS	_	350.22	358.46	7/1/2012
Le	vel U: Fragile Under 21	-	468.68	478.21	7/1/2012
Basis:  Budget X Unaudited costs Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion sts rim 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 Management Permanent File For information No Change in F	Only		edicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance
51116	4178 Malbeth Ct Winston-Salem NC 27104				



Pensacola Health Care Facility		Provider Number:	0 224243-00
1717 West Avery Street		Date:	6/27/2012
Pensacola FL 32501		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	201.56	209.46	7/1/2012
Level H: AIDS	349.17	358.67	7/1/2012
Level U: Fragile Under 21	467.63	478.42	7/1/2012
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:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	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
Home Office: 1 - No Home Office			



MK of Haines City LLC				Provider Number:	0 224341-00	
409 10TH STREET				Date:	6/27/2012	
Haines City FL 33844				Fiscal Year End:	11/30/2011	
				Audit Status:	Unaudited [3]	]
Provider Type:	aglo I ovol		Current Rate	New Rate	Effective Date 7/1/2012	
Nursing Home Sin	ngle Level		197.46	205.70	//1/2012	
Lev	rel H: AIDS		345.07	354.91	7/1/2012	
Lev	rel U: Fragile Under 21	_	463.53	474.66	7/1/2012	
Basis:  Budget X Unaudited costs Field audited cost Field audit - inter Desk audit - Inter Desk Audit - Prost Distribution:	ts rim portion spective portion spective 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 hange nester Change [2] as of 12/01/1998  Stephen Russell	n Interim Component	t 
Contract Management Permanent File For information No Change in R	Only	Me	dicaid Cos	t Reimbursement Plan	ning and Finance	_
Home Office:	M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 Cordova TN 38016-0633	_ ′				



	ъ.		
	Date:	6/27/2012	
	Fiscal Year End:	6/30/2011	
	Audit Status:	Unaudited [3]	
Current Rate	New Rate	Effective Date	
202.81	209.18	7/1/2012	
350.42	358.39	7/1/2012	
468.88	478.14	7/1/2012	
Licensure Usual and Target Ra FRVS Ch  X Rate Sem On FRV [	Prospective Adjusted of Total Prospective Adjusted of Total Prospective with Rating Change Customary Limitation te limitation change ange ester Change 2] as of 12/01/1986  Stephen Russell	on Interim Component	
	X Prospective X Prospective X I I I I I I I I I I I I I I I I I I I	Audit Status:    Current   New   Rate   Rate       202.81   209.18     350.42   358.39     468.88   478.14     X	Current Rate Rate Date  202.81 209.18 7/1/2012  350.42 358.39 7/1/2012  468.88 478.14 7/1/2012  X Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component  anges:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  X Rate Semester Change On FRV [2] as of 12/01/1986



MK of North Port LLC		Provider Number:	0 225053-00
6940 Outreach Way		Date:	6/27/2012
North Port FL 34287		Fiscal Year End:	2/28/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 210.36	New Rate 216.91	Effective Date 7/1/2012
Level H: AIDS	357.97	366.12	7/1/2012
Level U: Fragile Under 21	476.43	485.87	7/1/2012
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 ar Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with The Rating Change and Customary Limitation Rate limitation change	n Interim Component
Desk Audit - Prospective portion		[2] as of 11/01/1997	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  M-K Management, LLC  Mark D. Hickman  1181 Vickery Lane, Suite 200  Cordova TN 38016-0633	Medicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance



Victoria Nursing and Re	ehabilitation Center			Provider Number:	0 225177-00	
955 NW 3rd Street	_			Date:	6/27/2012	
Miami Fl 33128				Fiscal Year End:	2/29/2012	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	210.98	229.66	7/1/2012	
	Level H: AIDS	_	358.59	378.87	7/1/2012	
	Level U: Fragile Under 21	-	477.05	498.62	7/1/2012	
Basis:  Budget X Unaudited con 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  e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Distribution:  Contract Managem Permanent File For informat No Change Home Office:	tion Only	M St	edicaid Cos	t Reimbursement Plan	ning and Finance	•



MK of Fernandina Be	each LLC			Provider Number:	0 225274-00	
1625 Lime St		<del>-</del> <del>-</del>		Date:	6/27/2012	
Fernandina Beach FL	. 32034	_		Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
Nursing Home	Single Level	-	Rate 197.83	Rate	7/1/2012	
Nursing Home	Single Level	-	197.03		//1/2012	
	Level H: AIDS		345.44	353.38	7/1/2012	
	Level U: Fragile Under 21		463.90	473.13	7/1/2012	
Rate Type :						
Interim		X	Prospectiv	ve		
	Total Interim			Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	n Interim Component	
	Prior Provider Prospective data	1				
Basis:		Change	s:			
Budget			Licensur	e Rating Change		
X Unaudited	costs			d Customary Limitation	on	
Field audit	ed costs			ate limitation change		
Field audit	t - interim portion		FRVS C	hange		
Desk audit						
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 08/01/2000		
Distribution:	<u>-</u>			Stephen Russell		
Contract Manag	gement / Fiscal Agent		/- 4:: 4 C		-i1 Fi	
Permanent File		N	nedicaid Cos	t Reimbursement Plan	ning and Finance	
For inform	nation Only	Fi.	trahi	m Ru	issell	
No Chang	ge in Rate		7	us Re		
Home Office:	M-K Management, LLC					
	Mark D. Hickman					
	1181 Vickery Lane, Suite	200				
	Cordova TN 38016-0633					
	-					



MK of Winter Garden LLC		Provider Number:	0 225410-00
12751 W Colonial Dr		Date:	6/27/2012
Winter Garden FL 34787		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 212.77	New Rate 223.44	Effective Date 7/1/2012
			77172012
Level H: AIDS	360.38	372.65	7/1/2012
Level U: Fragile Under 21	478.84	492.40	7/1/2012
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 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 09/01/1999	n Interim Component
Contract Management / Fiscal Agent Permanent FileFor information Only No Change in Rate	Medicaid Co	Stephen Russell ost Reimbursement Plan	ning and Finance
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 Drive				Date:	6/27/2012	
Sunrise FL 33351				Fiscal Year End:	8/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home  Si	ingle Level	_	Current Rate 208.62	New Rate 212.32	Effective Date 7/1/2012	
	ingle Devel	_	200.02		771/2012	
Le	evel H: AIDS	_	356.23	361.53	7/1/2012	
Le	evel U: Fragile Under 21	_	474.69	481.28	7/1/2012	
Basis:  Budget X Unaudited costs Field audit - inte Desk audited co Desk audit - Inte	erim portion sts erim Portion ospective portion	Changes:  X	Licensure Usual and Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 03/06/1990  Stephen Russell	n Interim Component	
For information No Change in	•	M	ph	ny Ra	issell	
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:	6/27/2012
North Miami FL 33161		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 231.48	New Rate	Effective Date 7/1/2012
Nursing Home Single Level	231.40		7/1/2012
Level H: AIDS	379.09	387.17	7/1/2012
Level U: Fragile Under 21	497.55	506.92	7/1/2012
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
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Millenium Health Systems  Armando Vazquez  5310 NW 33rd Avenue  Ft. Lauderdale FL 33309	Medicaid Cos  Styli	Stephen Russell  t Reimbursement Plan	ning and Finance



Stuart Nursing & Res	storative Care Center			Provider Number:	0 225991-00
1500 Palm Beach Roa	ad	_		Date:	6/27/2012
Stuart FL 33494		_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
<b>.</b>	C' I I I	_	Rate	Rate	Date
Nursing Home	Single Level	-	193.56		7/1/2012
	Level H: AIDS		341.17	357.05	7/1/2012
	Level U: Fragile Under 21	•	459.63	476.80	7/1/2012
D.A. T.					
Rate Type :					
Interim		X	Prospectiv		
	Total Interim		<u>X</u>	Total Prospective	C. N. C.
	Interim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i internii Component
<u> </u>	Thoi Provider Prospective data		-		
Basis:		Change	<b>S:</b>		
Budget			Licensur	e Rating Change	
X Unaudited	costs			d Customary Limitation	on
Field audit				ate limitation change	
Field audit	t - interim portion		FRVS C	hange	
Desk audit			_		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 10/01/1985	
Distribution:			011111		
Contract Manag	gement / Fiscal Agent			Stephen Russell	
Permanent File		N	ledicaid Cos	t Reimbursement Plan	ning and Finance
For inform	nation Only	27	tusto	$\mathcal{L}$	well
	ge in Rate	//	y vi	m Re	•
Home Office:	Eden Park Health Service	•			
nome office.	Joseph Ficocello				
	45 Learned Street				
	Albany NY 12207				



Port St. Lucie Nursing & Restorative Care Center		Provider Number:	0 226009-00
7300 Oleander Avenue		Date:	6/27/2012
Port St. Lucie FL 34952		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 205.28	New Rate	Effective Date 7/1/2012
Level H: AIDS	352.89	364.67	7/1/2012
Level U: Fragile Under 21	471.35	484.42	7/1/2012
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Changes:  Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation I change I ange Rating Change	n Interim Component
Desk Audit - Prospective portion  Distribution:	On FRV	[2] as of 10/01/1985	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Eden Park Management, Inc.  Thomas R. Ellis  22 Holland Avenue  Albany NY 12209	Medicaid Cost  Stylin	Reimbursement Plan	ning and Finance



Plantation Nursing & Rehab Center		Provider Number:	0 226017-00
4250 NW 5th Street		Date:	6/27/2012
Plantation FL 33317		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	230.87	234.33	7/1/2012
Level H: AIDS	378.48	383.54	7/1/2012
Level U: Fragile Under 21	496.94	503.29	7/1/2012
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
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Millenium Health Systems  Armando Vazquez  5310 NW 33rd Avenue  Ft. Lauderdale FL 33309	Medicaid Cos Styph	Stephen Russell t Reimbursement Plan	ning and Finance



Martin Nursing and Restorative Care Center		Provider Number:	0 226033-00
6001 SE Tower Road		Date:	6/27/2012
Stuart FL 34997		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 202.00	New Rate 215.68	Effective Date 7/1/2012
- (410118 - 101101			772022
Level H: AIDS	349.61	364.89	7/1/2012
Level U: Fragile Under 21	468.07	484.64	7/1/2012
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs	Changes:  Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted : Fotal Prospective with Read Rating Change Classification Change	n Interim Component
Desk audit - Interim Portion  Desk Audit - Prospective portion		lester Change [2] as of 10/16/1997	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Eden Park Management, Inc.  Thomas R. Ellis  22 Holland Avenue  Albany NY 12209	Medicaid Cost	Stephen Russell Reimbursement Plan	ning and Finance



The Manor At Blue Water Bay		Provider Number:	0 226041-00
1500 North White Point Rd.		Date:	6/27/2012
Niceville FL 32578		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 199.56	New Rate 203.77	Effective Date 7/1/2012
ituising frome omgie Dever		203.77	7/1/2012
Level H: AIDS	347.17	352.98	7/1/2012
Level U: Fragile Under 21	465.63	472.73	7/1/2012
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:	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Medicaid Cos Styl	t Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office			



Cathedral Gerontology Center		Provider Number:	0 226068-00	
333 East Ashley Street		Date:	6/27/2012	
Jacksonville FL 32202		Fiscal Year End:	9/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	211.40		7/1/2012	
Level H: AIDS	359.01	366.21	7/1/2012	
Level U: Fragile Under 21	477.47	485.96	7/1/2012	
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 audited costs	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	=
Desk Audit - Prospective portion  Distribution:	OllTRV			_
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Cathedral Foundation, Inc.  G.S. Whitmore  4250 Lakeside Drive  Jacksonville FL 32210	Medicaid Cos  Styli	Stephen Russell  t Reimbursement Plan	ning and Finance	



Broward Nursing and Rehab Center		Provider Number:	0 226335-00
1330 South Andrew Avenue		Date:	6/27/2012
Ft. Lauderdale FL 33316		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	214.65	218.75	7/1/2012
Level H: AIDS	362.26	367.96	7/1/2012
Level U: Fragile Under 21	480.72	487.71	7/1/2012
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	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Desk Audit - Prospective portion		[2] as of 10/01/1985	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Millenium Health Systems  Armando Vazquez  5310 NW 33rd Avenue  Ft. Lauderdale FL 33309	Medicaid Cos  Medicaid Cos	Stephen Russell  It Reimbursement Plan	ning and Finance



Ocean View Nursing and Rehabilitation Center		Provider Number:	0 226351-00
2810 S. Atlantic Avenue		Date:	6/27/2012
New Smyrna Beach FL 32069	<u> </u>	Fiscal Year End:	1/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 197.71	New Rate 203.40	Effective Date 7/1/2012
Single zever			7/1/2012
Level H: AIDS	345.32	352.61	7/1/2012
Level U: Fragile Under 21	463.78	472.36	7/1/2012
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 ar Target F FRVS C	Total Prospective Prospective Adjusted Total Prospective with  Te Rating Change and Customary Limitation Rate limitation change Change mester Change	n Interim Component
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Co	stephen Russell st Reimbursement Plan	ning and Finance
Home Office:  Millenium Health Syst Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 3330	ms		



South Heritage Health and Rehabilitation Center		Provider Number:	0 226360-00
718 Lakeview Avenue South		Date:	6/27/2012
St. Petersburg FL 33705		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 209,21	New Rate 215.07	Effective Date 7/1/2012
Level H: AIDS	356.82	364.28	7/1/2012
Level U: Fragile Under 21	475.28	484.03	7/1/2012
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: Contract Management / Fiscal Agent Permanent File	Changes:  Licensure Usual and Target Rai FRVS Cha	Pointly Prospective Prospective Adjusted of Prospective Adjusted of Prospective with Prospective with Prospective with Prospective with Prospective with Prospective With Prospective Adjusted of Prospective Adjusted Prospective P	n Interim Component
For information Only No Change in Rate  Home Office:  1 - No Home Office	Stylu	y Ri	issell



Treasure Isle Care Center		Provider Number:	0 226602-00
1735 North Treasure Drive		Date:	6/27/2012
North Bay Village FL 33141		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 193.45	New Rate 192.01	Effective Date 7/1/2012
Level H: AIDS	341.06	341.22	7/1/2012
Level U: Fragile Under 21	459.52	460.97	7/1/2012
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	Changes:  Licensure Usual and Target R FRVS C	nester Change	n Interim Component
Desk Audit - Prospective portion  Distribution:	On FRV	[2] as of 01/01/1997	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	Stephen Russell  t Reimbursement Plan	ning and Finance



Fair Havens Center, LLC		Provider Number:	0 227226-00
201 Curtiss Parkway		Date:	6/27/2012
Miami Springs FL 33166		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	155.67	159.81	7/1/2012
Level H: AIDS	303.28	309.02	7/1/2012
Level U: Fragile Under 21	421.74	428.77	7/1/2012
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 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  Seemester Change EV [2] as of 10/01/1985	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  SMJ Enterprises, LLC  Donna Marsh  1704 Huntington Village Circle Daytona Beach FL 32114	Stype	Stephen Russell Cost Reimbursement Plan	ning and Finance



Alpine Health and Rehabilitation Center		Provider Number:	0 227251-00
3456 21st Avenue South		Date:	6/27/2012
St. Petersburg FL 33711		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 217.47	New Rate 220.71	Effective Date 7/1/2012
Level H: AIDS	365.08	369.92	7/1/2012
Level U: Fragile Under 21	483.54	489.67	7/1/2012
Basis:  Budget X Unaudited costs Field audited costs Field audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 06/01/1989	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	t Reimbursement Plan	ning and Finance



Lady Lake Specialty Care C	enter		Provider Number:	0 227561-00
630 Griffen Avenue			Date:	6/27/2012
Lady Lake FL 32159			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
<b>Provider Type:</b>				
V-		Current	New	Effective
N ' II G'		Rate	Rate	Date
Nursing Home Sin	ngle Level	216.58		7/1/2012
Lev	el H: AIDS	364.19	372.49	7/1/2012
Lev	el U: Fragile Under 21	482.65	492.24	7/1/2012
Rate Type :				
Interim		X Prospectiv	e	
Total I	nterim	X	Total Prospective	
Interim	Component		Prospective Adjusted to	for New Costs
	nent based on costs		Total Prospective with	Interim Component
Prior Pr	rovider Prospective data			
Basis:	Cha	anges:		
D. 1		Licensure	e Rating Change	
Budget X Unaudited costs			d Customary Limitatio	nn
Field audited costs	ts		ate limitation change	)II
Field audit - inter	im portion	FRVS CI	hange	
Desk audited cost	-			
Desk audit - Inter			nester Change	
Desk Audit - Pros	spective portion	On FRV	[2] as of 03/30/1999	
<b>Distribution:</b>	/T' 1 A		Stephen Russell	
Contract Management	/ Fiscal Agent	Medicaid Cost	t Reimbursement Plan	ning and Finance
Permanent File For information	Onle:	14 1	′ カ	mall
	ota	ngu	ry Reimbursement Plani	www.
No Change in R	ate		•	
Home Office:	Greystone Healthcare Management, l	LLC		
	4042 Park Oaks Blvd, Suite 300 Tampa FL 33610			



Wilton Manors Health & Rehab Center		Provider Number:	0 227579-00
2675 North Andrews Ave		Date:	6/27/2012
Wilton Manors FL 33311		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 221.62	New Rate 229.20	Effective Date 7/1/2012
ituising frome omgie Dever			7/1/2012
Level H: AIDS	369.23	378.41	7/1/2012
Level U: Fragile Under 21	487.69	498.16	7/1/2012
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:  Contract Management / Figural A cont	Usual ar Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Rate limitation change	n Interim Component
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File For information Only	14.1	へ つ.	mell
No Change in Rate	ngu	in Re	us - c i
Home Office: Greystone Healthcare Manage 4042 Park Oaks Blvd, Suite 30 Tampa FL 33610	ement, LLC		



Rockledge NH, LLC				Provider Number:	0 227587-00	
587 Barton Blvd.				Date:	6/27/2012	
Rockledge FL 32955				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home  S	ingle Level	_	Current Rate	New Rate 218.75	Effective Date 7/1/2012	
- ( <del> </del>	8	_	203101		77272	
Le	evel H: AIDS	_	357.22	367.96	7/1/2012	
Le	evel U: Fragile Under 21	-	475.68	487.71	7/1/2012	
Basis:  Budget X Unaudited costs Field audit - inte Desk audited co Desk audit - Inte	erim portion sts erim Portion	Changes	Licensur Usual and Target R	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component	
Distribution:	ospective portion			Stephen Russell		
Contract Management Permanent File For information No Change in Home Office:	n Only Rate  Greystone Healthcare Manag	gement, LLC	edicaid Cos	t Reimbursement Plan	ning and Finance	-
	4042 Park Oaks Blvd, Suite 30 Tampa FL 33610	00				



Greenbriar Rehab & Nursing Center		Provider Number:	0 227625-00	
210 21st Avenue West		Date:	6/27/2012	
Bradenton FL 34205		Fiscal Year End:	12/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 223.11	New Rate 230.45	Effective Date 7/1/2012	_
Level H: AIDS	370.72	379.66	7/1/2012	
Level U: Fragile Under 21	489.18	499.41	7/1/2012	
Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Prospective portion Desk Audit - Prospective portion	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Greystone Healthcare Manager  4042 Park Oaks Blvd, Suite 300  Tampa FL 33610	Steph	t Reimbursement Plan	ning and Finance	_



Apollo Health & Rehab Cen	ter			Provider Number:	0 227633-00	
1000 24th Street North				Date:	6/27/2012	
St. Petersburg FL 33713				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3	]
Provider Type:  Nursing Home Sin	gle Level	_	Current Rate 205.09	New Rate 212.43	Effective Date 7/1/2012	
	igic Devel	_	203.07	<u> </u>	7/1/2012	
Leve	el H: AIDS	_	352.70	361.64	7/1/2012	
Leve	el U: Fragile Under 21	_	471.16	481.39	7/1/2012	
Settlem	Component ent based on costs rovider Prospective data  s im portion s m Portion	Changes	Licensure Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Componen	t
Contract Management	Fiscal Agent		adicaid Cost	t Reimbursement Plan	ning and Finance	_
Permanent File For information O No Change in Ra	•	M	ze li	ny Ri	ussell	•
Home Office:	Greystone Healthcare Manage 4042 Park Oaks Blvd, Suite 30 Tampa FL 33610	ement, LLC	•			



North Rehabilitation Center			Provider Number:	0 227641-00	
1301 16th Street North			Date:	6/27/2012	
St. Petersburg FL 33705			Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home  Single Leve	1	Current Rate 210.41	New Rate <b>216.85</b>	Effective Date 7/1/2012	
- (w	-			77272	
Level H: AIDS		358.02	366.06	7/1/2012	
Level U: Fragi	le Under 21	476.48	485.81	7/1/2012	
Interim  Total Interim Interim Compone Settlement based of Prior Provider Pro  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:	con costs spective data  Chan  X	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation ate limitation change hange	n Interim Component	
Contract Management / Fiscal Ag	ent —		Stephen Russell		_
Permanent File  For information Only  No Change in Rate		Medicaid Cost	Reimbursement Plan	ning and Finance	٠
Home office.	e Healthcare Management, LLo COaks Blvd, Suite 300 L 33610	c <b>ʻ</b>			



Lexington Health & Reha	bilitation Center		Provider Number:	0 227650-00
6300 46th Avenue North			Date:	6/27/2012
St. Petersburg FL 33709			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  S	Single Level	Curren Rate 212.1:	Rate	Effective Date 7/1/2012
L	evel H: AIDS	359.74	4 367.58	7/1/2012
L	evel U: Fragile Under 21	478.20	0 487.33	7/1/2012
Basis:  Budget X Unaudited costs Field audit - ins Desk audited co	osts terim portion osts	Usua Targ FRV	Total Prospective Prospective Adjusted Total Prospective wit  assure Rating Change I and Customary Limitativet Rate limitation change S Change Semester Change	th Interim Component
Contract Manageme	nt / Fiscal Agent		Stephen Russell	
Permanent File  For information  No Change in	on Only	Medicaid Medicaid	Cost Reimbursement Plan	nning and Finance
Home Office:	Greystone Healthcare Manage 4042 Park Oaks Blvd, Suite 30 Tampa FL 33610	ment, LLC		



Park Meadows Health & Rehab Center		Provider Number:	0 227765-00
3250 SW 41st Place		Date:	6/27/2012
Gainesville FL 32608		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 214.51	New Rate 221.53	Effective Date 7/1/2012
ruising frome Single Level			7/1/2012
Level H: AIDS	362.12	370.74	7/1/2012
Level U: Fragile Under 21	480.58	490.49	7/1/2012
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	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change The Rating Change The	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Greystone Healthcare Manage  4042 Park Oaks Blvd, Suite 30  Tampa FL 33610	Styph ment, LLC	Stephen Russell st Reimbursement Plan	ning and Finance



New Horizon Health & R	ehab Center			Provider Number:	0 227773-00	
635 SE 17th Street				Date:	6/27/2012	
Ocala FL 34471				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home S	Single Level	_	216.00	223.48	7/1/2012	
L	evel H: AIDS	_	363.61	372.69	7/1/2012	
L	evel U: Fragile Under 21		482.07	492.44	7/1/2012	
Basis:  Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Interest of the second content o	osts terim portion osts terim Portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange mester Change	n Interim Component	
Desk Audit - Property Distribution:	rospective portion			Stephen Russell		
Contract Manageme Permanent File For information No Change in Home Office:	on Only	gement, LLC	Tedicaid Cos	t Reimbursement Plan	ning and Finance	•
	Tampa FL 33610					



First Coast Health an	nd Rehabilitation Center			Provider Number:	0 227838-00
7723 Jasper Avenue				Date:	6/27/2012
Jacksonville FL 3221	11			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 199.12	Effective Date 7/1/2012
ruising Home	Single Devel	_	170.77	199.12	7/1/2012
	Level H: AIDS	_	344.58	348.33	7/1/2012
	Level U: Fragile Under 21	-	463.04	468.08	7/1/2012
Budget X Unaudited Field audi Desk audi Desk Audi Desk Audi Distribution:	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  I costs ted costs it - interim portion ted costs t - Interim Portion it - Prospective portion  gement / Fiscal Agent	Changes  X	Licensur Usual an Target R FRVS C Rate Sen On FRV	Total Prospective Prospective Adjusted Total Prospective with Te Rating Change d Customary Limitation change hange nester Change [2] as of 05/01/1989  Stephen Russell	on Interim Component
For infor	mation Only age in Rate  1 - No Home Office	_ <i>S</i> t,	iph	ku Ri	well



Ayers Health & Rehal	b Center			Provider Number:	0 227871-00
606 NE 7th Street				Date:	6/27/2012
Trenton FL 32693				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
V 2			Current	New	Effective
<b>.</b>		_	Rate	Rate	Date
Nursing Home	Single Level		181.17	<u> 186.36</u> _	7/1/2012
	Level H: AIDS		328.78	335.57	7/1/2012
	Level U: Fragile Under 21	_	447.24	455.32	7/1/2012
Rate Type :					
Interim		X	Prospectiv	ve .	
	Γotal Interim		<u>X</u>	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
I	Prior Provider Prospective data				
Basis:		<b>Changes:</b>			
Pudgat			Licensur	e Rating Change	
Budget  X Unaudited	costs	-	•	d Customary Limitatio	on
Field audite		-	_	ate limitation change	···
Field audit	- interim portion	·	FRVS C	hange	
Desk audite			<u>-</u>		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 01/01/2000	
Distribution:	T. T			Stephen Russell	
Contract Manag	ement / Fiscal Agent		1: :10		. 172
Permanent File	<u> </u>	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
For inform	nation Only	11	n Si	m Ra	well
No Chang	ge in Rate		p vi	us Re	
Home Office:	Health Services Mgt., Inc.	_ ′			
	Preston Sweeney				
	206 Fortress Blvd.				
	Murfreesboro TN 37128				



Heritage Nursing & Rehabilitation Center			Provider Number:	0 228001-00	
2201 N.E. 170th Street			Date:	6/27/2012	
North Miami Beach FL 33160			Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	 ]
Provider Type:		Current Rate	New Rate	Effective Date 7/1/2012	
Nursing Home Single Level		241.99	249.35	//1/2012	
Level H: AIDS		389.60	398.56	7/1/2012	
Level U: Fragile U	Jnder 21	508.06	518.31	7/1/2012	
Interim  Total Interim  Interim Component  Settlement based on of Prior Provider Prospe  Basis:  Budget  X Unaudited costs  Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion  Distribution:	Change	Licensure Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component	:
Contract Management / Fiscal Agent		Medicaid Cost	t Reimbursement Plan	ning and Finance	_
Permanent File For information Only	6	1+ 1	つ つ	mell	
No Change in Rate		ngen	us Re	voice i	
Home Office: Greystone H	ealthcare Management, LLC	/			



The Gardens Court				Provider Number:	0 228320-00	
3803 PGA Boulevard				Date:	6/27/2012	
Palm Beach Gardens FL 334	410			Fiscal Year End:	8/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home Sir	ngle Level	_	222.71	229.68	7/1/2012	
Lev	rel H: AIDS	_	370.32	378.89	7/1/2012	
Lev	rel U: Fragile Under 21	_	488.78	498.64	7/1/2012	
Basis:  Budget X Unaudited costs Field audited cost Field audit - inter Desk audit - Inter Desk Audit - Prost Distribution:	ts rim portion espective portion espective portion	Changes:	Licensur 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	
Contract Management	/ Fiscal Agent	Me	edicaid Cos	t Paimbursament Plan	ning and Finance .	_
Permanent File		11-1	- /	/ カ		
For information  No Change in R	•	20	_J e ri	us Re	issil	
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320	_	•			



Life Care Center of Melbourne		Provider Number:	0 228338-00	
606 East Sheridan Street		Date:	6/27/2012	
Melbourne FL 32901		Fiscal Year End:	2/28/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 198.92	New Rate 205.03	Effective Date 7/1/2012	
Nuising Home Single Level	190.92		//1/2012	
Level H: AIDS	346.53	354.24	7/1/2012	
Level U: Fragile Under 21	464.99	473.99	7/1/2012	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:	Changes:	Total Prospective Prospective Adjusted Total Prospective with  E Rating Change		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	1 Customary Limitation that I Customary Limitation change	on	
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  Cleveland TN 37320	Medicaid Cost	Stephen Russell Reimbursement Plan	ning and Finance	



Park Ridge Nursing C	Center			Provider Number:	0 228401-00
730 College Street				Date:	6/27/2012
Jacksonville FL 3220	4	<del>-</del>		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
-			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	182.46	<u> 187.87</u> _	7/1/2012
	Level H: AIDS		330.07	337.08	7/1/2012
	Level U: Fragile Under 21	-	448.53	456.83	7/1/2012
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
1	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
]	Prior Provider Prospective data				
Basis:		Changes	:		
Pudget			Licensur	e Rating Change	
Budget X Unaudited	costs	-	_	d Customary Limitation	าท
Field audit		-		ate limitation change	···
Field audit	: - interim portion		FRVS C	hange	
Desk audite	ed costs		_		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 10/01/1987	
Distribution:	r 110spean e pomon				
Contract Manag	ement / Fiscal Agent			Stephen Russell	. 172
Permanent File	Ç	M	edicaid Cos	t Reimbursement Plan	ning and Finance
For inform	nation Only	27	To la	m Ka	well
No Chang	ge in Rate	110	y vi	us Re	· -
Home Office:	Health Care Managers, Inc				
	Ivonne Burrell				
	2380 Sadler Road Suite 201				
	Fernandina Beach FL 3203	4			



Bear Creek Nursing (	Center			Provider Number:	0 228567-00	
8041 State Road 52		•		Date:	6/27/2012	
Hudson FL 34667		<u>-</u>		Fiscal Year End:	7/31/2011	_
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
N II		_	Rate	Rate	Date	
Nursing Home	Single Level	_	180.50		7/1/2012	
	Level H: AIDS		328.11	334.91	7/1/2012	
	Level U: Fragile Under 21	_	446.57	454.66	7/1/2012	
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:		Changes				
Budget			Licensur	e Rating Change		
X Unaudited	costs	-	_	d Customary Limitation	on	
Field audit	red costs		_	ate limitation change		
Field audit	t - interim portion		FRVS C	hange		
Desk audit			_			
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 01/01/2000		
Distribution:				Stephen Russell		
Contract Manag	gement / Fiscal Agent		11 - 11 C -			
Permanent File	-	Mie	edicaid Cos	t Reimbursement Plan	ining and Finance	
For inform	nation Only	21	in Si	men Ru	issell	
No Chang	ge in Rate	10	ze vi	m Re		
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:	6/27/2012
Dade City FL 33525		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 191.64	New Rate	Effective Date 7/1/2012
Nursing Home Single Level	191.04	<u> 198.09</u> _	//1/2012
Level H: AIDS	339.25	347.30	7/1/2012
Level U: Fragile Under 21	457.71	467.05	7/1/2012
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	Changes:  Licensure Usual and Target Ranget	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange mester Change	n Interim Component
Desk Audit - Prospective portion		[2] as of 01/01/2000	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Health Services Mgt., Inc.  Preston Sweeney 206 Fortress Blvd.  Murfreesboro TN 37128	Medicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance



Heather Hill Nursing Home				Provider Number:	0 228591-00	
6630 Kentucky Avenue				Date:	6/27/2012	
New Port Richey FL 34653				Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:	1. T 1	_	Current Rate	New Rate	Effective Date	
Nursing Home Sing	le Level		192.37	198.58	7/1/2012	
Level	H: AIDS	_	339.98	347.79	7/1/2012	
Level	U: Fragile Under 21	_	458.44	467.54	7/1/2012	
Settlemen	Component  Int based on costs  vider Prospective data  In portion  In 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	
Contract Management / I Permanent File For information O No Change in Rate	nly e	Me Me	dicaid Cos	t Reimbursement Plan	ning and Finance	-
Frome 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:	6/27/2012	
Sarasota Fl 34236		Fiscal Year End:	12/31/2010	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 250.30	New Rate 261.74	Effective Date 7/1/2012	
Level H: AIDS	397.91	410.95	7/1/2012	
Level U: Fragile Under 21	516.37	530.70	7/1/2012	
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:  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 / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	t Reimbursement Plan	ning and Finance	



Winter Haven Health and Rehabilitation Center		Provider Number:	0 228702-00
202 Avenue "O" NE		Date:	6/27/2012
Winter Haven FL 33881		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	181.89	<u> 181.90</u> _	7/1/2012
Level H: AIDS	329.50	331.11	7/1/2012
Level U: Fragile Under 21	447.96	450.86	7/1/2012
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: Contract Management / Fiscal Agent	Changes:  Licensure Usual and Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 01/01/2001  Stephen Russell	n Interim Component
Permanent FileFor information OnlyNo Change in Rate	Steph	ny Ra	well
Home Office: 1 - No Home Office			



Woodland Terrace of Citrus County		Provider Number:	0 228711-00
124 W. Norvell Bryant Hwy		Date:	6/27/2012
Hernando FL 34442		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate <b>166.83</b>	New Rate	Effective Date 7/1/2012
Nursing Home Single Level	100.83		//1/2012
Level H: AIDS	314.44	321.18	7/1/2012
Level U: Fragile Under 21	432.90	440.93	7/1/2012
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 Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change	h Interim Component
Desk Audit - Prospective portion		Semester Change RV [2] as of 07/12/2001	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  SMJ Enterprises, LLC  Donna Marsh  1704 Huntington Village Circ  Daytona Beach FL 32114	Stypi	Stephen Russell Cost Reimbursement Plan	aning and Finance



East Ridge Retirement Village, Inc.		Provider Number:	0 228788-00
19301 SW 87th Avenue		Date:	6/27/2012
Miami Fl 33157		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 227.50	New Rate 235.19	Effective Date 7/1/2012
Single Level			7/1/2012
Level H: AIDS	375.11	384.40	7/1/2012
Level U: Fragile Under 21	493.57	504.15	7/1/2012
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 I FRVS C X Rate Se	Total Prospective Prospective Adjusted Total Prospective with  Tre Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Co	Stephen Russell  st Reimbursement Plan  Russell  Russell	ning and Finance



Cypress Cove Care C	'enter			Provider Number:	0 228940-00
700 SE 8th Avenue		<del>-</del> -		Date:	6/27/2012
Crystal River FL 344	29	_		Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N	Cinale Level	_	Rate	Rate	Date
Nursing Home	Single Level	_	187.29	<u> 191.47</u> _	7/1/2012
	Level H: AIDS		334.90	340.68	7/1/2012
	Level U: Fragile Under 21	<u>-</u>	453.36	460.43	7/1/2012
D					
Rate Type:					
Interim		X	Prospectiv		
	Total Interim		<u>X</u>	Total Prospective	C. N. C.
	Interim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i interim Component
	Thoi Provider Prospective data	<u> </u>			
Basis:		Changes	<u>:</u> ]		
Budget			Licensur	e Rating Change	
X Unaudited	costs	-	_	d Customary Limitation	on
Field audit		-		ate limitation change	
Field audit	t - interim portion	-	FRVS C	hange	
Desk audit			<del>-</del>		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 01/01/2000	
Distribution:	• •		OHTIC		
	gement / Fiscal Agent			Stephen Russell	
Permanent File	,	M	edicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only	67	- solo	$\mathcal{L}$	well
	ge in Rate	///0	ze u	us Re	
Home Office:	Health Services Mgt., Inc.	_			
Tiome Office.	Preston Sweeney				
	206 Fortress Blvd.				
	Murfreesboro TN 37128				



Brooksville Healthcare Center			Provider Number:	0 228958-0	0
1114 Chatman Boulevard			Date:	6/27/2012	
Brooksville FL 34601			Fiscal Year End:	7/31/2011	
			Audit Status:	Unaudited [3	3]
Provider Type:  Nursing Home Single Level		Current Rate 185.71	New Rate	Effective Date 7/1/2012	
Nutsing Home Single Level		105./1	<u>191.60</u>	//1/2012	
Level H: AIDS		333.32	340.81	7/1/2012	
Level U: Fragile Un	der 21	451.78	460.56	7/1/2012	
Interim  Total Interim  Interim Component  Settlement based on component 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  Distribution:		Licensure Usual and Target Ra FRVS Ch	Prospective Adjusted Prospective Adjusted Prospective with Prospective with Rating Change Customary Limitation change	n Interim Componer	ıt
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Medicaid Cost	Reimbursement Plan	ning and Finance	
Home Office:  Health Service  Preston Sweene 206 Fortress Bl Murfreesboro	es Mgt., Inc. ey lvd.	,			



Lake Harris Health Center		Provider Number:	0 228966-00	
701 Lake Port Boulevard		Date:	6/27/2012	
Leesburg FL 34748		Fiscal Year End:	12/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 192.39	New Rate 198.20	Effective Date 7/1/2012	
Level H: AIDS	340.00	347.41	7/1/2012	
Level U: Fragile Under 21	458.46	467.16	7/1/2012	
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 an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation and Change	n Interim Component	=
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Stylu	Stephen Russell at Reimbursement Plan	ning and Finance	



Sylvan Health Center		Provider Number:	0 229164-00
2770 Regency Oaks Blvd.		Date:	6/27/2012
Clearwater FL 33759		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	199.32	206.07	7/1/2012
Level H: AIDS	346.93	355.28	7/1/2012
Level U: Fragile Under 21	465.39	475.03	7/1/2012
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 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 / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styl	t Reimbursement Plan	ning and Finance



	Retirement Community			Provider Number:	0 229202-00	
15000 Shell Point Bo	oulevard			Date:	6/27/2012	
Ft. Myers Fl 33908		i		Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	-	Current Rate 202.79	New Rate 210.03	Effective Date 7/1/2012	
8	8	-				
	Level H: AIDS		350.40	359.24	7/1/2012	
	Level U: Fragile Under 21		468.86	478.99	7/1/2012	
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  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 03/28/2001	n Interim Component	
Contract Manaş Permanent File For inform	gement / Fiscal Agent	 St	Medicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	
Home Office:	1 - No Home Office					



Gainesville Health Care	Center			Provider Number:	0 229288-00
1311 SW 16th Street				Date:	6/27/2012
Gainesville FL 32608				Fiscal Year End:	8/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curr Ra <b>201</b>	te	New Rate 208.41	Effective Date 7/1/2012
	Level H: AIDS	349	.09	357.62	7/1/2012
	Level U: Fragile Under 21	467	.55	477.37	7/1/2012
Basis:  Budget X Unaudited comprised audited Field audit - in Desk audited Desk audited Desk audit - I	costs interim portion	Us FI	censure I sual and arget Rate RVS Cha	Rating Change Customary Limitation change	h Interim Component
Distribution:  Contract Management File  For informate  No Change in the Management File  Home Office:	ion Only	Sty	id Cost I	Stephen Russell Reimbursement Plan	nning and Finance



Lake View Care Center at Delray		Provider Number:	0 229610-00
5430 Linton Blvd		Date:	6/27/2012
DelRay Beach FL 33484		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	203.55		7/1/2012
Level H: AIDS	351.16	360.73	7/1/2012
Level U: Fragile Under 21	469.62	480.48	7/1/2012
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:  Contract Management / Fiscal Agent Permanent File	Target FRVS  X Rate Se On FR	Total Prospective Prospective Adjusted Total Prospective with  Total Prospective with  Total Prospective with  Unre Rating Change and Customary Limitation Rate limitation change Change  Emester Change V [2] as of 09/01/2000  Stephen Russell	on Interim Component
For information Only No Change in Rate  Home Office:  1 - No Home Office	Styp 1.	my Ri	well



Menorah House				Provider Number:	0 229628-00	
9945 Central Park Bly				Date:	6/27/2012	
Boca Raton FL 33428	}			Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:	Single Level	_	Current Rate	New Rate	Effective Date 7/1/2012	
Nursing Home	Single Level	-	205.72	214.68	//1/2012	
	Level H: AIDS		353.33	363.89	7/1/2012	
	Level U: Fragile Under 21		471.79	483.64	7/1/2012	
Basis:  Budget X Unaudited Field audit Pield audit Desk audit Desk Audit Desk Audit	ed costs - interim portion ed costs - Interim Portion - Prospective 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	
Permanent File	ement / Fiscal Agent nation Only ge in Rate  1 - No Home Office	M M	Tedicaid Cos	t Reimbursement Plan	ning and Finance	



Alexander Nininger State Veterans Nursing Home			Provider Number:	0 229849-00
8401 West Cypress Drive			Date:	6/27/2012
Pembroke Pines Fl 33025	<u></u>		Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	- -	Current Rate 219.07	New Rate 227.03	Effective Date 7/1/2012
Level H: AIDS		366.68	376.24	7/1/2012
Level U: Fragile Under 21		485.14	495.99	7/1/2012
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 Limitation ate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Florida Dept. of Vetera Walter Gilchrist 11351 Ulmerton Road, 1 Largo Fl 33778-1630	SA Affairs	Tedicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance



HIALEAH SHORES NU	URSING AND REHAB CENTE			Provider Number:	0 250988-00
8785 NW 32 AVE				Date:	6/27/2012
Miami FL 33147				Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 227.58	New Rate 235.98	Effective Date 7/1/2012
I	Level H: AIDS		375.19	385.19	7/1/2012
I	Level U: Fragile Under 21		493.65	504.94	7/1/2012
Basis:  Budget X Unaudited cos Field audit - in Desk audit - In Desk Audit - F	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 Late limitation change	n Interim Component
Distribution:  Contract Management File Permanent File No Change in Home Office:	on Only	IN	Tedicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance



Brandywyne Health C	are Center			Provider Number:	0 251399-00
1801 North Lake Mari		•		Date:	6/27/2012
Winter Haven FL 338	84	·		Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	197.14	<u> 191.66</u> _	7/1/2012
	Level H: AIDS	_	344.75	340.87	7/1/2012
	Level U: Fragile Under 21	<u>-</u>	463.21	460.62	7/1/2012
Rate Type :					
		V	D		
Interim	Total Interim	X	Prospectiv X	Total Prospective	
			<u> </u>	Prospective Adjusted	for Now Costs
	nterim Component				
	ettlement based on costs			Total Prospective with	i Interim Component
P	Prior Provider Prospective data				
Basis:		Changes	:		
			T :	Detine Change	
Budget			_	re Rating Change	
X Unaudited o			_	nd Customary Limitation	on
Field audite			_	tate limitation change	
	- interim portion	-	FRVS C	Change	
Desk audite				~-	
	- Interim Portion - Prospective portion	X	_	mester Change [2] as of 11/01/1999	
Distribution:	- Hospective portion		Ontrev		
	ement / Fiscal Agent			Stephen Russell	_
Permanent File	oment, Tiscai rigent	M	edicaid Cos	st Reimbursement Plan	ning and Finance
	nation Only	1-2	- 1	クラ	mall
	•	- 20	ye u	in Re	and of
No Chang	e in Rate			•	
Home Office:	1 - No Home Office	·			
1101110 011100.					



Concordia Manor		Provider Number:	0 251666-00
321 13th Avenue North		Date:	6/27/2012
St. Petersburg FL 33701		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 196.15	New Rate 183.22	Effective Date 7/1/2012
Level H: AIDS	343.76	332.43	7/1/2012
Level U: Fragile Under 21	462.22	452.18	7/1/2012
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 an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation and Change	n Interim Component
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Medicaid Cos  Medicaid Cos	st Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office	_ /		



Oakhurst Care & Reh	abilitation Center			Provider Number:	0 251721-00
1501 SE 24th Road		- -		Date:	6/27/2012
Ocala FL 34471		_		Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N	Cinala I and	_	Rate	Rate	Date
Nursing Home	Single Level	<del>-</del>	192.09	<u> 197.27</u> _	7/1/2012
	Level H: AIDS		339.70	346.48	7/1/2012
	Level U: Fragile Under 21		458.16	466.23	7/1/2012
Rate Type :					
Interim		X	Prospectiv	ve .	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Changes	s:		
Budget			Licensur	e Rating Change	
X Unaudited	costs			d Customary Limitatio	on
Field audit				ate limitation change	,,,,
Field audit	t - interim portion		FRVS C	hange	
Desk audit	ed costs		_		
	- Interim Portion t - Prospective portion	X	Rate Sen	nester Change	
Distribution:	<u> </u>			Stephen Russell	
Contract Manag	gement / Fiscal Agent		, ii ii a		· 17
Permanent File	•	IV	ledicaid Cos	t Reimbursement Plan	ining and Finance
For inform	nation Only	27	t in Si	m Ru	well
No Chang	ge in Rate		eze ir	us Re	
Home Office:	Sun Healthcare Group, In	,	•		
Tiome Office.	Reimbursement Departme				
	101 Sun Avenue NE				
	Albuquerque NM 87109				



Bradford Terrace, LLC			Provider Number:	0 251739-00
808 S. Colley Road			Date:	6/27/2012
Starke FL 32091			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Si	ngle Level	164.22	169.27	7/1/2012
Le	vel H: AIDS	311.83	318.48	7/1/2012
Le	vel U: Fragile Under 21	430.29	438.23	7/1/2012
Interin Settler	rim portion ts rim 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 RV [2] as of 06/30/1992	n Interim Component
Distribution:  Contract Management Permanent File For information No Change in F  Home Office:	Only	Medicaid C	Stephen Russell Cost Reimbursement Plan	ning and Finance



Avante at Melbourne, Inc.	<u></u>	Provider Number:	0 252018-00
1420 South Oak Street		Date:	6/27/2012
Melbourne FL 32901	<u>—</u>	Fiscal Year End:	5/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	227.67		7/1/2012
Level H: AIDS	375.28	383.92	7/1/2012
Level U: Fragile Under 21	493.74	503.67	7/1/2012
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 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 04/01/1992	n Interim Component
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Avante Group, Inc.  Janan Mitchell  4000 Hollywood Blvd	Stype	Stephen Russell ost Reimbursement Plan	ning and Finance



Avante at Ormond Beach, Inc.		Provider Number:	0 252034-00
170 North Kings Road		Date:	6/27/2012
Ormond Beach FL 32807		Fiscal Year End:	5/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 215.95	New Rate 223.14	Effective Date 7/1/2012
Level H: AIDS	363.56	372.35	7/1/2012
Level U: Fragile Under 21	482.02	492.10	7/1/2012
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:	Changes:  Licensure Usual and Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 04/01/1992	n Interim Component
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  Avante Group, Inc.  Janan Mitchell  4000 Hollywood Blvd, Suite 54  Hollywood FL 33021-6744	Steph	Stephen Russell t Reimbursement Plan	ning and Finance



Avante at Mt. Dora, Inc.		Provider Number:	0 252042-00	
3050 Brown Avenue		Date:	6/27/2012	
Mount Dora FL 32757		Fiscal Year End:	5/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 213.81	New Rate	Effective Date 7/1/2012	_
ruising frome Single Level	213.01		//1/2012	
Level H: AIDS	361.42	369.83	7/1/2012	
Level U: Fragile Under 21	479.88	489.58	7/1/2012	
Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target F FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with  Tre Rating Change and Customary Limitation Rate limitation change	n Interim Component	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Avante Group, Inc.  Janan Mitchell  4000 Hollywood Blvd, Suite & Hollywood FL 33021-6744	Steph	st Reimbursement Plan	ning and Finance	



San Jose Health and Rehabilitation Center		Provider Number:	0 252051-00
9355 San Jose Boulevard		Date:	6/27/2012
Jacksonville FL 32257		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 194.83	New Rate 198.29	Effective Date 7/1/2012
indising frome single zever		170.27	7/1/2012
Level H: AIDS	342.44	347.50	7/1/2012
Level U: Fragile Under 21	460.90	467.25	7/1/2012
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:  Contract Management / Fiscal Agent  Permanent File	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 12/01/2001  Stephen Russell	on Interim Component
For information Only No Change in Rate  Home Office:  1 - No Home Office	Stych	ny Ri	issell



Bradenton Health Care		Provider Number:	0 252069-00
6305 Cortez Road West		Date:	6/27/2012
Bradenton FL 34210		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	202.46	209.19	7/1/2012
Level H: AIDS	350.07	358.40	7/1/2012
Level U: Fragile Under 21	468.53	478.15	7/1/2012
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:	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
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Medicaid Cos Styli	t Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office			



Brandon Health and l	Rehab. Center			Provider Number:	0 252077-00	
1465 Oakfield Drive				Date:	6/27/2012	
Brandon FL 33511				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	186.41	<u> 191.32</u> _	7/1/2012	
	Level H: AIDS	_	334.02	340.53	7/1/2012	
	Level U: Fragile Under 21	-	452.48	460.28	7/1/2012	
Basis:  Budget X Unaudited Field audi Pield audi Desk audit Desk Audi Desk Audi Contract Manag	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  X	Licensur Usual an Target R FRVS C Rate Sen On FRV	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 05/07/1997  Stephen Russell  t Paimburgement Plan	Interim Component	
No Chan	mation Only ge in Rate	_\$1, 	t je h	us Ri	well	
Home Office:	3 2 10 235110 51115					



Coral Trace Health Care		Provider Number:	0 252107-00
216 Santa Barbara Blvd		Date:	6/27/2012
Cape Coral FL 33991		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 200.39	New Rate 207.24	Effective Date 7/1/2012
Level H: AIDS	348.00	356.45	7/1/2012
Level U: Fragile Under 21	466.46	476.20	7/1/2012
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:	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
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Medicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance



Countryside Healthcare Center		Provider Number:	0 252115-00
3825 Countryside Blvd.		Date:	6/27/2012
Palm Harbour FL 34684		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 195.85	New Rate 196.83	Effective Date 7/1/2012
Level H: AIDS	343.46	346.04	7/1/2012
Level U: Fragile Under 21	461.92	465.79	7/1/2012
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:  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 / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	t Reimbursement Plan	ning and Finance



University Hills Health and Rehab.		Provider Number:	0 252123-00
10040 Hillview Road		Date:	6/27/2012
Pensacola FL 32514		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 197.40	New Rate 200.87	Effective Date 7/1/2012
Single 20 ver			77172012
Level H: AIDS	345.01	350.08	7/1/2012
Level U: Fragile Under 21	463.47	469.83	7/1/2012
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 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  Trotal Prospective with  Trotal Prospective with  Trotal Prospective with  Trotal Prospective with	n Interim Component
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Medicaid Co	ost Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office			



	Provider Number:	0 252158-00
	Date:	6/27/2012
	Fiscal Year End:	6/30/2011
	Audit Status:	Unaudited [3]
Current Rate 197.60	New Rate 200.10	Effective Date 7/1/2012
345.21	349.31	7/1/2012
463.67	469.06	7/1/2012
Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with Te Rating Change ad Customary Limitation cate limitation change Change Thange Th	n Interim Component
Medicaid Cos Atyli	st Reimbursement Plan	ning and Finance
	Rate   197.60     345.21     463.67	Total Prospective    X



Destin Healthcare an				Provider Number:	0 252166-00	
195 Mattie M. Kelly	Blvd.			Date:	6/27/2012	
Destin FL 32541				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 192.98	New Rate	Effective Date 7/1/2012	
ruising Home	Single Level		192,90	<u>199.71</u> _	7/1/2012	
	Level H: AIDS		340.59	348.92	7/1/2012	
	Level U: Fragile Under 21		459.05	468.67	7/1/2012	
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  e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Contract Manag Permanent File For inform	gement / Fiscal Agent  mation Only  ge in Rate  1 - No Home Office	Med Sty	dicaid Cos	Stephen Russell  It Reimbursement Plan	ning and Finance	-
No Chan	ge in Rate	_ <i>S</i> ty	pu	us Ri	issee	



Heron Pointe Health and Rehab.		Provider Number:	0 252174-00
1445 Howell Avenue		Date:	6/27/2012
Brooksville FL 34601		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	189.80	<u>190.23</u>	7/1/2012
Level H: AIDS	337.41	339.44	7/1/2012
Level U: Fragile Under 21	455.87	459.19	7/1/2012
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 Change The Ch	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos	Stephen Russell  St Reimbursement Plan	ning and Finance



Magnolia Health and Rehab. Center		Provider Number:	0 252182-00	
1507 South Tuttle Ave		Date:	6/27/2012	
Sarasota FL 34239		Fiscal Year End:	6/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 203.21	New Rate 208.76	Effective Date 7/1/2012	
Single Devel		200.70	7/1/2012	
Level H: AIDS	350.82	357.97	7/1/2012	
Level U: Fragile Under 21	469.28	477.72	7/1/2012	
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 an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change de Customary Limitation ate limitation change hange The Prospective with The Rating Change and Customary Limitation ate limitation change and Customary Limitation ate limitation change The Rating Change and Customary Limitation ate limitation change ate limitation change ate limitation change and Customary Limitation ate limitation change ate li	n Interim Component	
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	Stephen Russell  It Reimbursement Plan	ning and Finance	



Emerald Shores Health and Rehab.		Provider Number:	0 252191-00
626 North Tyndall Parkway		Date:	6/27/2012
Callaway Fl 32404		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	196.52	199.51	7/1/2012
Level H: AIDS	344.13	348.72	7/1/2012
Level U: Fragile Under 21	462.59	468.47	7/1/2012
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 I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  re Rating Change and Customary Limitation Rate limitation change Change mester Change [7 [2] as of 08/30/2000	n Interim Component
Contract Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate  Home Office:  1 - No Home Office	Medicaid Co	stephen Russell st Reimbursement Plan	ning and Finance



Englewood Healthcare & Rehab. Center		Provider Number:	0 252204-00
1111 Drury Lane		Date:	6/27/2012
Englewood FL 34224		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 187.69	New Rate 193.11	Effective Date 7/1/2012
Mursing Home Single Level	107.09		7/1/2012
Level H: AIDS	335.30	342.32	7/1/2012
Level U: Fragile Under 21	453.76	462.07	7/1/2012
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 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  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Co	Stephen Russell  ost Reimbursement Plan  Russell	ning and Finance



Evans Health Care				Provider Number:	0 252212-00
3735 Evans Avenue				Date:	6/27/2012
Ft Myers FL 33901				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Sin	ngle Level		201.70	207.11	7/1/2012
Lev	vel H: AIDS	_	349.31	356.32	7/1/2012
Lev	vel U: Fragile Under 21	_	467.77	476.07	7/1/2012
Interin Settler	rim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Desk Audit - Pro	spective portion		On FRV	[2] as of 12/14/1998	
Distribution:  Contract Management Permanent File For information No Change in F Home Office:	Only	Me Sty	dicaid Cos	Stephen Russell  It Reimbursement Plan  Aug Russell	ning and Finance



Fletcher Health and Rehab. Center		Provider Number:	0 252221-00	
518 West Fletcher Ave		Date:	6/27/2012	
Tampa FL 33612		Fiscal Year End:	6/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 194.69	New Rate 196.21	Effective Date 7/1/2012	
	-			
Level H: AIDS	342.30	345.42	7/1/2012	
Level U: Fragile Under 21	460.76	465.17	7/1/2012	
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 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  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Co	Stephen Russell  Ost Reimbursement Plan  Russell  Ost Reimbursement Plan	ning and Finance	



Fort Pierce Health Care		Provider Number:	0 252239-00
611 South 13th Street		Date:	6/27/2012
Ft. Pierce FL 34950		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 206.43	New Rate <b>211.05</b>	Effective Date 7/1/2012
Level H: AIDS	354.04	360.26	7/1/2012
Level U: Fragile Under 21	472.50	480.01	7/1/2012
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:  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 / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	Stephen Russell t Reimbursement Plan	ning and Finance



Sea Breeze Health Care		Provider Number:	0 252247-00
1937 Jenks Avenue		Date:	6/27/2012
Panama City FL 32405		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 178.92	New Rate 180.95	Effective Date 7/1/2012
Level H: AIDS	326.53	330.16	7/1/2012
Level U: Fragile Under 21	444.99	449.91	7/1/2012
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:  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 / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	Stephen Russell  t Reimbursement Plan	ning and Finance



Harbor Beach Nursing and Rehab. Center		Provider Number:	0 252255-00
1615 South Miami Road		Date:	6/27/2012
Ft. Lauderdale FL 33316		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 216.24	New Rate 219.53	Effective Date 7/1/2012
2g 2			772022
Level H: AIDS	363.85	368.74	7/1/2012
Level U: Fragile Under 21	482.31	488.49	7/1/2012
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: Contract Management / Fiscal Agent	Changes:  Licensure Usual and Target R: FRVS CI  X Rate Sem On FRV	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 05/28/1986  Stephen Russell	n Interim Component
Permanent File For information Only No Change in Rate	Medicaid Cos  My	t Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office	_ ′		



Health Center at Brentwood		Provider Number:	0 252263-00
2333 North Brentwood Circle		Date:	6/27/2012
Lecanto FL 34461		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	199.14	205.89	7/1/2012
Level H: AIDS	346.75	355.10	7/1/2012
Level U: Fragile Under 21	465.21	474.85	7/1/2012
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 an Target R FRVS C X Rate Sen	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styl	Stephen Russell  It Reimbursement Plan	ning and Finance



Heritage Health Care Center		Provider Number:	0 252271-00
1026 Albee Farm Road		Date:	6/27/2012
Venice FL 34292		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	205.51		7/1/2012
Level H: AIDS	353.12	361.89	7/1/2012
Level U: Fragile Under 21	471.58	481.64	7/1/2012
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 an Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with Te Rating Change and Customary Limitation Cate limitation change Change The Chang	n Interim Component
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Stylu	Stephen Russell st Reimbursement Plan	ning and Finance



Heritage Healthcare and Rehab. Center		Provider Number:	0 252280-00
777 Ninth Street North		Date:	6/27/2012
Naples FL 34102		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date 7/1/2012
Nursing Home Single Level	214.39	209.11	//1/2012
Level H: AIDS	362.00	358.32	7/1/2012
Level U: Fragile Under 21	480.46	478.07	7/1/2012
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 Rate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Medicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance



Heritage Healthcare Center		Provider Number:	0 252298-00
3101 Ginger Drive		Date:	6/27/2012
Tallahassee FL 32308		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 185.26	New Rate 191.10	Effective Date 7/1/2012
Level H: AIDS	332.87	340.31	7/1/2012
Level U: Fragile Under 21	451.33	460.06	7/1/2012
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	Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with The Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent		Stephen Russell	
Permanent FileFor information OnlyNo Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos Styphi	st Reimbursement Plan	ning and Finance



Lake Mary Health and Rehab.Center		Provider Number:	0 252310-00
710 North Sun Drive		Date:	6/27/2012
Lake Mary Fl 32746		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 196.38	New Rate 200.37	Effective Date 7/1/2012
Level H: AIDS	343.99	349.58	7/1/2012
Level U: Fragile Under 21	462.45	469.33	7/1/2012
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 an Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The 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  Home Office:  1 - No Home Office	Medicaid Cos  Medicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance



Wedgewood Healthcare Center		Provider Number:	0 252328-00
1010 Carpenters Way		Date:	6/27/2012
Lakeland FL 33809		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 197.27	New Rate <b>200.99</b>	Effective Date 7/1/2012
Level H: AIDS	344.88	350.20	7/1/2012
Level U: Fragile Under 21	463.34	469.95	7/1/2012
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 Change Change The Change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos	Stephen Russell  St Reimbursement Plan	ning and Finance



Largo Health Care Center		Provider Number:	0 252336-00
9035 Bryan Dairy Rd.		Date:	6/27/2012
Largo FL 33777		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 200.83	New Rate 200.59	Effective Date 7/1/2012
2g. 2.0 2.0 4.1			77272
Level H: AIDS	348.44	349.80	7/1/2012
Level U: Fragile Under 21	466.90	469.55	7/1/2012
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:	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Contract Management / Fiscal Agent			· 15.
Permanent FileFor information OnlyNo Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Stylin  —	t Reimbursement Plan	usell



Heritage Park Rehab. and Healthcare		Provider Number:	0 252344-00
2826 Cleveland Avenue		Date:	6/27/2012
Ft. Myers FL 33901		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 207.16	New Rate 213.77	Effective Date 7/1/2012
Tursing frome Single Dever		213.77	7/1/2012
Level H: AIDS	354.77	362.98	7/1/2012
Level U: Fragile Under 21	473.23	482.73	7/1/2012
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 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 / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styl	Stephen Russell at Reimbursement Plan	ning and Finance



	Provider Number:	0 252352-00
	Date:	6/27/2012
	Fiscal Year End:	6/30/2011
	Audit Status:	Unaudited [3]
Current Rate	New Rate	Effective Date
184.89	189.23	7/1/2012
332.50	338.44	7/1/2012
450.96	458.19	7/1/2012
Changes:  Licensure Usual and Target Ra FRVS Ch	Prospective Adjusted Prospective Adjusted Prospective with Total Prospective with Rating Change Customary Limitation change ange	n Interim Component
Medicaid Cost  Stylu	Daimhurgamant Dlan	ning and Finance
	Rate   184.89	Total Prospective    X



North Florida Rehab. and	Specialty Care			Provider Number:	0 252361-00	
6700 NW 10th Place				Date:	6/27/2012	
Gainesville FL 32605				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home	Single Level	-	Current Rate	New Rate 201.64	Effective Date 7/1/2012	
		<del>-</del>				
I	Level H: AIDS		342.77	350.85	7/1/2012	
I	Level U: Fragile Under 21		461.23	470.60	7/1/2012	
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 Limitation ate limitation change	n Interim Component	
Distribution:  Contract Manageme Permanent File For informatic No Change in Home Office:	on Only	 Ĵi	Tedicaid Cos	t Reimbursement Plan	ning and Finance	-



Shoal Creek Rehabilitation Center		Provider Number:	0 252379-00
500 Hospital Drive		Date:	6/27/2012
Crestview Fl 32539		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>179.90</u>	<u> 185.20</u>	7/1/2012
Level H: AIDS	327.51	334.41	7/1/2012
Level U: Fragile Under 21	445.97	454.16	7/1/2012
Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Desk Audit - Prospective portion  Distribution:	Usual an Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Change Change The Change Th	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Medicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance



Governor's Creek Health and Rehab.		Provider Number:	0 252387-00
803 Oak Street		Date:	6/27/2012
Green Cove Springs FL 32043		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 199.98	New Rate 207.59	Effective Date 7/1/2012
Single Devel		207.37	7/1/2012
Level H: AIDS	347.59	356.80	7/1/2012
Level U: Fragile Under 21	466.05	476.55	7/1/2012
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:  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 / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	Stephen Russell  t Reimbursement Plan	ning and Finance



The Palms Rehab. and Healthcare Center		Provider Number:	0 252395-00
5405 Babcock Street NE		Date:	6/27/2012
Palm Bay FL 32905		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 202.39	New Rate 201.43	Effective Date 7/1/2012
Level H: AIDS	350.00	350.64	7/1/2012
Level U: Fragile Under 21	468.46	470.39	7/1/2012
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 an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos	Stephen Russell at Reimbursement Plan	ning and Finance



Grand Oaks Health and Rehab. Center		Provider Number:	0 252409-00	
3001 Palm Coast Parkway SE		Date:	6/27/2012	
Palm Coast FL 32137		Fiscal Year End:	6/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 189.66	New Rate 191.95	Effective Date 7/1/2012	
ruising frome Single Devel	107.00		7/1/2012	
Level H: AIDS	337.27	341.16	7/1/2012	
Level U: Fragile Under 21	455.73	460.91	7/1/2012	
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 an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change hange  nester Change [2] as of 05/16/1997	n Interim Component	
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	stephen Russell t Reimbursement Plan	ning and Finance	



Harts Harbor Health Care Center		Provider Number:	0 252417-00
11565 Harts Road		Date:	6/27/2012
Jacksonville FL 32218		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 172.58	New Rate 177.32	Effective Date 7/1/2012
Level H: AIDS	320.19	326.53	7/1/2012
Level U: Fragile Under 21	438.65	446.28	7/1/2012
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	Usual ar Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  The Rating Change and Customary Limitation Rate limitation change Change The Prospective Adjusted in the Prospective with  The Rating Change of the Prospective With Prospectiv	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	Stephen Russell st Reimbursement Plan	ning and Finance



Marshall Health and Rehab. Center		Provider Number:	0 252425-00
207 Marshall Drive		Date:	6/27/2012
Perry FL 32347		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 177.27	New Rate 183.08	Effective Date 7/1/2012
Level H: AIDS	324.88	332.29	7/1/2012
Level U: Fragile Under 21	443.34	452.04	7/1/2012
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 at Target I FRVS C	Total Prospective Prospective Adjusted Total Prospective with  re 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  Home Office:  1 - No Home Office	Medicaid Co	Stephen Russell st Reimbursement Plan	ning and Finance



SeaView Nursing and Rehab. Center		Provider Number:	0 252433-00
2401 NE 2nd Street		Date:	6/27/2012
Pompano Beach FL 33062		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 201.26	New Rate 208.00	Effective Date 7/1/2012
Level H: AIDS	348.87	357.21	7/1/2012
Level U: Fragile Under 21	467.33	476.96	7/1/2012
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  The Rating Change and Customary Limitation at a limitation change Thange	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styl	Stephen Russell st Reimbursement Plan	ning and Finance



Plantation Bay Rehabilitation Center		Provider Number:	0 252441-00	
4641 Old Canoe Creek Road		Date:	6/27/2012	
St. Cloud FL 34769		Fiscal Year End:	6/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 200.85	New Rate	Effective Date 7/1/2012	
Nursing frome Single Level	200.85		//1/2012	
Level H: AIDS	348.46	356.65	7/1/2012	
Level U: Fragile Under 21	466.92	476.40	7/1/2012	
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 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 / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	stephen Russell  t Reimbursement Plan	ning and Finance	



Rio Pinar Health Care		Provider Number:	0 252450-00
7950 Lake Underhill Road		Date:	6/27/2012
Orlando FL 32822		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 199.50	New Rate <b>199.90</b>	Effective Date 7/1/2012
Level H: AIDS	347.11	349.11	7/1/2012
Level U: Fragile Under 21	465.57	468.86	7/1/2012
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
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos Styl	Stephen Russell  t Reimbursement Plan	ning and Finance



Rosewood Health and	d Rehab. Center			Provider Number:	0 252468-00	
3920 Rosewood Way	7			Date:	6/27/2012	
Orlando FL 32808				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:	Chala Land	-	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	-	197.29	200.06	7/1/2012	
	Level H: AIDS		344.90	349.27	7/1/2012	
	Level U: Fragile Under 21		463.36	469.02	7/1/2012	
Basis:  Budget X Unaudited Field audi Field audi Desk audit Desk Audi Desk Audi	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  e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Permanent File For inform	gement / Fiscal Agent mation Only ge in Rate  1 - No Home Office	Ši.	Medicaid Cos	t Reimbursement Plan	ning and Finance	



OAKTREE HEALTHCARE		Provider Number:	0 252476-00
650 Reed Canal Road		Date:	6/27/2012
South Daytona FL 32019		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 195.74	New Rate 200.21	Effective Date 7/1/2012
Level H: AIDS	343.35	349.42	7/1/2012
Level U: Fragile Under 21	461.81	469.17	7/1/2012
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 Rate limitation change Change The Rating Change The	n Interim Component
Desk Audit - Prospective portion  Distribution:	On FRV	[2] as of 05/21/1993	
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos	Stephen Russell  St Reimbursement Plan	ning and Finance



Edinborough Healthcare Center		Provider Number:	0 252484-00
1061 Virginia Street		Date:	6/27/2012
Dunedin FL 34698		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 208.49	New Rate 211.98	Effective Date 7/1/2012
Single Devel		211.96	7/1/2012
Level H: AIDS	356.10	361.19	7/1/2012
Level U: Fragile Under 21	474.56	480.94	7/1/2012
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  Desk Audit - Prospective portion	Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with The Rating Change and Customary Limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	Stephen Russell  st Reimbursement Plan  drug	ning and Finance



Spring Hill Health and Rehab. Center		Provider Number:	0 252492-00
12170 Cortez Blvd.		Date:	6/27/2012
Brooksville FL 34613		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	192.98	196.18	7/1/2012
Level H: AIDS	340.59	345.39	7/1/2012
Level U: Fragile Under 21	459.05	465.14	7/1/2012
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 at Target I FRVS C	Total Prospective Prospective Adjusted Total Prospective with  re Rating Change and Customary Limitation Rate limitation change	n Interim Component
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Medicaid Co	st Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office			



Habana Health Care Center		Provider Number:	0 252506-00
2916 Habana Way		Date:	6/27/2012
Tampa FL 33614		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>194.20</u>	<u> 199.94</u> _	7/1/2012
Level H: AIDS	341.81	349.15	7/1/2012
Level U: Fragile Under 21	460.27	468.90	7/1/2012
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 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  Home Office:  1 - No Home Office	Medicaid Cos  My  Medicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance



Vista Manor		Provider Number:	0 252522-00
1550 Jess Parrish Court		Date:	6/27/2012
Titusville FL 32796		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u> 198.57</u>		7/1/2012
Level H: AIDS	346.18	351.52	7/1/2012
Level U: Fragile Under 21	464.64	471.27	7/1/2012
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 an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with Te Rating Change ad Customary Limitation cate limitation change Change The Change	n Interim Component
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Stylu	Stephen Russell st Reimbursement Plan	ning and Finance



Hillcrest Nursing and Rehabilitation Center		Provider Number:	0 252531-00
4200 Washington Street		Date:	6/27/2012
Hollywood FL 33021		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 198.17	New Rate 205.11	Effective Date 7/1/2012
Level H: AIDS	345.78	354.32	7/1/2012
Level U: Fragile Under 21	464.24	474.07	7/1/2012
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 an Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted at Total Prospective with Tetal Prospective with The Rating Change and Customary Limitation Change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Medicaid Cos	Stephen Russell st Reimbursement Plant	ning and Finance



Renaissance Health and Rehabilitation		Provider Number:	0 252549-00
5065 Wallis Road		Date:	6/27/2012
West Palm Beach FL 33415		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 222.23	New Rate 218.37	Effective Date 7/1/2012
Level H: AIDS	369.84	367.58	7/1/2012
Level U: Fragile Under 21	488.30	487.33	7/1/2012
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	Changes:  Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted: Total Prospective with Re Rating Change It Customary Limitation ate limitation change hange Rester Change	n Interim Component
Desk Audit - Prospective portion		[2] as of 07/09/1986	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cost	Stephen Russell Reimbursement Plan	ning and Finance



Colonial Lakes Health Care		Provider Number:	0 252557-00
15204 West Colonial Drive		Date:	6/27/2012
Winter Garden FL 34787		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 190.01	New Rate 188.31	Effective Date 7/1/2012
Level H: AIDS	337.62	337.52	7/1/2012
Level U: Fragile Under 21	456.08	457.27	7/1/2012
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  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Desk Audit - Prospective portion	On FRV	[2] as of 09/01/1990	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Style  —	Stephen Russell  It Reimbursement Plan	ning and Finance



Pinebrook Care & Rehabilitation Center		Provider Number:	0 252662-00
1240 Pinebrook Road		Date:	6/27/2012
Venice FL 34292		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 211.55	New Rate	Effective Date 7/1/2012
Nursing Home Single Level	211.55		//1/2012
Level H: AIDS	359.16	367.10	7/1/2012
Level U: Fragile Under 21	477.62	486.85	7/1/2012
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 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  No Change in Rate  Home Office:  Sun Healthcare Group, Inc.  Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109	Medicaid Co	stephen Russell  ost Reimbursement Plan  Russell	ning and Finance



Palms of Sebring				Provider Number:	0 252671-00
725 South Pine Street				Date:	6/27/2012
Sebring FL 33870				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	Character [6]
<b>.</b>			Current	New	Effective
.,		_	Rate	Rate	Date
Nursing Home	Single Level	_	192.25	<u> 197.55</u> _	7/1/2012
	Level H: AIDS		339.86	346.76	7/1/2012
	Level U: Fragile Under 21	_	458.32	466.51	7/1/2012
		_			
Doto True a					
Rate Type :					
Interim		<u>X</u>	Prospectiv		
	Γotal Interim			Total Prospective	C. N. C.
	Interim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i interiii Component
	Filor Flovider Flospective data				
Basis:		Changes:			
Dudou			Licensur	e Rating Change	
Budget  X Unaudited	costs	-	-	d Customary Limitation	nn
Field audit		-		ate limitation change	м
Field audit	- interim portion	-	FRVS C	_	
Desk audite	-	-	-		
	- Interim Portion	X		nester Change	
	t - Prospective portion		On FRV	[2] as of 10/01/1985	
Distribution:				Stephen Russell	
_	ement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	action Only	1+	- 1	us Re	2011
	nation Only	M	z u	m Ka	www
No Chang	ge in Rate		•	•	
Home Office:	Covington Senior Living, LLC	<del>-</del>			
	Ted McMullen				
	1175 Peachtree Street				
	Atlanta GA				



Orchard Ridge Care & Rehabilitation Center		Provider Number:	0 252689-00
4927 Voorhees Road		Date:	6/27/2012
New Port Richey FL 34653		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 200.48	New Rate 206.55	Effective Date 7/1/2012
Shigh Level			7/1/2012
Level H: AIDS	348.09	355.76	7/1/2012
Level U: Fragile Under 21	466.55	475.51	7/1/2012
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	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 / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Sun Healthcare Group, Inc.  Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109	Medicaid Cos	Stephen Russell  It Reimbursement Plan	ning and Finance



Leesburg Health & Rehab	Provider Number: 0 252956-00
715 East Dixie Avenue	Date: 6/27/2012
Leesburg FL 32748	Fiscal Year End: 2/28/2011
	Audit Status: Unaudited [3]
Provider Type:	Current New Effective Rate Rate Date
Nursing Home Single Level	<u>213.06</u> <u>219.76</u> <u>7/1/2012</u>
Level H: AIDS	360.67 368.97 7/1/2012
Level U: Fragile Under 21	479.13 488.72 7/1/2012
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	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  X Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 09/01/1989
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Anchor Management  Phil Castleberg  1344 Longhill Drive  Apopka FL 32712	Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance



Springwood Care & Rehabilitation Center		Provider Number:	0 253014-00
4602 Northgate Court		Date:	6/27/2012
Sarasota FL 34234		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 212.16	New Rate 210.84	Effective Date 7/1/2012
Level H: AIDS	359.77	360.05	7/1/2012
Level U: Fragile Under 21	478.23	479.80	7/1/2012
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 an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with The 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  Home Office:  Sun Healthcare Group, Inc.  Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109	Medicaid Cos  Styli	Stephen Russell  St Reimbursement Plan	ning and Finance



Southern Oaks Health Care		Provider Number:	0 253146-00
3855 Old Canoe Creek Road		Date:	6/27/2012
St. Cloud FL 34769		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 187.60	New Rate 193.08	Effective Date 7/1/2012
ruising frome Single Level	107.00	193.06	7/1/2012
Level H: AIDS	335.21	342.29	7/1/2012
Level U: Fragile Under 21	453.67	462.04	7/1/2012
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	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 / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Medicaid Cos	t Reimbursement Plan	ning and Finance



The Palms At Park Place				Provider Number:	0 253421-00
221 Park Place Blvd.				Date:	6/27/2012
Kissimmee FL 34741	_			Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Single Lev	el	<u> </u>	178.02	<u> 182.15</u>	7/1/2012
Level H: AID	S	<u>.</u>	325.63	331.36	7/1/2012
Level U: Frag	ile Under 21	<u> </u>	444.09	451.11	7/1/2012
Interim  Total Interim Interim Compone Settlement based Prior Provider Pro  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective po	on costs espective data	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
<b>Distribution:</b>				Stephen Russell	
Contract Management / Fiscal Age Permanent File For information Only No Change in Rate  Home Office:  1 - No Fi	gent Tome Office	Sty	licaid Cos	t Reimbursement Plan	ning and Finance



Sunset Point Care & I	Rehabilitation Center			Provider Number:	0 253430-00
1980 Sunset Point Ro	ad			Date:	6/27/2012
Clearwater FL 33765				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nuusina Homo	Single Level	_	Rate	Rate	Date
Nursing Home	Single Level	_	186.28	<u> 191.65</u> _	7/1/2012
	Level H: AIDS		333.89	340.86	7/1/2012
	Level U: Fragile Under 21	_ _	452.35	460.61	7/1/2012
Rate Type :					
Interim		X	Prospectiv	7.P.	
	Γotal Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
I	Prior Provider Prospective data				
Basis:		Changes	:		
				D : 01	
Budget			_	e Rating Change	
XUnaudited Field audited		-	_	d Customary Limitation ate limitation change	on
	- interim portion		FRVS C	=	
Desk audite	*		_	8-	
	- Interim Portion	X		nester Change	
	- Prospective portion		On FRV	[2] as of 10/01/1985	
<b>Distribution:</b>				Stephen Russell	
Contract Manage	ement / Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		11-1	- /	m Re	
	nation Only	- 15t	R U	my Ka	issil
No Chang	ge in Rate				
Home Office:	Sun Healthcare Group, Inc.	<u> </u>			
	Reimbursement Department				
	101 Sun Avenue NE Albuquerque NM 87109				
	Albuquerque Mivi 6/109				



Bay Tree Care & Rehabilita				Provider Number:	0 253448-00	
2600 Highlands Boulevard,	North			Date:	6/27/2012	
Palm Harbor FL 34684				Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home Sin	ngle Level		202.91	207.24	7/1/2012	
Lev	el H: AIDS	_	350.52	356.45	7/1/2012	
Lev	el U: Fragile Under 21	_	468.98	476.20	7/1/2012	
Settlem	ts rim portion ts im Portion spective portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 01/01/2007  Stephen Russell	n Interim Component	
Permanent File	/ Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance	
For information	Only	St.	celi	us Ra	issell	
No Change in R	ate	الم مربر	7	, , , , ,		
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 Avenue		Date:	6/27/2012
Ocala FL 32674		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 196.33	New Rate 202.20	Effective Date 7/1/2012
Level H: AIDS	343.94	351.41	7/1/2012
Level U: Fragile Under 21	462.40	471.16	7/1/2012
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  Desk Audit - Prospective portion	Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with The Rating Change and Customary Limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styl	Stephen Russell st Reimbursement Plan	ning and Finance



West Bay Care & Rel	habilitation Center			Provider Number:	0 253464-00
3865 Tampa Road		<del>-</del> -		Date:	6/27/2012
Oldsmar FL 34677		_		Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level	_	Rate 204.57	Rate	Date 7/1/2012
Nursing Home	Single Level	_	204.57	210.33	//1/2012
	Level H: AIDS		352.18	359.54	7/1/2012
	Level U: Fragile Under 21	- -	470.64	479.29	7/1/2012
Rate Type :					
Interim		X	Prospectiv		
	Total Interim Interim Component		<u>X</u>	Total Prospective Prospective Adjusted	for Nov. Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Prospective with	i interim Component
		CI			
Basis:		Changes	<u>:</u> ]		
Budget			Licensur	e Rating Change	
X Unaudited	costs		_	d Customary Limitation	on
Field audit			_	ate limitation change	
Field audit	t - interim portion		FRVS C	hange	
Desk audit			_		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 10/01/1998	
Distribution:	* *		OHTIC	-	
Contract Manag	gement / Fiscal Agent			Stephen Russell	
Permanent File		M	edicaid Cos	t Reimbursement Plan	ning and Finance
For inform	nation Only	27	In Si	m Ra	well
No Chang	ge in Rate	100	y vi	us Re	
Home Office:	Sun Healthcare Group, Inc		-		
nome office.	Reimbursement Departmer				
	101 Sun Avenue NE				
	Albuquerque NM 87109				



Forum at Deer Creek				Provider Number:	0 253481-00
3001 Deer Creek Blvd				Date:	6/27/2012
Deerfield Beach FL 33442				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Si	ngle Level	_	Current Rate	New Rate 249.68	Effective Date 7/1/2012
O					
Lev	vel H: AIDS	_	390.06	398.89	7/1/2012
Lev	vel U: Fragile Under 21	_	508.52	518.64	7/1/2012
Interin Settlen	rim portion ts rim Portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted if Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:	1			Stephen Russell	
Contract Management	/ Fiscal Agent		edicaid Cos	t Paimbursament Plans	ning and Finance
Permanent File		171	eurearu cos	/ — — — — — — — — — — — — — — — — — — —	
For information  No Change in R	•	M	ep U	us Re	isser
Home Office:	FiveStar Quality Care Inc	_ ′			
	400 Centre Street Newton MA 02458				



EDEN SPRINGS NURSING & REHABILITATION C		Provider Number:	0 253707-00	
4679 Crawfordville Highway		Date:	6/27/2012	
Crawfordville FL 32326		Fiscal Year End:	7/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	219.17		7/1/2012	
Level H: AIDS	366.78	375.57	7/1/2012	
Level U: Fragile Under 21	485.24	495.32	7/1/2012	
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  Distribution:  Contract Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate	Wadiesid Co	Total Prospective Prospective Adjusted: Total Prospective with  Trotal Prospective with  Trotal Prospective with  Trotal Prospective with  Trotal Prospective with	n Interim Component	
Home Office:  DOS Health Care  300 71 Street Miami Beach Fl 33141	_ /			



Jackson Plaza Nursing	& Rehabilitation Center		Provider Number:	0 253723-00
1861 NW 8th Ave.			Date:	6/27/2012
Miami FL 33136			Fiscal Year End:	2/29/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 230.37	New Rate <b>240.46</b>	Effective Date 7/1/2012
	Level H: AIDS	377.98	389.67	7/1/2012
	Level U: Fragile Under 21	496.44	509.42	7/1/2012
Basis:  Budget X Unaudited c 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  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 07/26/2002	n Interim Component
Distribution:  Contract Manage Permanent File For inform No Change Home Office:	•	Styp 18	Stephen Russell ost Reimbursement Plan	ning and Finance



Manor Pines Convalescent Center, LLC	2		Provider Number:	0 254177-00	
1701 NE 26th Street			Date:	6/27/2012	
Ft. Lauderdale FL 33305			Fiscal Year End:	6/30/2011	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home Single Leve	<b>2</b>	198.64		7/1/2012	
Level H: AIDS	S	346.25	353.56	7/1/2012	
Level U: Fragi	le Under 21	464.71	473.31	7/1/2012	
Interim  Total Interim  Interim Compone Settlement based Prior Provider Pro  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective po	on costs espective data	Licensure Usual and Target Ra FRVS Cr	Fotal Prospective Prospective Adjusted Fotal Prospective with  Prospective with  Prospective with  Prospective with  Prospective with  Prospective with  Prospective with	n Interim Component	
Contract Management / Fiscal Ag Permanent File For information Only No Change in Rate	ent -	Medicaid Cost  Styli	Reimbursement Plan	ning and Finance	<del>-</del>
Sally Bol 1701 N.E	nagement, LLC. en . 26th Street anors FL 33305	•			



Arch Plaza Nursing & Rehabilitation Center	_		Provider Number:	0 254291-00
12505 NE 16th Avenue	<u></u>		Date:	6/27/2012
North Miami FL 33161	_		Fiscal Year End:	7/31/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level		Current Rate 245.26	New Rate <b>253.92</b>	Effective Date 7/1/2012
Level H: AIDS		392.87	403.13	7/1/2012
Level U: Fragile Under 21		511.33	522.88	7/1/2012
Budget X Unaudited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs	Chang	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation Itel limitation change I change Rester Change Forall Prospective with	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Hebrew Home Managem  Steve Beaujon  1800 NE 168th Street, Su Miami Beach FL 33162	ent Services	Medicaid Cost	Stephen Russell Reimbursement Plan	ning and Finance



Wrights Healthcare & Rehabilitation Center		Provider Number:	0 254762-00
11300 110th Ave. North		Date:	6/27/2012
Seminole FL 33778		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date 7/1/2012
Nursing Home Single Level	198.91		//1/2012
Level H: AIDS	346.52	356.63	7/1/2012
Level U: Fragile Under 21	464.98	476.38	7/1/2012
Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  The Rating Change d Customary Limitation ate limitation change hange The Rating Change hange	n Interim Component
Desk Audit - Prospective portion  Distribution:	Oll FRV	[2] as of 05/21/2002	
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  KR Management  3500 Oak Manor Lane Largo FL 33774	Medicaid Cos  Styph	Stephen Russell at Reimbursement Plan	ning and Finance



EdgeWood Nursing Center				Provider Number:	0 254878-00
1771 Edgewood Avenue W	est			Date:	6/27/2012
Jacksonville FL 32208		•		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Si	ngle Level	-	Current Rate 180.72	New Rate	Effective Date 7/1/2012
Nutsing Home Si	ngie Levei	-	100.72	<u> 194.61</u> _	//1/2012
Le	vel H: AIDS		328.33	343.82	7/1/2012
Le	vel U: Fragile Under 21		446.79	463.57	7/1/2012
Interin Settler	rim portion its rim Portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 06/01/1993	n Interim Component
Contract Management Permanent File For information No Change in F	Only	- M	Tedicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance
Home Office:	Putnam Council, Inc.  16 Norcross Street Roswell GA 30075				



Woodlands Care Center of	f Alachua County			Provider Number:	0 255572-00	
7207 SW 24th Avenue				Date:	6/27/2012	
Gainesville Fl 32607				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home S	ingle Level		167.31	<u> 172.72</u> _	7/1/2012	
Le	evel H: AIDS		314.92	321.93	7/1/2012	
Le	evel U: Fragile Under 21		433.38	441.68	7/1/2012	
Basis:  Budget X Unaudited costs Field audit - int Desk audited co Desk audit - Inte	erim portion osts	Changes:	Licensur 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	
Contract Managemer	nt / Fiscal Agent	Med	licaid Cos	t Reimbursement Plan	ning and Finance .	_
Permanent File For information No Change in	•	Ste	ph	us Re	issell	
Home Office:	SMJ Enterprises, LLC  Donna Marsh 1704 Huntington Village Circle Daytona Beach FL 32114	_ ′				



Diamond Ridge Health & Rehabilitation Center		Provider Number:	0 256269-00
2730 W. Marc Knighton Court	<u> </u>	Date:	6/27/2012
Lecanto FL 34461	<u>—</u>	Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	196.76		7/1/2012
Level H: AIDS	344.37	355.62	7/1/2012
Level U: Fragile Under 21	462.83	475.37	7/1/2012
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 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 Temperature Chang	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Summit Care II, Inc  Guy Farmer  2851 Remington Green  Tallahassee FL 32308	Stype	Stephen Russell  Fost Reimbursement Plan  Russell	ning and Finance



Surrey Place Convalescent Center of Bradenton		Provider Number:	0 256277-00
5525 21st Avenue West		Date:	6/27/2012
Bradenton FL 34209		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 222.56	New Rate 230.96	Effective Date 7/1/2012
Level H: AIDS	370.17	380.17	7/1/2012
Level U: Fragile Under 21	488.63	499.92	7/1/2012
Interim  Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:	Changes:	Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch	e Rating Change Il Customary Limitation ate limitation change nange lester Change [2] as of 02/08/1989	on
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Summit Care II, Inc  Guy Farmer  2851 Remington Green Circle, St  Tallahassee FL 32308	Steph	Stephen Russell Reimbursement Plan	ning and Finance



Lakeside Nursing & 1	Rehabilitation Center			Provider Number:	0 256757-00	
11411 Armsdale Roa		•		Date:	6/27/2012	
Jacksonville FL 3221	8			Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	_
Provider Type:						
			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level		185.28	192.69	7/1/2012	
	Level H: AIDS		332.89	341.90	7/1/2012	
	Level U: Fragile Under 21		451.35	461.65	7/1/2012	
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:		Change	es:			
			T ·	D. C. C.		
Budget X Unaudited				e Rating Change		
Field audit				d Customary Limitation ate limitation change	DΠ	
	t - interim portion		FRVS C	_		
Desk audit	_			8		
	: - Interim Portion	X		nester Change		
	t - Prospective portion		On FRV	[2] as of 01/21/1998		
<b>Distribution:</b>				Stephen Russell		
Contract Manag	gement / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File		-	/	ノーカ	.//	
	nation Only	S)	teen	m Re	isser	
No Chan	ge in Rate			. / -		
Home Office:	Health Care Managers, Inc		•			
	Ivonne Burrell					
	2380 Sadler Road Suite 201					
	Fernandina Beach FL 3203	+				



Lakeside Pavillion Care & Rehabilitation Center		Provider Number:	0 256846-00
2900 Twelfth Street		Date:	6/27/2012
Naples FL 33940		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	198.40	203.11	7/1/2012
Level H: AIDS	346.01	352.32	7/1/2012
Level U: Fragile Under 21	464.47	472.07	7/1/2012
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>		Stephen Russell	_
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  Sun Healthcare Group, Inc.  Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109	Medicaid Cos	t Reimbursement Plan	ning and Finance



Manor Oaks Nursing & Rehab Center		Provider Number:	0 256935-00
2121 E. Commercial Blvd.		Date:	6/27/2012
Ft. Lauderdale FL 33308		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current	New	Effective
Nursing Home Single Level	Rate 202.47	209.20	Date 7/1/2012
Level H: AIDS	250.00	250.41	7/1/2012
Level H. AIDS	350.08	358.41	7/1/2012
Level U: Fragile Under 21	468.54	478.16	7/1/2012
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:	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cos  My M	stephen Russell  It Reimbursement Plan	ning and Finance
Home Office:  1601 Management, LLC.  Sally Bolen 1701 N.E. 26th Street Wilton Manors FL 33305	_ ′		



PG of Port St Lucie				Provider Number:	0 257249-00
1751 Hillmoor Drive		_		Date:	6/27/2012
Port St. Lucie FL 349	252	_		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NI II	C' l . T l	-	Rate	Rate	Date
Nursing Home	Single Level	-	186.53	<u> 191.62</u> _	7/1/2012
	Level H: AIDS		334.14	340.83	7/1/2012
	Level U: Fragile Under 21		452.60	460.58	7/1/2012
Rate Type:					
Interim		X	Prospectiv	ve .	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	1 Interim Component
	Prior Provider Prospective data				
Basis:		Changes	s:		
Dudget			Licensur	e Rating Change	
Budget X Unaudited	costs			d Customary Limitation	าท
Field audit				ate limitation change	,,,,
Field audit	: - interim portion		FRVS C	hange	
Desk audit	-				
	- Interim Portion	X		nester Change	
	t - Prospective portion		On FRV	[2] as of 02/25/1988	
Distribution:	ement / Fiscal Agent			Stephen Russell	
Ç	ement / Fiscai Agent	N	Iedicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	nation Only	1-	1.1	ク	mell
No Chang	-	M	ye u	us Re	unaco,
	Cypress Administrative S	,		I	
Home Office:	Alan Wengrofsky	CI 11003, DDC			
	4 West Red Oak Lane, Sui	te 201			
	White Plains NY 10604				



PG of West Palm Bea	ch			Provider Number:	0 257257-00
300 EXECUTIVE CE	ENTER DRIVE	<del>-</del>		Date:	6/27/2012
West Palm Beach FL	33401	_		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
-			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		200.03	201.57	7/1/2012
	Level H: AIDS		347.64	350.78	7/1/2012
	Level U: Fragile Under 21		466.10	470.53	7/1/2012
Rate Type :					
Interim		X	Prospectiv	re	
	Total 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:		Change	es:		
Dudou			L icensur	e Rating Change	
Budget  X Unaudited	rosts	-		d Customary Limitatio	nn
Field audit				ate limitation change	л
Field audit	- interim portion		FRVS C	hange	
Desk audite	ed costs				
	- Interim Portion	X		nester Change [2] as of 04/20/1988	
Distribution:	z - Prospective portion		Oll I K v		
	ement / Fiscal Agent			Stephen Russell	
Permanent File	omone, i isour i igoni	N	Medicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only	1	tools	$\sim$ $\sim$ $\sim$	well
No Chang	•	///	ye u	us Re	
Home Office:	Cypress Administrative Se			1	
1101110 011100.	Alan Wengrofsky				
	4 West Red Oak Lane, Suit	te 201			
	White Plains NY 10604				



PG of Gainesville				Provider Number:	0 257265-00
227SW 62nd Bouleva		_	Date:		6/27/2012
Gainesville FL 32607		_		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	emaanea [e]
			Current	New	Effective
			Rate	Rate	Date
<b>Nursing Home</b>	Single Level		194.41	192.94	7/1/2012
	Level H: AIDS		342.02	342.15	7/1/2012
	Level U: Fragile Under 21		460.48	461.90	7/1/2012
Rate Type :					
Interim		X	Prospectiv	<i>i</i> e	
	Γotal Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
I	Prior Provider Prospective data				
Basis:		Change	es:		
Dudget			Licensur	e Rating Change	
Budget X Unaudited	costs			d Customary Limitation	on
Field audit				ate limitation change	<b>711</b>
Field audit	- interim portion		FRVS C	hange	
Desk audite	ed costs				
	- Interim Portion	X		nester Change	
Desk Audit Distribution:	t - Prospective portion		On FRV	[2] as of 08/01/1999	
	ement / Fiscal Agent			Stephen Russell	
Permanent File	ement / Fiscai Agent	ľ	Medicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only	1	+ 1	ク	mell
No Chang	•	100	yeu	us Re	is to
<del></del>	Cypress Administrative So		/	I	
Home Office:	Alan Wengrofsky				
	4 West Red Oak Lane, Sui	te 201			
	White Plains NY 10604				



PG of Jacksonville		Provider Number:	0 257273-00
5275 Spring Park Road		Date:	6/27/2012
Jacksonville FL 32216		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 203.29	New Rate <b>201.13</b>	Effective Date 7/1/2012
Level H: AIDS	350.90	350.34	7/1/2012
Level U: Fragile Under 21	469.36	470.09	7/1/2012
Budget X Unaudited costs Field audited costs Field audited costs Desk audited costs Desk Audit - Prospective portion Desk Audit - Prospective portion  Distribution:	Licensure Usual and Target Ra FRVS CI	Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 03/14/1990  Stephen Russell	n Interim Component
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Cypress Administrative Service Alan Wengrofsky 4 West Red Oak Lane, Suite 20 White Plains NY 10604	Styli Es, LLC	t Reimbursement Plan	ning and Finance



PG of Ocala			Provider Nun	nber: 0 257290-00	
2700 SW 34th Street			Ι	Date: 6/27/2012	
Ocala FL 34474			Fiscal Year F	End: 6/30/2011	
			Audit St	atus: Unaudited [3]	
Provider Type:	G: 1.1. 1	Curre Rate	Rate	Effective Date	
<b>Nursing Home</b>	Single Level	<u>193.</u>	195.29	7/1/2012	
	Level H: AIDS	341.	344.50	7/1/2012	
	Level U: Fragile Under 21	459.	53 464.25	7/1/2012	
Basis:  Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Changes:  Lic Ust Tar FR X Rat		justed for New Costs we with Interim Component  emitation lange	
<u>Distribution:</u>	· / Ti - 1 A		Stephen Rus	ssell	
Contract Managen Permanent File	nent / Fiscal Agent	Medicai	l Cost Reimbursemer	nt Planning and Finance	-
For informa	tion Only	Et. w	free 7	Dursell	
No Change	•	my	uns /	Russell	
Home Office:	Cypress Administrative Serv Alan Wengrofsky 4 West Red Oak Lane, Suite White Plains NY 10604	īces, LLC			



PG of Orlando			Provider Number:	0 257303-00
654 East Econlockhatel	hee Trail	Date: 6/27		
Orlando FL 32825			Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 199.15	Rate	Effective Date 7/1/2012
	Level H: AIDS	346.76	343.48	7/1/2012
	Level U: Fragile Under 21	465.22	2 463.23	7/1/2012
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with  Sure Rating Change I and Customary Limitation change Rate limitation change S Change Semester Change RV [2] as of 09/21/1987	h Interim Component
Distribution:  Contract Manager  Permanent File  For informa  No Change  Home Office:	•	Styp i	Stephen Russell Cost Reimbursement Plan	nning and Finance



PG of Vero Beach			Provider Number:	0 257311-00	
1755 37th Street		Date: 6/27/2			
Vero Beach FL 32960			Fiscal Year End: 6/30/		
			Audit Status:	Unaudited [3]	
Provider Type:					
		Current	New	Effective	
Nursing Home	Single Level	Rate 190.93	Rate	Date 7/1/2012	
Nursing Home	Single Level	190.93		//1/2012	
	Level H: AIDS	338.54	340.56	7/1/2012	
	Level U: Fragile Under 21	457.00	460.31	7/1/2012	
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 Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 11/25/1987	n Interim Component	
Distribution:			Stephen Russell		
Contract Manage	ement / Fiscal Agent	Medicaid C	ost Reimbursement Plan	ning and Finance	
Permanent File		Wiedicaid C		ining and i mance	
	nation Only	Steel	m Re	issell	
No Chang	ge in Rate		, , ,		
Home Office:	Cypress Administrative Ser Alan Wengrofsky 4 West Red Oak Lane, Suite White Plains NY 10604				



PG of Winter Haven				Provider Number:	0 257320-00
1120 Cypress Garden Bo					6/27/2012
Winter Haven FL 33884					6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				radit Status.	e madanea (e)
			Current	New	Effective
			Rate	Rate	Date
<b>Nursing Home</b>	Single Level	_	188.15	193.69	7/1/2012
	Level H: AIDS		335.76	342.90	7/1/2012
	Level U: Fragile Under 21	_	454.22	462.65	7/1/2012
Rate Type:		X	Prospectiv	e	
	tal Interim		_	Total Prospective	
Inte	erim Component			Prospective Adjusted	for New Costs
Set	tlement based on costs			Total Prospective with	Interim Component
Price Price	or Provider Prospective data				
Basis:		<b>Changes:</b>			
Desk audited of Desk audit - It Desk Audit - It	costs nterim portion	X	Usual and Target R. FRVS C. Rate Sen	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 07/09/1987	on
<u>Distribution:</u>				Stephen Russell	
Contract Managem	ent / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File		1.1	- 1	′ カ	
For informat	•	20	z u	us Re	issivi
No Change i	n Rate	/	•		
Home Office:	Cypress Administrative Service Alan Wengrofsky 4 West Red Oak Lane, Suite 20 White Plains NY 10604				



Citrus Health and Rehabilita	ation Center			Provider Number:	0 257419-00	
701 Medical Court East				Date:	6/27/2012	
Inverness FL 34452				Fiscal Year End:	5/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Sin	ngle Level	_	Current Rate 216.62	New Rate 223.33	Effective Date 7/1/2012	
	ingle Devel	_	210.02		7/1/2012	
Lev	vel H: AIDS	_	364.23	372.54	7/1/2012	
Lev	vel U: Fragile Under 21	_	482.69	492.29	7/1/2012	
Interin Settlen	rim portion ts rim Portion spective portion	Changes:	Licensure Usual and Target R FRVS CI	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 07/29/1994  Stephen Russell	n Interim Component	
Permanent FileFor information	Only	M	edicaid Cos	t Reimbursement Plan	usell	
No Change in R	Rate			, , , ,		
Home Office:	Provident Resources Group, 5565 Bankers Ave. Baton Rouge LA 70808	,				



PG of Clearwater				Provider Number:	0 257460-00	
3480 McMullen Boot	th Road	Date: 6/27			6/27/2012	
Clearwater FL 33761		_	Fiscal Year End: 6/30/			
				Audit Status:	Unaudited [3]	_
Provider Type:						
			Current	New	Effective	
Nursing Home	Single Level	-	Rate 213.73	Rate	7/1/2012	
Nursing Home	Single Level	_	213.73	220.16	//1/2012	
	Level H: AIDS		361.34	369.37	7/1/2012	
	Level U: Fragile Under 21	•	479.80	489.12	7/1/2012	
Rate Type :						
Interim		X	Prospectiv	ve		
	Total Interim			Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	n Interim Component	
	Prior Provider Prospective data					
Basis:		Changes	S <b>:</b>			
Budget			Licensur	e Rating Change		
X Unaudited	costs			d Customary Limitatio	on	
Field audit	ed costs			ate limitation change		
Field audit	t - interim portion		FRVS C	hange		
Desk audit			<b>-</b>	· · · · · · ·		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 09/18/1987		
Distribution:				Stephen Russell		
Contract Manag	gement / Fiscal Agent		Indicaid Con	t Reimbursement Plan	ning and Einanga	
Permanent File		IV	iedicaid Cos	/ Reinibursement Plan	ming and rmance	
For inform	nation Only	タイ	treli	us Ka	well	
No Chang	ge in Rate	10	7 00	us Re		
Home Office:	Cypress Administrative S	,	-			
	Alan Wengrofsky					
	4 West Red Oak Lane, Sui	te 201				
	White Plains NY 10604					
	-					



PG of Largo			P	Provider Number:	0 257478-00
10500 Starkey Road				Date:	6/27/2012
Largo FL 33777			Fiscal Year End: 6/30		
				Audit Status:	Unaudited [3]
Provider Type:		Curı Ra		New Rate	Effective Date
Nursing Home	Single Level	211	.92	213.87	7/1/2012
	Level H: AIDS	359	.53	363.08	7/1/2012
	Level U: Fragile Under 21	477	.99	482.83	7/1/2012
Basis:  Budget X Unaudited of Field audited Field audited audi	ed costs - interim portion	Changes:   Li	Pro Tot  Censure R  Sual and C  Greget Rate  RVS Chan  ate Semest	ating Change ustomary Limitatio limitation change	h Interim Component
Distribution:			\$	Stephen Russell	
Permanent File	ement / Fiscal Agent nation Only ge in Rate  Cypress Administrative Ser Alan Wengrofsky 4 West Red Oak Lane, Suite	Styp vices, LLC	id Cost Re	eimbursement Plan	nning and Finance
	White Plains NY 10604	. 201			



PG of North Miami		Provider Number:	0 257494-00
21251 East Dixie Highway		Date:	6/27/2012
Aventura FL 33180		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 213.38	New Rate 216.32	Effective Date 7/1/2012
Level H: AIDS	360.99	365.53	7/1/2012
Level U: Fragile Under 21	479.45	485.28	7/1/2012
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 Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with Re Rating Change Country Limitation Total Prospective with	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent		Stephen Russell	
Permanent FileFor information OnlyNo Change in Rate  Home Office:  Cypress Administrative Service Alan Wengrofsky 4 West Red Oak Lane, Suite 20 White Plains NY 10604	Styph Es, LLC	Reimbursement Plan	ning and Finance



PG of Pinellas				Provider Number:	0 257508-00
200 16th Avenue SE		Date: 6/27/2			6/27/2012
Largo FL 33771		_		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level	-	Rate <b>201.76</b>	Rate	Date 7/1/2012
Nutsing Home	Single Level	-	201.70	207.59	//1/2012
	Level H: AIDS		349.37	356.80	7/1/2012
	Level U: Fragile Under 21		467.83	476.55	7/1/2012
					_
Rate Type:					
Interim		X	Prospectiv	re	
<del></del>	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
1	Prior Provider Prospective data				
Basis:		Change	s:		
Budget			Licensure	e Rating Change	
X Unaudited				d Customary Limitation	on
Field audit				ate limitation change	
	t - interim portion		FRVS C	hange	
Desk audit	ed costs - Interim Portion	<u> </u>	— Poto Son	nester Change	
	t - Prospective portion			[2] as of 06/25/1991	
Distribution:				Stephen Russell	
Contract Manag	gement / Fiscal Agent		Andinaid Com	t Reimbursement Plan	ning and Einanga
Permanent File		N	redicald Cos	Remidursement Plan	ming and rinance
For inform	nation Only	In In	trestr	us Ka	issell
No Chang	ge in Rate		T ii	us Re	
Home Office:	Cypress Administrative Se				
Home Office.	Alan Wengrofsky				
	4 West Red Oak Lane, Suit	te 201			
	White Plains NY 10604				



PG of Sun City		Provider Number:	0 257516-00	
3850 Upper Creek Drive		Date:	6/27/2012	
Sun City Center FL 33573		Fiscal Year End:	6/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 200.28	New Rate 206.04	Effective Date 7/1/2012	
		200.04	111/2012	
Level H: AIDS	347.89	355.25	7/1/2012	
Level U: Fragile Under 21	466.35	475.00	7/1/2012	
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:	Changes:  Licensure Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Contract Management / Fiscal Agent	Madianid Case		ning and Finance	
Permanent FileFor information OnlyNo Change in Rate  Home Office:  Cypress Administrative Service Alan Wengrofsky 4 West Red Oak Lane, Suite 20 White Plains NY 10604	Styph 55, LLC	t Reimbursement Plan	usall	



PG of Tampa		_		Provider Number:	0 257524-00		
3612 138th Avenue		_		Date:	6/27/2012		
Tampa FL 33613		Fiscal Year End: 6/30			6/30/2011		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current Rate	New Rate	Effective Date		
Nursing Home	Single Level	<del>-</del>	206.83	211.38	7/1/2012		
Turbing Home	Single Devel	-	200.03	211.30	7/1/2012		
	Level H: AIDS		354.44	360.59	7/1/2012		
	Level U: Fragile Under 21		472.90	480.34	7/1/2012		
Rate Type:							
Interim		X	Prospectiv	re			
	Total Interim			Total Prospective			
	Interim Component	Prospective Adjusted for New Costs  Total Prospective with Interim Component					
	Settlement based on costs			Total Prospective with	1 Interim Component		
	Prior Provider Prospective data	1					
Basis:		Change	s:				
D. L			Licensur	e Rating Change			
Budget X Unaudited	costs			d Customary Limitatio	nn		
Field audit				ate limitation change	л		
	t - interim portion		FRVS C	_			
Desk audit	_		_				
	- Interim Portion	X		nester Change			
	t - Prospective portion		On FRV	[2] as of 07/01/1990			
<b>Distribution:</b>				Stephen Russell			
_	gement / Fiscal Agent	N	ledicaid Cos	t Reimbursement Plan	ning and Finance		
Permanent File		1.	- 1	us Re			
	nation Only	/N	ye w	m Ka	is soll		
No Chang	ge in Rate						
Home Office:	Cypress Administrative Se	ervices, LLC					
	Alan Wengrofsky						
	4 West Red Oak Lane, Suit	te 201					
	White Plains NY 10604						



Oak Manor Healthcare a	nd Rehabilitation Center			Provider Number:	0 258342-00
3500 Oak Manor Lane				Date:	6/27/2012
Largo FL 33774				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	R	rrent ate <b>4.67</b>	New Rate 200.35	Effective Date 7/1/2012
	Level H: AIDS	34	2.28	349.56	7/1/2012
	Level U: Fragile Under 21	46	0.74	469.31	7/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	costs nterim portion	Changes:  L T F	icensur Isual an arget R RVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 08/08/1990	n Interim Component
Contract Managem Permanent File For informat No Change i	ion Only n Rate	Medic My	aid Cos	Stephen Russell t Reimbursement Plan	ning and Finance
Home Office:	KR Management  3500 Oak Manor Lane Largo FL 33774				



Indigo Manor		Prov	vider Number:	0 258750-00	)
595 Williamson Blvd			Date:	6/27/2012	
Daytona Beach FL 32114		Fisc	cal Year End:	6/30/2011	
			Audit Status:	Unaudited [3	8]
Provider Type:	R		New Rate	Effective Date	
Nursing Home Single Level		<u> </u>	219.99	7/1/2012	
Level H: AIDS	36.	3.67	369.20	7/1/2012	
Level U: Fragile Under 2	21 48.	2.13	488.95	7/1/2012	
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective de  Basis:  Budget  X Unaudited costs  Field audited costs  Field audit - interim portion  Desk audit - Interim Portion  Desk Audit - Prospective portion	Changes:	Prospective Prospective Rational and Customarget Rate limits RVS Change	ng Change omary Limitation itation change	h Interim Componen	ıt
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Fairfax Senior Livi Robert Hostler 10387 Main Street, Fairfax VA 22030	sty	id Cost Paim	bursement Plar	nning and Finance	



Haven of Our Lady of Pea	ce			Provider Number:	0 258831-00
1900 Summit Boulevard				Date:	6/27/2012
Pensacola Fl 32503				Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home S	ingle Level	_	205.41		7/1/2012
Le	evel H: AIDS	_	353.02	361.91	7/1/2012
Le	evel U: Fragile Under 21	_	471.48	481.66	7/1/2012
Basis:  Budget X Unaudited costs Field audit - int Desk audited co Desk audit - Inte	erim 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 Managemer Permanent File For information No Change in  Home Office:	n Only Rate Sacred Heart Hospital Mike Myers	M.	edicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance
	Mike Myers 5151 North 9th Avenue Pensacola FL 32513-2700				



Life Care Center of Inverrary		Provider Number:	0 259080-00	
4251 Rock Island Road		Date:	6/27/2012	
Lauderhill FL 33319		Fiscal Year End:	8/31/2011	•
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	212.14		7/1/2012	
Level H: AIDS	359.75	368.47	7/1/2012	
Level U: Fragile Under 21	478.21	488.22	7/1/2012	
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 Target FRVS  X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Four Rating Change and Customary Limitation Rate limitation change Change Emester Change V [2] as of 01/30/2003	n Interim Component	=
Contract Management / Fiscal Agent  Permanent FileFor information OnlyNo Change in Rate  Home Office:  Life Care Centers Of Americ Doug Ruth 3570 NW Keith Street Cleveland TN 37320	Stype	Stephen Russell  Fost Reimbursement Plan  Russell  Russell	ning and Finance	



Lakeview Terrace Skilled Nursing Facility		Provider Number:	0 259225-00
110 Lodge Terrace Drive		Date:	6/27/2012
Altoona FL 32702		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	201.79	207.24	7/1/2012
Level H: AIDS	349.40	356.45	7/1/2012
Level U: Fragile Under 21	467.86	476.20	7/1/2012
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:  Contract Management / Fiscal Agent  Permanent File	Changes:  Licensure Usual and Target Ra FRVS CH  X Rate Sem On FRV	Total Prospective Prospective Adjusted Total Prospective with  Rating Change d Customary Limitation ate limitation change hange  Mester Change [2] as of 05/28/1987  Stephen Russell	n Interim Component  on
For information Only  No Change in Rate  Home Office:  1 - No Home Office	Styli	ny Ri	issell



UniHealth Post-Acute Care- Santa Rosa		Provider Number:	0 259331-00
5530 Northrop Road		Date:	6/27/2012
Milton FL 32570		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	193.46	178.76	7/1/2012
Level H: AIDS	341.07	327.97	7/1/2012
Level U: Fragile Under 21	459.53	447.72	7/1/2012
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	Changes:  Licensure Usual and	Total Prospective Prospective Adjusted Total Prospective with Rating Change Customary Limitation change	n Interim Component
Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion		ester Change 2] as of 02/13/2003	
<u>Distribution:</u> Contract Management / Fiscal Agent		Stephen Russell	
Permanent FileFor information OnlyNo Change in Rate  Home Office: 1 - No Home Office	Medicaid Cost	Reimbursement Plan	ning and Finance



Life Care Center of New Por	rt Richey			Provider Number:	0 259357-00	l
7400 Trouble Creek Road				Date:	6/27/2012	
New Port Richey FL 34653				Fiscal Year End:	8/31/2011	
				Audit Status:	Unaudited [3	]
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home Sin	igle Level	_	201.81	207.69	7/1/2012	
Leve	el H: AIDS		349.42	356.90	7/1/2012	
Leve	el U: Fragile Under 21	_	467.88	476.65	7/1/2012	
Settlem	Component ent based on costs rovider Prospective data  s im portion s m Portion	Changes:	Licensure Usual and Target R: FRVS CI	Total Prospective Prospective Adjusted a Total Prospective with  Rating Change d Customary Limitation ate limitation change hange hester Change [2] as of 02/11/2003	n Interim Componen	t
Contract Management	/ Fiscal Agent	Me	dicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	_
Permanent File  For information O  No Change in Ra	•	M	ph	us Re	well	r
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:	6/27/2012
Tampa FL 33612		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate	New Rate	Effective Date
Nursing Home Single Level	222.43	229.81	7/1/2012
Level H: AIDS	370.04	379.02	7/1/2012
Level U: Fragile Under 21	488.50	498.77	7/1/2012
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 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 11/09/1989	n Interim Component
Contract Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate  Home Office:  John A. Mccoy, Inc. Samuel Sanders 3391 Cypress Gardens Road Winter Haven FL 33884	Medicaid C	Stephen Russell Cost Reimbursement Plan  Russell  Russell	ning and Finance



Hamlin Place			Provider Number:	0 259586-00
2180 Hypoluxo Road			Date:	6/27/2012
Lantana FL 33462			Fiscal Year End:	8/31/2011
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		234.89	244.48	7/1/2012
Level H: AIDS	_	382.50	393.69	7/1/2012
Level U: Fragile Under 21	_	500.96	513.44	7/1/2012
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:	Changes:	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 Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate	Me Me	dicaid Cos	Stephen Russell  St Reimbursement Plan  Aug Russell	ning and Finance
Home Office: 1 - No Home Office				



Avante at St. Cloud, Inc.				Provider Number:	0 259870-00	
1301 Kansas Avenue				Date:	6/27/2012	
St. Cloud FL 34769				Fiscal Year End:	5/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Sin	igle Level		Current Rate 210.51	New Rate 216.45	Effective Date 7/1/2012	
0	6					
Lev	el H: AIDS		358.12	365.66	7/1/2012	
Lev	el U: Fragile Under 21		476.58	485.41	7/1/2012	
Settlem	component sent based on costs rovider Prospective data  s im portion s im Portion	Change	Licensur 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 information No Change in Ra  Home Office:	Only	_ B	Medicaid Cos Tysh	Stephen Russell t Reimbursement Plan	ning and Finance	<del>_</del>
	Janan Mitchell 4000 Hollywood Blvd, Suit Hollywood FL 33021-6744	e 540-N				



Beneva Lakes Healthcare and Rehabilitation Center		Provider Number:	0 259896-00
741 S. Beneva Road		Date:	6/27/2012
Sarasota FL 34232		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 197.77	New Rate 199.85	Effective Date 7/1/2012
Level H: AIDS	345.38	349.06	7/1/2012
Level U: Fragile Under 21	463.84	468.81	7/1/2012
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	Usual an Target R FRVS C X Rate Sen	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation and Change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Stypu	Stephen Russell at Reimbursement Plan	ning and Finance



Central Park Healthcare and Rehabilitation Center		Provider Number:	0 259900-00
702 S. Kings Avenue		Date:	6/27/2012
Brandon FL 33511		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 188.67	New Rate 189.96	Effective Date 7/1/2012
Level H: AIDS	336.28	339.17	7/1/2012
Level U: Fragile Under 21	454.74	458.92	7/1/2012
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 I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change In Customary Limitation Rate limitation change Change The Change The Prospective with The Rating Change The	n Interim Component
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Co	Stephen Russell  ost Reimbursement Plan  Russell  Russell	ning and Finance
Home Office: 1 - No Home Office			



Coral Bay Healthcare and Rehabilitation		Provider Number:	0 259918-00
2939 S. Haverhill Road		Date:	6/27/2012
West Palm Beach FL 33415		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 201.67	New Rate <b>206.33</b>	Effective Date 7/1/2012
Level H: AIDS	349.28	355.54	7/1/2012
Level U: Fragile Under 21	467.74	475.29	7/1/2012
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 Ra FRVS CI	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange hester Change [2] as of 05/04/1993	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Modionid Cost	Stephen Russell Reimbursement Plan	ning and Finance



Oakbridge Healthcare Center		Provider Number:	0 259926-00	
3110 Oakbridge Blvd., E.		Date:	6/27/2012	
Lakeland FL 33803		Fiscal Year End:	6/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	200.97	<u> 198.13</u>	7/1/2012	
Level H: AIDS	348.58	347.34	7/1/2012	
Level U: Fragile Under 21	467.04	467.09	7/1/2012	
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 Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Sea Crest Health Care Manage  Jim Culp  10210 Highland Manor Dr.  Tampa FL 33610	Steph	Stephen Russell t Reimbursement Plan	ning and Finance	



The Parks Healthcare and Rehabilitation Center		Provider Number:	0 259934-00
9311 S. Orange Blossom Trail		Date:	6/27/2012
Orlando FL 32837		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 194.39	New Rate <b>200.61</b>	Effective Date 7/1/2012
Level H: AIDS	342.00	349.82	7/1/2012
Level U: Fragile Under 21	460.46	469.57	7/1/2012
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	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  Home Office:  1 - No Home Office	Medicaid Cos  Styl	Stephen Russell at Reimbursement Plan	ning and Finance



Riverfront Nursing and Rel	nab Center			Provider Number:	0 259942-00	
105 15th Street East				Date:	6/27/2012	
Bradenton FL 34208				Fiscal Year End:	8/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Si	ngle Level	-	Current Rate 210.09	New Rate 216.69	Effective Date 7/1/2012	
O	o .	-			-	
Le	vel H: AIDS		357.70	365.90	7/1/2012	
Le	vel U: Fragile Under 21		476.16	485.65	7/1/2012	
Interir Settler	rim portion its rim Portion	Change X	Licensurd 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	
Distribution:  Contract Management Permanent File	t / Fiscal Agent	N	Medicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	_
For information No Change in F	•	Ð.	tjeh	us Re	well	
Home Office:	Council on Aging of Florida 1311 SW 16th Street Gainesville FL 32608					



Sarasota Memorial Nursing & Rehabilitation Facilit		Provider Number:	0 260355-00
5640 Rand Blvd.		Date:	6/27/2012
Sarasota FL 34238		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	205.66	218.48	7/1/2012
Level H: AIDS	353.27	367.69	7/1/2012
Level U: Fragile Under 21	471.73	487.44	7/1/2012
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	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  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Co  Styl	st Reimbursement Plan	ning and Finance



Bridgeview Center, L	LC			Provider Number:	0 260371-00		
350 South Ridgewood Avenue Ormond Beach FL 32174		_		Date:	6/27/2012		
		_ _		Fiscal Year End:	12/31/2010	_	
				Audit Status:	Unaudited [3]	_	
Provider Type:				Tudit Status.	emadated [e1	_	
<b></b>			Current	New	Effective		
			Rate	Rate	Date		
Nursing Home	Single Level		214.73	222.03	7/1/2012		
	Level H: AIDS		362.34	371.24	7/1/2012		
	Level U: Fragile Under 21		480.80	490.99	7/1/2012		
						_	
Rate Type :							
Interim		X	Prospectiv	re			
	Total Interim			Total Prospective			
	Interim Component			Prospective Adjusted			
	Settlement based on costs			Total Prospective with	n Interim Component		
]	Prior Provider Prospective data						
Basis:		Change	es:				
				D			
Budget				e Rating Change			
X Unaudited Field audit			Usual and Customary Limitation Target Rate limitation change				
			FRVS Change				
Desk audit	t - interim portion	<u> </u>		nange			
	- Interim Portion	<u> X</u>	Rate Sem	nester Change			
	t - Prospective portion			[2] as of 07/24/1996			
<u>Distribution:</u>				Stephen Russell			
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance				
Permanent File			<i>J</i>	/ — — — — — — — — — — — — — — — — — — —			
For information Only		I.	teels	us Ra	issell		
No Chang	ge in Rate		Je ii	us Re			
Home Office:	OPIS Management Resour		,				
Home Office.	Jennifer Ziolowski	•					
	10150 Highland Manor Dr	ive					
	Tampa FL 33610						



Bayview Center, LLC		Provider Number:	0 260444-00
301 South Bay Street		Date:	6/27/2012
Eustis FL 32726		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 208.10	New Rate	Effective Date 7/1/2012
Nursing Home Single Level	208.10		//1/2012
Level H: AIDS	355.71	363.96	7/1/2012
Level U: Fragile Under 21	474.17	483.71	7/1/2012
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 Ra FRVS CI	Total Prospective Prospective Adjusted: Total Prospective with Read Rating Change Country Limitation Total Prospective with	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  OPIS Management Resources,  Jennifer Ziolowski 10150 Highland Manor Drive  Tampa FL 33610	Steph	Stephen Russell  Reimbursement Plan  Reimbursement Plan	ning and Finance



Ruleme Center, LLC			Provider Number:	0 260452-00
2810 Ruleme Street			Date:	6/27/2012
Eustis FL 32726			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Sin	gle Level	Current Rate 209.91	Rate	Effective Date 7/1/2012
Nutsing Home Sin	gie Levei	209.91	216.09	7/1/2012
Leve	el H: AIDS	357.52	365.30	7/1/2012
Leve	el U: Fragile Under 21	475.98	485.05	7/1/2012
Settlem	Component ent based on costs rovider Prospective data  s am portion am 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 S Change Semester Change In FRV [1]	h Interim Component
Contract Management /	Fiscal Agent	M. P 11	Stephen Russell	15
Permanent FileFor information ONo Change in Ra Home Office:	Only	Stype	Cost Reimbursement Plan	used



Tierra Pines Center, L	LC			Provider Number:	0 260568-00	
7380 Ulmerton Road				Date:	6/27/2012	
Largo FL 33771		<u>-</u>		Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
			urrent	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level		07.94	213.94	7/1/2012	
	Level H: AIDS	3.	55.55	363.15	7/1/2012	
	Level U: Fragile Under 21	4	74.01	482.90	7/1/2012	
Rate Type :						
Interim		<b>X</b> P	rospectiv	re		
	Γotal Interim		-	Total Prospective		
	nterim Component			Prospective Adjusted:	for New Costs	
	Settlement based on costs			Total Prospective with	Interim Component	
I	Prior Provider Prospective data					
Basis:		<b>Changes:</b>				
			Liconour	a Dating Change		
Budget  X Unaudited	poets			e Rating Change	an .	
Field audite		Usual and Customary Limitation Target Rate limitation change				
Field audit	- interim portion	FRVS Change				
Desk audite	ed costs					
	- Interim Portion - Prospective portion			nester Change [2] as of 07/24/1996		
Distribution:	- Prospective portion		OHTKV			
<del>-</del>	ement / Fiscal Agent			Stephen Russell		
Permanent File	C	Medi	caid Cos	t Reimbursement Plan	ning and Finance	
	nation Only	St	n Si	m Ra	well	
No Chang	ge in Rate	110	e vv	us Re		
Home Office:	OPIS Management Resour	,				
	Jennifer Ziolowski					
	10150 Highland Manor Dri	ve				
	Tampa FL 33610					



Highlands Lake Center,	, LLC		Provider Number:	0 260576-00
4240 Lakeland Highlands Road			Date:	6/27/2012
Lakeland FL 33813			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 214.92	New Rate 221.20	Effective Date 7/1/2012
	Level H: AIDS	362.53	370.41	7/1/2012
	Level U: Fragile Under 21	480.99	490.16	7/1/2012
Basis:  Budget X Unaudited confield audited Field audited Desk audited Desk Audited Desk Audited	osts I costs interim portion	Changes:  Licensure Usual and Target R: FRVS CI	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 09/29/1988	n Interim Component
Distribution:  Contract Manager  Permanent File  For informa  No Change  Home Office:	•	Steph	Stephen Russell t Reimbursement Plan	ning and Finance



Coquina Center, LLC		Provider Number:	0 260649-00
170 N. Center Street		Date:	6/27/2012
Ormond Beach FL 32074		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 217.83	New Rate 224.28	Effective Date 7/1/2012
Level H: AIDS	365.44	373.49	7/1/2012
Level U: Fragile Under 21	483.90	493.24	7/1/2012
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 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 11/01/1987	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  OPIS Management Resources, LL  Jennifer Ziolowski 10150 Highland Manor Drive  Tampa FL 33610	Steph	Stephen Russell t Reimbursement Plan	ning and Finance



Island Lake Center, LLC			Provider Number:	0 260657-00	
155 Landover Place			Date:	6/27/2012	
Longwood FL 32750			Fiscal Year End:	12/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home Single Lev	el	210.59	219.39	7/1/2012	
Level H: AII	os	358.20	368.60	7/1/2012	
Level U: Fra	gile Under 21	476.66	488.35	7/1/2012	
Interim Total Interim Interim Compon Settlement based Prior Provider Pr  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portio Desk audit - Interim Portio Desk Audit - Prospective p	on costs cospective data  CI	Licensure Usual and Target Ra FRVS Ch X Rate Seme	Total Prospective Prospective Adjusted of the Prospective with Total Prospective Williams Change	Interim Component	
Jennifer 10150 H	gent  Tanagement Resources, LLC  Ziolowski ighland Manor Drive  L 33610	Steph	Reimbursement Plan	ning and Finance	



Indian River Center L	LC			Provider Number:	0 260665-00		
7201 Greensboro Drive West Melbourne FL 32904		_		Date:	6/27/2012		
		- -		Fiscal Year End:	12/31/2010		
				Audit Status:	Unaudited [3]	_	
Provider Type:				Tradit Status.	Character [c]	_	
<b></b>			Current	New	Effective		
			Rate	Rate	Date		
Nursing Home	Single Level		216.22		7/1/2012		
	Level H: AIDS		363.83	372.10	7/1/2012		
	Level U: Fragile Under 21		482.29	491.85	7/1/2012		
Rate Type :							
Interim		X	Prospectiv	e			
	Total Interim		•	Total Prospective			
	Interim Component			Prospective Adjusted	for New Costs		
	Settlement based on costs			Total Prospective with			
]	Prior Provider Prospective data			-	•		
Basis:		Change	es:				
		8					
Budget			Licensure	e Rating Change			
X Unaudited	costs		Usual and Customary Limitation				
Field audit	ed costs		Target Rate limitation change				
	- interim portion		FRVS Cl	nange			
Desk audite				G!			
	- Interim Portion t - Prospective portion	X	Rate Semester Change On FRV [2] as of 08/29/1989				
Distribution:				Stephen Russell		_	
Contract Manag	ement / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance				
Permanent File		•		/ ———	ining and Pinanec		
For information Only		I,	tente	us Ka	issell		
No Chang	ge in Rate		John	us Re			
Home Office:	OPIS Management Resour		,				
Home Office.	Jennifer Ziolowski	•					
	10150 Highland Manor Dri	ive					
	Tampa FL 33610						



Riverwood Center, Ll	LC			Provider Number:	0 260673-00		
2802 Parental Home Dr Jacksonville FL 32216		_		Date:	6/27/2012		
		_		Fiscal Year End:	12/31/2010	_	
				Audit Status:	Unaudited [3]		
Provider Type:				Tudit Status.	Character [c]		
<b>71</b>			Current	New	Effective		
			Rate	Rate	Date		
Nursing Home	Single Level		203.21	209.21	7/1/2012		
	Level H: AIDS		350.82	358.42	7/1/2012		
	Level U: Fragile Under 21		469.28	478.17	7/1/2012		
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Rate Type :							
Interim		X	Prospectiv	re			
	Total Interim			Total Prospective			
	Interim Component			Prospective Adjusted	for New Costs		
	Settlement based on costs		,	Total Prospective with	n Interim Component		
1	Prior Provider Prospective data						
Basis:		Change	es:				
		8					
Budget			Licensure	e Rating Change			
X Unaudited	costs		Usual and Customary Limitation				
Field audit	ed costs		Target Rate limitation change				
Field audit	: - interim portion		FRVS Cl	hange			
Desk audit							
	- Interim Portion t - Prospective portion	X	Rate Semester Change On FRV [2] as of 07/24/1996				
Distribution:	1 1 1 s s p c c c c c c c c c c c c c c c c c						
	ement / Fiscal Agent			Stephen Russell			
Permanent File			Medicaid Cost	t Reimbursement Plan	ning and Finance		
For information Only		8	tools	$\mathcal{L}$	well		
No Chang	•		ege iv	us Re			
Home Office:	OPIS Management Resour		/	I			
Home Office:	Jennifer Ziolowski						
	10150 Highland Manor Dri	ive					
	Tampa FL 33610						



Fairway Oaks Center	, LLC			Provider Number:	0 260690-00
13806 N. 46th Street		_		Date:	6/27/2012
Tampa FL 33613		_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NI II	C' l . T l	-	Rate	Rate	Date
Nursing Home	Single Level	•	210.67		7/1/2012
	Level H: AIDS		358.28	371.94	7/1/2012
	Level U: Fragile Under 21		476.74	491.69	7/1/2012
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	1 Interim Component
	Prior Provider Prospective data	1			
Basis:		Change	s:		
Budget			Licensur	e Rating Change	
X Unaudited	costs	-		d Customary Limitation	on
Field audit	ted costs			ate limitation change	
Field audit	t - interim portion		FRVS C	hange	
Desk audit					
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 07/01/1990	
Distribution:	<u> </u>				
Contract Manag	gement / Fiscal Agent			Stephen Russell	· 1E'
Permanent File	•	Ŋ	Aedicaid Cos	t Reimbursement Plan	ning and Finance
For inform	nation Only	S.	tinh	m Ru	issell
No Chang	ge in Rate		e p	us Re	
Home Office:	OPIS Management Resou		,		
Tiome Office.	Jennifer Ziolowski				
	10150 Highland Manor Dr	ive			
	Tampa FL 33610				



Sinai Plaza Nursing and Rel	hab			Provider Number:	0 260771-0	0
201 NE 112th Street				Date:	6/27/2012	
Miami FL 33161				Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3	3]
Provider Type:	ngle Level	_	Current Rate	New Rate	Effective Date 7/1/2012	
Nursing Home Sin	ngie Levei	_	230.09	238.04	//1/2012	
Lev	vel H: AIDS	_	377.70	387.25	7/1/2012	
Lev	vel U: Fragile Under 21	_	496.16	507.00	7/1/2012	
Basis:  Budget X Unaudited costs Field audit - inter Desk audit - Inter Desk Audit - Pros	rim portion ts rim Portion spective portion	Changes	Licensure Usual and Target Rate FRVS Cl	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 11/02/1990  Stephen Russell	n Interim Componer	nt
Contract Management Permanent File For information No Change in R	Only	M M	edicaid Cos	t Reimbursement Plan	ning and Finance	_
Home Office:	Hebrew Home Management S Steve Beaujon 1800 NE 168th Street, Suite 20 Miami Beach FL 33162	Services				



Alhambra Health & Rehab Center			Provider Number:	0 261254-00	
7501 38th Avenue North			Date:	6/27/2012	
St. Petersburg FL 33710			Fiscal Year End:	12/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single L	oval	Current Rate 210.06	New Rate 218.76	Effective Date 7/1/2012	
runsing frome Single L	CVCI	210.00	210.70	7/1/2012	
Level H: A	IDS	357.67	367.97	7/1/2012	
Level U: F	ragile Under 21	476.13	487.72	7/1/2012	
Interim Total Interim Interim Comp Settlement bas Prior Provider  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim port Desk audited costs Desk Audit - Prospective Distribution:	red on costs Prospective data  Cha	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation te limitation change	n Interim Component	
Contract Management / Fiscal	_	Medicaid Cost	Reimbursement Plan	ning and Finance	<del>-</del>
For information Only No Change in Rate	بر.	BYL	us Ra	issiN	
4042	stone Healthcare Management, I Park Oaks Blvd, Suite 300 a FL 33610	,			



Wood Lake Nursing & Rehabilitation Center		Provider Number:	0 261599-00
6414 13th Road South		Date:	6/27/2012
West Palm Beach FL 33415		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 217.63	New Rate 214.39	Effective Date 7/1/2012
Level H: AIDS	365.24	363.60	7/1/2012
Level U: Fragile Under 21	483.70	483.35	7/1/2012
Basis:  Budget X Unaudited costs Field audit - interim portion Desk audited costs Desk Audit - Prospective portion Desk Audit - Prospective portion	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Medicaid Cos  Medicaid Cos	Stephen Russell  t Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office	_ /		



Terra Vista Rehabilita	ation and Health Center			Provider Number:	0 261611-00
1730 Lucerne Terrace				Date:	6/27/2012
Orlando FL 32806				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective Date
Nursing Home	Single Level	_	Rate 203.77	Rate 209.66	7/1/2012
runsing Home	Single Level	<u>-</u>	203.11		7/1/2012
	Level H: AIDS	_	351.38	358.87	7/1/2012
	Level U: Fragile Under 21	_	469.84	478.62	7/1/2012
		_			
Rate Type :					
Interim		X	Prospectiv	we	
	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
	1	Classical			
Basis:		Changes	<u>:</u>		
D 1 .			Licansur	e Rating Change	
Budget X Unaudited	costs	-	_	d Customary Limitation	n.
Field audit		-	_	tate limitation change	Л
	: - interim portion	-	FRVS C	=	
Desk audite	-		_	80	
	- Interim Portion	X	Rate Ser	nester Change	
Desk Audit	t - Prospective portion			[2] as of 10/01/1985	
<b>Distribution:</b>				Stephen Russell	
Contract Manag	ement / Fiscal Agent		adiasid Car	st Reimbursement Plan	ning and Finance
Permanent File		IVI	edicaid Cos	A Reimbursement Plan	ning and Finance
For inform	nation Only	27	In Si	an Ra	well
No Chang	ge in Rate	10	eze ir	my Re	
	No Home Office			1	
Home Office:	1 - No Home Office				



Avalon Health Care Center		Provider Number:	0 261629-00
1270 SW Main Blvd		Date:	6/27/2012
Lake City FL 32025		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u> 179.71</u>	189.48	7/1/2012
Level H: AIDS	327.32	338.69	7/1/2012
Level U: Fragile Under 21	445.78	458.44	7/1/2012
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:	Changes:  Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation Ite limitation change	n Interim Component
		Stephen Russell	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cost	Reimbursement Plan	ning and Finance



Emerald Healthcare Center		Provider Number:	0 261637-00
1655 SE Walton Road		Date:	6/27/2012
Port St. Lucie FL 34952		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 199.31	New Rate	Effective Date 7/1/2012
Level H: AIDS	346.92	354.64	7/1/2012
Level U: Fragile Under 21	465.38	474.39	7/1/2012
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	Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  Re Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Madigaid Copy	Stephen Russell at Reimbursement Plan	ning and Finance



Hawthorne Health & Rehab of Brandon		Provider Number:	0 261670-00
851 West Lumsden Road		Date:	6/27/2012
Brandon FL 33511		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 190.85	New Rate 196.21	Effective Date 7/1/2012
Level H: AIDS	338.46	345.42	7/1/2012
Level U: Fragile Under 21	456.92	465.17	7/1/2012
Rate Type :			
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:	X Prospective X	ve Total Prospective Prospective Adjusted Total Prospective with	
Budget  X Unaudited costs  Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Ser	re Rating Change and Customary Limitation cate limitation change Change mester Change [2] as of 03/27/1995	on
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance



Atlantic Shores Nursi	ing and Rehab			Provider Number:	0 263389-00
4251 Stack Blvd.	-	<del>_</del>		Date:	6/27/2012
Melbourne FL 32901		_		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	enadated [e]
• •			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	200.00	205.76	7/1/2012
	Level H: AIDS		347.61	354.97	7/1/2012
	Level U: Fragile Under 21		466.07	474.72	7/1/2012
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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				
Basis:		Change	s:		
Budget			Licensur	e Rating Change	
<b>X</b> Unaudited				d Customary Limitation	on
Field audit				ate limitation change	
	t - interim portion		FRVS C	hange	
Desk audit	ed costs - Interim Portion	<u> X</u>	Rate Sen	nester Change	
	t - Prospective portion			[2] as of 12/08/1995	
Distribution:				Stephen Russell	
Contract Manag	gement / Fiscal Agent		Andinaid Con	t Reimbursement Plan	ning and Einange
Permanent File		10	iedicaid Cos	/ Henribursement Flan	ining and rmance
For inform	nation Only	F.T.	tresh	m Ka	issell
No Chang	ge in Rate	1	T w	ny Ri	
Home Office:	Southern HealthCare Man	•	•		
Home Office.	R. Mark Cronquist	,			
	5887 Glenridge Drive, Sui	ite 150			
	Atlanta GA 30328				



Bonifay Nursing and	Rehab			Provider Number:	0 263443-00
306 West Brock Aver	nue	_		Date:	6/27/2012
Bonifay FL 32425				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	e naudricu [e]
<i>,</i> 1			Current	New	Effective
.,		_	Rate	Rate	Date
Nursing Home	Single Level	_	180.62	186.53	7/1/2012
	Level H: AIDS		328.23	335.74	7/1/2012
	Level U: Fragile Under 21	-	446.69	455.49	7/1/2012
		•			
Rate Type :					
Interim		X	Prospectiv	<i>r</i> e	
	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:		Changes	;:		
_ 332 - 3 3					
Budget			Licensur	e Rating Change	
X Unaudited	costs		Usual an	d Customary Limitatio	on
Field audite	ed costs		Target R	ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite			_		
	- Interim Portion	X		nester Change [2] as of 10/01/2003	
Distribution:	: - Prospective portion		Oll FK v	[2] as of 10/01/2003	
<u> </u>	ement / Fiscal Agent			Stephen Russell	
Permanent File	ement / Piscai Agent	M	ledicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only	1-	ral.	つ フ.	mell
No Chang	-	_D	ye n	us Ri	us co
		,			
Home Office:	Southern HealthCare Man	agement, LLC			
	R. Mark Cronquist 5887 Glenridge Drive, Suit	te 150			
	Atlanta GA 30328	130			



Riviera Palms Nursing and Rehab			Provider Number:	0 263451-00	)
926 Haben Blvd.			Date:	6/27/2012	
Palmetto FL 34221			Fiscal Year End:	12/31/2010	)
			Audit Status:	Unaudited [3	3]
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home Single Level		204.13	209.90	7/1/2012	
Level H: AIDS		351.74	359.11	7/1/2012	
Level U: Fragile Under 2	21	470.20	478.86	7/1/2012	
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective de  Basis:  Budget  X Unaudited costs  Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	ata  Change  X	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 Componer	ıt
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate		typh	Stephen Russell t Reimbursement Plan	ning and Finance	
Home Office:  Southern HealthCa  R. Mark Cronquist 5887 Glenridge Dri Atlanta GA 30328	re Management, LLC ve, Suite 150				



Boynton Beach Rehal	bilitation Center			Provider Number:	0 263460-00
9600 Lawrence Road		_		Date:	6/27/2012
Boynton Beach FL 33	3436	<del>-</del>		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	enadared [e]
<i>3</i> <b>1</b>			Current	New	Effective
.,		_	Rate	Rate	Date
Nursing Home	Single Level	-	209.69	215.41	7/1/2012
	Level H: AIDS		357.30	364.62	7/1/2012
	Level U: Fragile Under 21	•	475.76	484.37	7/1/2012
	- -				
Rate Type:					
Interim		X	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:		Changes	s <b>:</b>		
Budget		<u>-</u>		e Rating Change	
XUnaudited Field audit				d Customary Limitation thange	on
		<u> </u>	FRVS C	=	
Desk audite	t - interim portion	-	TRV5 C.	nange	
	- Interim Portion	<u> X</u>	Rate Sen	nester Change	
	t - Prospective portion			[2] as of 07/01/1998	
<u>Distribution:</u>				Stephen Russell	
Contract Manag	ement / Fiscal Agent		ledicaid Cos	t Daimburgament Dlan	ning and Finance
Permanent File		-14		/ — — — — — — — — — — — — — — — — — — —	
For inform	nation Only	タイ	celi	us Ka	issell
No Chang	ge in Rate	-	J vi	us Ri	
Home Office:	Southern HealthCare Mar	•			
Home office.	R. Mark Cronquist				
	5887 Glenridge Drive, Sui	te 150			
	Atlanta GA 30328				



Arbor Trail Nursing a	and Rehab			Provider Number:	0 263478-00	
611 Turner Camp Ro	ad	<del>-</del> <del>-</del>		Date:	6/27/2012	
Inverness FL 34453		_		Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
		(	Current	New	Effective	
N	Circula I areal		Rate	Rate	Date	
Nursing Home	Single Level		190.81	<u> 196.77</u>	7/1/2012	
	Level H: AIDS		338.42	345.98	7/1/2012	
	Level U: Fragile Under 21		456.88	465.73	7/1/2012	
Rate Type :						
Interim		X	Prospectiv	ve		
	Total Interim			Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	1 Interim Component	
	Prior Provider Prospective data	, <u> </u>	1			
Basis:		Changes:	]			
Budget			Licensur	e Rating Change		
X Unaudited	costs			d Customary Limitation	on	
Field audit	ed costs			ate limitation change		
Field audit	- interim portion		FRVS C	hange		
Desk audit						
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 07/17/1987		
Distribution:				Stephen Russell		
Contract Manag	ement / Fiscal Agent		4:: 4 C	t Reimbursement Plan	ning and Einene	
Permanent File		Me	aicaid Cos	t Reimbursement Plan	ning and Finance	
For inform	nation Only	St	so Si	m Ra	issell	
No Chang	ge in Rate	10		us Ri		
Home Office:	Southern HealthCare Man	•				
	R. Mark Cronquist					
	5887 Glenridge Drive, Sui	te 150				
	Atlanta GA 30328					
				J.		



Pinellas Point Nursing	g and Rehab			Provider Number:	0 263486-00	
5601 31st Street Sout	h	<del>-</del>		Date:	6/27/2012	
St. Petersburg FL 337	712	_		Fiscal Year End:	12/31/2011	_
				Audit Status:	Unaudited [3]	_
Provider Type:						_
			Current	New	Effective	
<b>.</b>	C' I I I	-	Rate	Rate	Date	
Nursing Home	Single Level	-	212.54		7/1/2012	
	Level H: AIDS		360.15	370.43	7/1/2012	
	Level U: Fragile Under 21		478.61	490.18	7/1/2012	
						_
Rate Type :						
Interim		X	Prospectiv	ve .		
	Total Interim			Total Prospective		
Interim Component				Prospective Adjusted		
	Settlement based on costs			Total Prospective with	n Interim Component	
	Prior Provider Prospective data					
Basis:		Change	s:			
			T :	- Dating Change		
Budget X Unaudited	aasta			e Rating Change		
Field audit				d Customary Limitation thange	)II	
	: - interim portion		FRVS C	=		
Desk audite	-		_	8-		
	- Interim Portion	X	Rate Sen	nester Change		
Desk Audit	t - Prospective portion		On FRV	[2] as of 03/08/1995		
<b>Distribution:</b>				Stephen Russell		
Contract Manag	ement / Fiscal Agent		ledicaid Cos	t Daimburgament Dlan	ning and Finance	
Permanent File				/ ->	. / /	
For inform	nation Only	I.T.	celi	us Ra	issell	
No Chang	ge in Rate		7"	us Ri		
Home Office:	Southern HealthCare Man	•		1		
nome Office.	R. Mark Cronquist	., .				
	5887 Glenridge Drive, Sui	te 150				
	Atlanta GA 30328					



Jacksonville Nursing	and Rehab			Provider Number:	0 263494-00
4134 Dunn Ave.		<del>-</del> -		Date:	6/27/2012
Jacksonville FL 3221	8	<del>-</del>		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	202.24	208.62	7/1/2012
	Level H: AIDS	_	349.85	357.83	7/1/2012
	Level U: Fragile Under 21	_	468.31	477.58	7/1/2012
Rate Type :					
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  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 10/31/1990	n Interim Component
<u> </u>	ement / Fiscal Agent		1: :16	Stephen Russell	. 15
Permanent File	nation Only	agement, LLC	edicaid Cos	t Reimbursement Plan	ning and Finance
	Atianta GA 30328				



Port Orange Nursing and Re				Provider Number:	0 263508-00	
5600 Victory Gardens Blvd.				Date:	6/27/2012	
Port Orange FL 32127				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Si	ngle Level	_	Current Rate	New Rate 214.88	Effective Date 7/1/2012	
<b>8</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>B</b> • • • • •	_				
Lev	rel H: AIDS	_	355.07	364.09	7/1/2012	
Lev	rel U: Fragile Under 21	_	473.53	483.84	7/1/2012	
Settlen	ts im portion	Changes	Licensur Usual and Target R FRVS CI	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change	Interim Component	
Distribution:  Contract Management Permanent File For information No Change in R  Home Office:	Only	M	edicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	<del>-</del>
nome office:	R. Mark Cronquist 5887 Glenridge Drive, Suite 1 Atlanta GA 30328					



Macclenny Nursing and	d Rehab		Provider	Number:	0 263510	6-00
755 South 5th Street				Date:	6/27/20	012
MacClenny FL 32063			Fiscal Y	ear End:	12/31/20	011
			Au	dit Status:	Unaudite	ed [3]
Provider Type: Nursing Home	Single Level	Curro Rat 190	e Ra	ew ate 8.80	Effective Date 7/1/2012	- -
	Level H: AIDS	338.	01 348	3.01	7/1/2012	
	Level U: Fragile Under 21	456	47 467	7.76	7/1/2012	
Basis:  Budget X Unaudited co Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Changes:  Lic Us Tai FR		e Adjusted pective with hange ry Limitatio on change	for New Costs  Interim Compo	onent
Distribution:  Contract Manager  Permanent File  For informa  No Change  Home Office:	•	Sty ement, LLC	d Cost Reimburs	n Russell	ning and Financ	e e



Medicana Nursing and Reha	ıb			Provider Number:	0 263524-0	0
1710 Lake Worth Road				Date:	6/27/2012	
Lake Worth FL 33460				Fiscal Year End:	12/31/2010	)
				Audit Status:	Unaudited [	3]
Provider Type:  Nursing Home Sir	ngle Level	_	Current Rate	New Rate 204.81	Effective Date 7/1/2012	
- ····································	-9	_	1////	204.01	77172012	
Lev	rel H: AIDS	<u>-</u>	346.62	354.02	7/1/2012	
Lev	rel U: Fragile Under 21	-	465.08	473.77	7/1/2012	
Settlen	ts rim portion is im Portion	Changes	Licensurd Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Compone	nt
Distribution:  Contract Management Permanent File For information No Change in R	Only	II.	edicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite 1 Atlanta GA 30328					



Tiffany Hall Nursing	and Rehab			Provider Number:	0 263532-00
1800 SE Hillmoor Dr	rive	_		Date:	6/27/2012
Port St. Lucie FL 349	252	_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
<b>.</b>	C' I I I	_	Rate	Rate	Date
Nursing Home	Single Level	_	201.01	207.92	7/1/2012
	Level H: AIDS		348.62	357.13	7/1/2012
	Level U: Fragile Under 21	•	467.08	476.88	7/1/2012
	C	•			
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
1	Prior Provider Prospective data				
Basis:		Changes	s:		
Budget			Licensur	e Rating Change	
X Unaudited	costs			d Customary Limitation	on
Field audit	ed costs			ate limitation change	
	t - interim portion		FRVS C	hange	
Desk audite			_ D.4. C	Cl.	
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 07/06/1993	
Distribution:				C4l DII	
Contract Manag	ement / Fiscal Agent			Stephen Russell	
Permanent File		IV.	ledicaid Cos	t Reimbursement Plan	ining and Finance
For inform	nation Only	27	tus la	Re	well
No Chang	ge in Rate		eze vi	ny Ri	
Home Office:	Southern HealthCare Man	•	7	I	
nome Office.	R. Mark Cronquist				
	5887 Glenridge Drive, Sui	te 150			
	Atlanta GA 30328				



Metrowest Nursing and Rehab			Provider Number:	0 263541-00
5900 West Gate Drive			Date:	6/27/2012
Orlando FL 32835			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:	_	Current Rate	New Rate	Effective Date
Nursing Home Single Level	_	210.91	218.07	7/1/2012
Level H: AIDS	_	358.52	367.28	7/1/2012
Level U: Fragile Under 21		476.98	487.03	7/1/2012
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data  Basis: BudgetXUnaudited costsField audited costsField audit - interim portionDesk audited costsDesk audit - Interim PortionDesk Audit - Prospective portion  Distribution:	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Contract Management / Fiscal Agent			Stephen Russell	
Permanent FileFor information OnlyNo Change in Rate  Home Office:  Southern HealthCare R. Mark Cronquist 5887 Glenridge Drive, Atlanta GA 30328	Management, LLC	edicaid Cos	t Reimbursement Plan	ning and Finance



Moultrie Creek Nursi	ng and Rehab			Provider Number:	0 263559-00
200 Mariner Health V	•	_		Date:	6/27/2012
St. Augustine FL 320	86	_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
.,		_	Rate	Rate	Date
Nursing Home	Single Level	_	190.45	201.43	7/1/2012
	Level H: AIDS		338.06	350.64	7/1/2012
	Level U: Fragile Under 21		456.52	470.39	7/1/2012
					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Rate Type :					
Interim		X	Prospectiv	<i>r</i> e	
	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:		Change	s:		
_ 333 -33 3					
Budget			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					
	- Interim Portion - Prospective portion	X		nester Change [2] as of 05/01/1996	
Distribution:	- Trospective portion		OnTRV		
	ement / Fiscal Agent			Stephen Russell	
Permanent File	ement / I iseai Agent	N	Iedicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only	1-	tol.	′ カ.	well
No Chang			ye n	us Ri	<i>17</i>
	Southern HealthCare Man	•		I	
Home Office:	R. Mark Cronquist	agement, LLC			
	5887 Glenridge Drive, Suit	te 150			
	Atlanta GA 30328				



Orange City Nursing ar	nd Rehab		Provider Number:	0 263567-00
2810 Enterprise Road			Date:	6/27/2012
DeBary FL 32713			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Currer Rate <b>198.3</b>	Rate	Effective Date 7/1/2012
	Level H: AIDS	345.9	2 356.43	7/1/2012
	Level U: Fragile Under 21	464.3	8 476.18	7/1/2012
Basis:  Budget X Unaudited concept and the con	l costs interim portion	Usua Targ FRV X Rate	Prospective Adjusted	th Interim Component
Distribution:  Contract Manager  Permanent File  For informa  No Change  Home Office:	•	Styp ement, LLC	Stephen Russell  Cost Reimbursement Pla  Russell	nning and Finance



Bayshore Pointe Nursing	and Rehab			Provider Number:	0 263575-00	
3117 West Gandy Blvd.				Date:	6/27/2012	
Tampa FL 33611				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	_	Current Rate 197.98	New Rate <b>203.96</b>	Effective Date 7/1/2012	
]	Level H: AIDS		345.59	353.17	7/1/2012	
]	Level U: Fragile Under 21	_	464.05	472.92	7/1/2012	
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 hange  nester Change [2] as of 01/01/1986  Stephen Russell	n Interim Component	
Contract Managemer Permanent File For informati No Change in Home Office:	ion Only	Ement, LLC	dicaid Cos	t Reimbursement Plan	ning and Finance	



Royal Oaks Nursing and Rehab				Provider Number:	0 263583-00	
2225 Knox McRae Drive	_			Date:	6/27/2012	
Titusville FL 32780				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:	. I amal		Current Rate	New Rate	Effective Date	
Nursing Home Single	e Level		201.21	208.18	7/1/2012	
Level I	H: AIDS		348.82	357.39	7/1/2012	
Level U	J: Fragile Under 21		467.28	477.14	7/1/2012	
	pomponent based on costs ider Prospective data  portion  Portion	Changes:	Licensure Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted: Total Prospective with Read Prospective Adjusted Read Prospective With	Interim Component	
Contract Management / Fi	scal Agent	Mac	liacid Con	Stephen Russell	ning and Einange	_
Permanent File  For information Onl  No Change in Rate  Home Office:	ly outhern HealthCare Managen	Sty	ph	Reimbursement Plan	used finance	
R. 58	Mark Cronquist 887 Glenridge Drive, Suite 15 clanta GA 30328					



Tuskawilla Nursing and Re	ehab			Provider Number:	0 263591-00
1024 Willa Springs Drive		•		Date:	6/27/2012
Winter Springs FL 32708		•		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	ingle Level	_	199.76	209.21	7/1/2012
Le	evel H: AIDS		347.37	358.42	7/1/2012
Le	evel U: Fragile Under 21	- -	465.83	478.17	7/1/2012
Rate Type :					
Interim Total Interi Settle Prior  Basis:  Budget X Unaudited costs Field audited co Field audit - interi Desk audited co Desk Audit - Interi	erim portion sts	Changes	Licensurd Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management Permanent File  For information  No Change in	n Only	II.	ledicaid Cost	Stephen Russell t Reimbursement Plan	ning and Finance
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Hunter's Creek Nursin	ng and Rehab			Provider Number:	0 263605-00
14155 Town Loop Bo	ovd.	_		Date:	6/27/2012
Orlando FL 32837		_		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NI II	C' l . T l	-	Rate	Rate	Date
Nursing Home	Single Level	-	221.56		7/1/2012
	Level H: AIDS		369.17	377.61	7/1/2012
	Level U: Fragile Under 21		487.63	497.36	7/1/2012
	C				
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
1	Prior Provider Prospective data				
Basis:		Change	s:		
Budget			Licensur	e Rating Change	
X Unaudited	costs			d Customary Limitation	on
Field audit	ed costs			ate limitation change	
	t - interim portion		FRVS C	hange	
Desk audite				Cl.	
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 05/26/1998	
Distribution:				Ctool or Down II	
Contract Manag	ement / Fiscal Agent			Stephen Russell	
Permanent File		N	ledicaid Cos	t Reimbursement Plan	ining and Finance
For inform	nation Only	6	tush	Re	well
No Chang	ge in Rate		ez vi	us Ri	
Home Office:	Southern HealthCare Mar	•	•	I	
nome Office:	R. Mark Cronquist	<i>5,</i> == 3			
	5887 Glenridge Drive, Sui	te 150			
	Atlanta GA 30328				



Boulevard Rehabilitation Center			Provider Number:	0 263613-00	
2839 South Seacrest Boulevard			Date:	6/27/2012	
Boynton Beach FL 33435			Fiscal Year End:	12/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Leve	ો	Current Rate 191.03	New Rate 197.68	Effective Date 7/1/2012	
Level H: AID	S	338.64	346.89	7/1/2012	
Level U: Frag	le Under 21	457.10	466.64	7/1/2012	
Basis:  Budget X Unaudited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective po	con costs espective data  Cha	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation te limitation change lange ester Change [2] as of 09/29/1988	n Interim Component	
R. Mark (	HealthCare Management, L Cronquist nridge Drive, Suite 150	stych	Reimbursement Plan	ning and Finance	



Palm City Nursing and Rehab		Provider Number:	0 263621-00
2505 SW Martin Highway		Date:	6/27/2012
Palm City FL 34990		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 202.97	New Rate 213.02	Effective Date 7/1/2012
ruising frome Single Level			7/1/2012
Level H: AIDS	350.58	362.23	7/1/2012
Level U: Fragile Under 21	469.04	481.98	7/1/2012
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:  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 / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite 13 Atlanta GA 30328	Styli Tent, LLC	t Reimbursement Plan	ning and Finance



Bay Pointe Nursing Pavilion		Provider Number:	0 263834-00
4201 31st Street South		Date:	6/27/2012
St. Petersburg FL 33712		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	191.44	202.53	7/1/2012
Level H: AIDS	339.05	351.74	7/1/2012
Level U: Fragile Under 21	457.51	471.49	7/1/2012
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 Audit - Interim Portion  Desk Audit - Prospective portion  Distribution:	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change hange  nester Change [2] as of 01/01/1991	n Interim Component
Contract Management / Fiscal Agent  Permanent FileFor information OnlyNo Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styph	t Reimbursement Plan	ning and Finance



Boca Raton Rehabilitation Center		Provider Number:	0 263842-00
755 Meadows Road		Date:	6/27/2012
Boca Raton FL 33486		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	185.67	193.06	7/1/2012
Level H: AIDS	333.28	342.27	7/1/2012
Level U: Fragile Under 21	451.74	462.02	7/1/2012
Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target F FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with  Total Prospective with  re Rating Change and Customary Limitation Rate limitation change Change  mester Change 7 [2] as of 04/01/1998	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Co	st Reimbursement Plan	ning and Finance



Deerfield Beach Health and Rehabilitation Center		Provider Number:	0 263851-00
401 East Sample Road		Date:	6/27/2012
Pompano Beach FL 33064		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 209.38	New Rate 216.17	Effective Date 7/1/2012
Level H: AIDS	356.99	365.38	7/1/2012
Level U: Fragile Under 21	475.45	485.13	7/1/2012
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 Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cost	Stephen Russell  Reimbursement Plan  Russell	ning and Finance



Rehabilitation and Health Care Center of Cape Cora		Provider Number:	0 263869-00	
2629 Del Prado Blvd		Date:	6/27/2012	
Cape Coral FL 33904		Fiscal Year End:	12/31/2010	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	<u> 191.11</u>	<u> 197.19</u> _	7/1/2012	
Level H: AIDS	338.72	346.40	7/1/2012	
Level U: Fragile Under 21	457.18	466.15	7/1/2012	
Rate Type :				
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:		Total Prospective Prospective Adjusted Total Prospective with		
Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Usual and Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 12/01/1985	on	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	Stephen Russell t Reimbursement Plan	ning and Finance	



Carrollwood Care Center		Provider Number:	0 263877-00
15002 Hutchinson Road		Date:	6/27/2012
Tampa FL 33625		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	184.00	<u> 189.44</u> _	7/1/2012
Level H: AIDS	331.61	338.65	7/1/2012
Level U: Fragile Under 21	450.07	458.40	7/1/2012
Rate Type :			
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:	Changes:	Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R	e Rating Change d Customary Limitatio ate limitation change hange nester Change	on
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styph	Stephen Russell t Reimbursement Plan	ning and Finance



Casa Mora Rehabilitatio	on and Extended Care			Provider Number:	0 263885-00
1902 59th St West				Date:	6/27/2012
Bradenton FL 34209				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate	New Rate 203.16	Effective Date 7/1/2012
_					
	Level H: AIDS		345.08	352.37	7/1/2012
	Level U: Fragile Under 21		163.54	472.12	7/1/2012
Basis:  Budget X Unaudited co Field audited Field audit - Desk audit - Desk Audit - Desk Audit -	costs interim portion	Changes:	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 Managen  Permanent File  For informa  No Change  Home Office:	•	Med Sty	licaid Cos	Stephen Russell  t Reimbursement Plan	ning and Finance



Evergreen Woods Health and Rehabilitation Center		Provider Number:	0 263893-00
7045 Evergreen Woods Trail		Date:	6/27/2012
Springhill FL 34608		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 184.95	New Rate 194.13	Effective Date 7/1/2012
ituising frome omgie Dever	104.73		7/1/2012
Level H: AIDS	332.56	343.34	7/1/2012
Level U: Fragile Under 21	451.02	463.09	7/1/2012
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: Contract Management / Fiscal Agent Permanent File	Usual and Target R FRVS C  X Rate Ser On FRV	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Cate limitation change Change The Prospective with The Russell The Russell The Russell	on Interim Component
For information Only  No Change in Rate  Home Office:  1 - No Home Office	Steph	ku Ri	issell



Highland Pines Rehabilitation Center		Provider Number:	0 263907-00
1111 South Highland Avenue		Date:	6/27/2012
Clearwater FL 33756		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 187.65	New Rate 193.16	Effective Date 7/1/2012
Level H: AIDS	225.26	242.27	7/1/2012
	335.26	342.37	7/1/2012
Level U: Fragile Under 21	453.72	462.12	7/1/2012
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:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  Re Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	Stephen Russell  It Reimbursement Plan	ning and Finance



Rehabilitation Center of The Palm Beaches		Provider Number:	0 263915-00	
301 Northpointe Parkway		Date:	6/27/2012	
West Palm Beach FL 33407		Fiscal Year End:	12/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 196.90	New Rate 205.10	Effective Date 7/1/2012	
Single Devel		203.10	77172012	
Level H: AIDS	344.51	354.31	7/1/2012	
Level U: Fragile Under 21	462.97	474.06	7/1/2012	
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:	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component	_
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	stephen Russell t Reimbursement Plan	ning and Finance	



Pompano Health and Rehabilitation Center		Provider Number:	0 263923-00
51 West Sample Road		Date:	6/27/2012
Pompano Beach FL 33064		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 202.25	New Rate	Effective Date 7/1/2012
Nursing Home Single Level	202,25	208.76	//1/2012
Level H: AIDS	349.86	357.97	7/1/2012
Level U: Fragile Under 21	468.32	477.72	7/1/2012
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 Rate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styph	Stephen Russell st Reimbursement Plan	ning and Finance



Healthcare and Rehab	pilitation Center of Sanford			Provider Number:	0 263931-00
950 Mellonville Aver	nue			Date:	6/27/2012
Sanford FL 32771		<del>-</del>		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level	_	Rate <b>179.07</b>	Rate	Date 7/1/2012
Nursing Home	Single Level	_	1/9.07	184.32	//1/2012
	Level H: AIDS		326.68	333.53	7/1/2012
	Level U: Fragile Under 21	-	445.14	453.28	7/1/2012
Rate Type :					
Interim		X	Prospectiv	⁄e	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	1 Interim Component
	Prior Provider Prospective data				
Basis:		Changes	:		
Budget			Licensur	e Rating Change	
X Unaudited	costs		Usual an	d Customary Limitation	on
Field audit	ed costs		_	ate limitation change	
	- interim portion		FRVS C	hange	
Desk audit	ed costs - Interim Portion	<u> X</u>	_ Data Carr	or a star Characa	
	t - Prospective portion	A		nester Change [2] as of 10/01/1985	
Distribution:				Stephen Russell	
Contract Manag	ement / Fiscal Agent		adicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		171	- Cuicaiu Cos	/ —	ming and i mance
For inform	nation Only	2.7	cali	us Ka	issell
No Chang	ge in Rate			m Re	
Home Office:	1 - No Home Office	′			



Rehabilitation and Healthcare Center of Tampa		Provider Number:	0 263940-00
4411 North Habana Ave		Date:	6/27/2012
Tampa FL 33614		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 184.32	New Rate	Effective Date 7/1/2012
Nursing Home Single Level	104.32	<u>190.74</u> _	//1/2012
Level H: AIDS	331.93	339.95	7/1/2012
Level U: Fragile Under 21	450.39	459.70	7/1/2012
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 audit - Interim Portion  Desk Audit - Prospective portion  Distribution:	Changes:  Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Contract Management / Fiscal Agent Permanent File	Medicaid Cos	t Daimhurgamant Dlan	ning and Finance
For information Only  No Change in Rate	Styl	us Ri	well
Home Office: 1 - No Home Office	_ ′		



The Abbey Rehabilitation and Nursing Center		Provider Number:	0 263958-00
7101 9th St. North		Date:	6/27/2012
St. Petersburg FL 33702		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 196.17	New Rate 202.51	Effective Date 7/1/2012
Level H: AIDS	343.78	351.72	7/1/2012
Level U: Fragile Under 21	462.24	471.47	7/1/2012
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  Desk Audit - Prospective portion	Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with The Rating Change and Customary Limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styl	Stephen Russell at Reimbursement Plan	ning and Finance



The Oaks at Avon				Provider Number:	0 263966-00
1010 US 27 N				Date:	6/27/2012
Avon Park FL 33825	; 			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		193.72	199.25	7/1/2012
	Level H: AIDS	_	341.33	348.46	7/1/2012
	Level U: Fragile Under 21	_	459.79	468.21	7/1/2012
Basis:  Budget X Unaudited Field audi Field audi Desk audi Desk Audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  costs ted costs tt - interim portion ted costs t - Interim Portion it - Prospective 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
Permanent File For infor	gement / Fiscal Agent		dicaid Cos	Stephen Russell at Reimbursement Plan	ning and Finance



	Provider Number:	0 263974-00
	Date:	6/27/2012
	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited [3]
Current Rate 192.61	New Rate 198.79	Effective Date 7/1/2012
		., _,
340.22	348.00	7/1/2012
458.68	467.75	7/1/2012
Changes:  Licensure Usual and Target Ra FRVS Cl	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 10/01/1985	n Interim Component
Madigaid Cos	t Daimhursamant Dlan	ning and Finance
Styli -	ny Ri	usall
	Rate   192.61     340.22     458.68	Total Prospective    Variable   Variable



Sarasota Health and l	Rehabilitation Center			Provider Number:	0 263982-00	
1524 East Avenue S				Date:	6/27/2012	
Sarasota FL 34239				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:	Single Level	_	Current Rate	New Rate	Effective Date 7/1/2012	
Nursing Home	Single Level	_	209.91	<u>216.61</u>	//1/2012	
	Level H: AIDS	_	357.52	365.82	7/1/2012	
	Level U: Fragile Under 21		475.98	485.57	7/1/2012	
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	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change	Interim Component	
Contract Manaş Permanent File For inform	gement / Fiscal Agent	## ### ### ###########################	Tedicaid Cos	t Reimbursement Plan	ning and Finance	



Windsor Woods Rehabilitation and Health	icare Center		Provider Number:	0 263991-00
13719 Dallas Drive			Date:	6/27/2012
Hudson FL 34667			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		187.76	193.25	7/1/2012
Level H: AIDS		335.37	342.46	7/1/2012
Level U: Fragile	Under 21	453.83	462.21	7/1/2012
Basis:  Budget X Unaudited costs Field audited costs Field audited costs Provider Provider Field audited costs Field audited costs Field audited costs Field audited costs	ective data	Changes:  Licensure Usual and Target Ra FRVS Ch	Prospective Adjusted Prospective Adjusted Prospective with Cotal Prospective with Rating Change Customary Limitation change ange	n Interim Component
Desk audit - Interim Portion Desk Audit - Prospective portion	n –		ester Change 2] as of 09/01/1993	
Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  1 - No Hom	•	Medicaid Cost Styph	Stephen Russell Reimbursement Plan	ning and Finance



Winkler Court				Provider Number:	0 264008-00
3250 Winkler Ave				Date:	6/27/2012
Fort Myers FL 33910	6			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:		_	urrent Rate	New Rate	Effective Date
Nursing Home	Single Level	1	89.91	200.98	7/1/2012
	Level H: AIDS	3	37.52	350.19	7/1/2012
	Level U: Fragile Under 21	_4	55.98	469.94	7/1/2012
Basis:  Budget X Unaudited Field audi Field audi Desk audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  costs ted costs it - interim portion ted costs	Changes:	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
	t - Interim Portion it - Prospective portion			nester Change [2] as of 04/12/1995	
Permanent File For infor	gement / Fiscal Agent	Med:	caid Cos	stephen Russell  It Reimbursement Plan	ning and Finance



Lafayette Healthcare Cente	er			Provider Number:	0 264482-00	
512 West Main Sreet		<u>.</u>		Date:	6/27/2012	
Mayo FL 32066				Fiscal Year End:	10/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home  S	ingle Level	-	Current Rate 186.11	New Rate 181.86	Effective Date 7/1/2012	
ruising Home 5.	mgie Levei	-	100.11	101.00	7/1/2012	
Le	evel H: AIDS		333.72	331.07	7/1/2012	
Le	evel U: Fragile Under 21		452.18	450.82	7/1/2012	
Basis:  Budget X Unaudited costs Field audit - inte Desk audited co Desk audit - Inte	erim portion sts	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				Stephen Russell	_	
Permanent File For information No Change in	n Only	ر جار	fedicaid Cos	t Reimbursement Plan	ning and Finance	
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:	6/27/2012
Springfield FL 32404				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NI II	C' I. T I		Rate	Rate	Date
Nursing Home	Single Level		213.59		7/1/2012
	Level H: AIDS		361.20	370.40	7/1/2012
	Level U: Fragile Under 21		479.66	490.15	7/1/2012
	C				
Rate Type :					
Interim		X	Prospectiv	re	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
1	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensure	e Rating Change	
X Unaudited	costs			d Customary Limitation	on
Field audit	ed costs			ate limitation change	
	: - interim portion		FRVS C	hange	
Desk audite					
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 11/05/2003	
Distribution:				Ctool or Down II	
Contract Manag	ement / Fiscal Agent			Stephen Russell	
Permanent File	<u> </u>	1	Medicaid Cos	t Reimbursement Plan	ning and Finance
For inform	nation Only	L.	tinh	Re	issell
No Chang	ge in Rate		reje ir	us Re	
Home Office:	Florida Dept. of Veterans A			l	
nome Office.	Walter Gilchrist				
	11351 Ulmerton Road, Roo	m 332-I			
	Largo Fl 33778-1630				



Conway Lakes Health	a & Rehabilitation Center			Provider Number:	0 264512-00	
5201 Curry Ford Roa	d		Date:		6/27/2012	
Orlando FL 32812				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:				Tudit Status.		
<b></b>			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level	_	208.78	217.52	7/1/2012	
	Level H: AIDS		356.39	366.73	7/1/2012	
	Level U: Fragile Under 21		474.85	486.48	7/1/2012	
		_				
Rate Type:						
Interim		X	Prospectiv	<i>r</i> e		
	Total Interim			Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	n Interim Component	
	Prior Provider Prospective data					
Basis:		<b>Changes:</b>				
			T :	Dating Change		
Budget X Unaudited		-	-	e Rating Change		
<u>X</u> Unaudited Field audit				d Customary Limitation ate limitation change	ΣΠ	
	: - interim portion	-	FRVS C	_		
Desk audite	-	-	_	<b>6</b>		
	- Interim Portion	X	Rate Sen	nester Change		
Desk Audit	t - Prospective portion		On FRV	[2] as of 12/23/1991		
<b>Distribution:</b>				Stephen Russell		
Contract Manag	ement / Fiscal Agent		edicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File		. بد		1 -	. //	
For inform	nation Only	51.	n h	us Ka	issell	
No Chang	ge in Rate		7	us Re		
Home Office:	SBK Capital, LLC	_ ′				
monito Office.	Larry Shrewsbury					
	1935 Garraux Road, Northw	est				
	Atlanta GA 30327					



Belleair East Health C	Care Center			Provider Number:	0 264521-00	
1150 PONCE DE LE	ON BLVD	_ _	Date:		6/27/2012	
Clearwater FL 33756		_		Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
<b>.</b>	G' 1 T 1	_	Rate	Rate	Date	
Nursing Home	Single Level	-	201.14	212.36	7/1/2012	
	Level H: AIDS		348.75	361.57	7/1/2012	
	Level U: Fragile Under 21		467.21	481.32	7/1/2012	
Rate Type :						
Interim		X	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:		Change	s:			
Budget			Licensur	e Rating Change		
X Unaudited	costs			d Customary Limitatio	on	
Field audite				ate limitation change		
Field audit	- interim portion		FRVS C	hange		
Desk audite			_			
	- Interim Portion - Prospective portion	X		nester Change [2] as of 10/01/1985		
Distribution:				Stephen Russell		
Contract Manag	ement / Fiscal Agent		<i>I</i> 1: :10		· 1E'	
Permanent File	· ·	N	dedicaid Cos	t Reimbursement Plan	ning and Finance	
For inform	nation Only	In In	tin hi	m Ru	issell	
No Chang	ge in Rate	11	יני ען	us Re		
Home Office:	SBK Capital, LLC					
Tionic Office.	Larry Shrewsbury 1935 Garraux Road, North Atlanta GA 30327	west				
	Atlanta GA 30321					



East Bay Rehabilitation Center		Provider Number:	0 264539-00
4470 East Bay Drive		Date:	6/27/2012
Clearwater FL 33764		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Currer Rate	Rate	Effective Date
Nursing Home Single Level	204.7	<u>218.00</u>	7/1/2012
Level H: AIDS	352.3	8 367.21	7/1/2012
Level U: Fragile Under 21	470.8	486.96	7/1/2012
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 - Prospective portion	Usua Targ FRV X Rate	Total Prospective Prospective Adjusted	h Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  SBK Capital, LLC  Larry Shrewsbury 1935 Garraux Road, Northwese Atlanta GA 30327	Styp	Stephen Russell  Cost Reimbursement Plan  Russell	nning and Finance



MELBOURNE TERRACE RESTORATIVE CARE CE		]	Provider Number:	0 264547-00	
251 Florida Ave			Date	6/27/2012	
Melbourne FL 32901			Fiscal Year End:	12/31/2011	
			Audit Status:	: Unaudited [3]	
Provider Type:	Curr Ra		New Rate	Effective Date	
Nursing Home Single Level	208	8.98	221.15	7/1/2012	
Level H: AIDS	356	5.59	370.36	7/1/2012	
Level U: Fragile Under 21	475	5.05	490.11	7/1/2012	
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 audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:	Changes:	censure F sual and C arget Rate RVS Char ate Semes a FRV [2]	Rating Change Customary Limita Ilimitation change nge ter Change   as of 02/09/1989	tion	
Contract Management / Fiscal Agent			Stephen Russell		
Permanent FileFor information OnlyNo Change in Rate  Home Office:  SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwes Atlanta GA 30327	Sty	id Cost R	eimbursement Pla	anning and Finance	



Centre Point Health and	l Rehab Center		Provider Number:	0 264563-00
2255 Centerville Road			Date:	6/27/2012
Tallahassee FL 32308			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 197.49	New Rate <b>206.83</b>	Effective Date 7/1/2012
	Level H: AIDS	345.10	356.04	7/1/2012
	Level U: Fragile Under 21	463.56	475.79	7/1/2012
Basis:  Budget X Unaudited confield audited Field audited Desk audited Desk audited	l costs interim portion	Changes:  Licensure Usual and Target R: FRVS CI	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 06/25/1987	n Interim Component
Distribution:  Contract Manager  Permanent File  For informa  No Change  Home Office:	•	Medicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance



Spring Lake Rehabili	tation Center			Provider Number:	0 264571-00
1540 Sixth Street NW		_		Date:	6/27/2012
Winter Haven FL 338	381	_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
<b>.</b>			Rate	Rate	Date
Nursing Home	Single Level		204.78		7/1/2012
	Level H: AIDS		352.39	369.47	7/1/2012
	Level U: Fragile Under 21		470.85	489.22	7/1/2012
Rate Type:					
Interim		X	Prospectiv	ve .	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Change	es:		
<b>.</b>			Liconour	a Dating Change	
Budget X Unaudited	anata			e Rating Change	
Field audit		l -		d Customary Limitation thange	)II
	t - interim portion		FRVS C	_	
Desk audit	-	-		<b>6</b> .	
	- Interim Portion	X	Rate Sen	nester Change	
Desk Audi	t - Prospective portion		On FRV	[2] as of 05/17/1991	
<b>Distribution:</b>				Stephen Russell	
Contract Manag	gement / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			/	/ カ	
	nation Only	B	Tell	us Kr	issul
No Chang	ge in Rate			us Re	
Home Office:	SBK Capital, LLC		•		
	Larry Shrewsbury				
	1935 Garraux Road, North	west			
	Atlanta GA 30327				



Life Care Center of Estero		Provider Number:	0 265381-00
3850 Williams Road		Date:	6/27/2012
Estero FL 33929		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	213.24	218.52	7/1/2012
Level H: AIDS	360.85	367.73	7/1/2012
Level U: Fragile Under 21	479.31	487.48	7/1/2012
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:	Changes:  Licensure Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with Rating Change d Customary Limitation ate limitation change hange hester Change [2] as of 10/23/2003	n Interim Component
Contract Management / Fiscal Agent  Permanent FileFor information OnlyNo Change in Rate  Home Office:  Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320	Medicaid Cost	Stephen Russell t Reimbursement Plan	ning and Finance



Valencia Hills Health and Rehabilitation C	enter		Provider Number:	0 265560-00	
1350 Sleepy Hill Road			Date:	6/27/2012	
Lakeland FL 33810			Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level		Current Rate 183.85	New Rate	Effective Date 7/1/2012	
Nursing Home Single Level		103.05	<u> 188.00</u> _	7/1/2012	
Level H: AIDS		331.46	337.21	7/1/2012	
Level U: Fragile U	Jnder 21	449.92	456.96	7/1/2012	
Interim Total Interim Interim Component Settlement based on comprise Prior Provider Prospe  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	Cha	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation te limitation change	n Interim Component	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Summit Care  Guy Farmer  2851 Reming  Tallahassee F	e II, Inc ton Green Circle, Ste. D	styl	Reimbursement Plan	ning and Finance	•



Summer Brook Healt	h Care Center			Provider Number:	0 265721-00
5377 Moncrief Road		_		Date:	6/27/2012
Jacksonville FL 3220	9			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	enadared [e]
<b>71</b>			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	162.22	<u> 166.68</u>	7/1/2012
	Level H: AIDS		309.83	315.89	7/1/2012
	Level U: Fragile Under 21	_	428.29	435.64	7/1/2012
Rate Type :					
Interim		X	Prospectiv	/e	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
1	Prior Provider Prospective data				
Basis:		Changes	:		
			_		
Budget				e Rating Change	
<b>X</b> Unaudited			_	d Customary Limitatio	on
Field audit			_	ate limitation change	
	t - interim portion		FRVS C	hange	
Desk audit	ed costs - Interim Portion	<u> X</u>	- Doto Com	nester Change	
	t - Prospective portion			[2] as of 10/01/1985	
Distribution:				Stephen Russell	
Contract Manag	ement / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		٠	• <i>•</i>	/ ->	. / /
For inform	mation Only	£7.	celi	us Ra	issell
No Chang	ge in Rate			m Re	
Home Office:	Innovative Health Care M	anagement Servic	es, Inc.	1	
Home Office.	Angela Williams		,		
	2333 Hansen Lane, Suite 4	ļ			
	Tallahassee FL 32301				



Hialeah Convalescent Center		Provider Number:	0 265730-00
190 W. 28th Street		Date:	6/27/2012
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	184.88	189.07	7/1/2012
Level H: AIDS	332.49	338.28	7/1/2012
Level U: Fragile Under 21	450.95	458.03	7/1/2012
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 ar Target F FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with  Tre Rating Change and Customary Limitation Rate limitation change	n Interim Component
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office: 1 - No Home Office	Medicaid Co	st Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office			



Life Care Center of Ocala			Provider Number:	0 266108-00	
2800 SW 41st Street			Date:	6/27/2012	
Ocala FL 34474			Fiscal Year End:	1/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home  Single Leve	<b>a</b> l	Current Rate 208.50	New Rate 214.94	Effective Date 7/1/2012	
i turbing frome Single Leve		200.50	214.74	7/1/2012	
Level H: AID	S	356.11	364.15	7/1/2012	
Level U: Frag	ile Under 21	474.57	483.90	7/1/2012	
Interim Total Interim Interim Compone Settlement based Prior Provider Pro  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective po	on costs espective data  Cha	Licensure Usual and Target Ra FRVS Ch  X Rate Seme	Prospective Prospective Adjusted Prospective Adjusted Prospective with Prospective With Prospective With Prospective With Prospective With Prospective With Prospective Prospe	n Interim Component	
Distribution:  Contract Management / Fiscal Agent Permanent File  For information Only  No Change in Rate		Medicaid Cost	Reimbursement Plan	ning and Finance	_
Doug Ru 3570 NW	e Centers Of America	,			



Oasis Health and Rehabilitation Center		Provider Number:	0 266124-00
1201 12th Avenue South		Date:	6/27/2012
Lake Worth FL 33460		Fiscal Year End:	3/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 218.77	New Rate 226.44	Effective Date 7/1/2012
Level H: AIDS	366.38	375.65	7/1/2012
Level U: Fragile Under 21	484.84	495.40	7/1/2012
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:  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 / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	Stephen Russell  t Reimbursement Plan	ning and Finance



Southpoint Terrace		Provider Number:	0 266281-00	
4325 Southpoint Boulevard		Date:	6/27/2012	
Jacksonville FL 32216		Fiscal Year End:	12/31/2010	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	170.03	175.09	7/1/2012	
Level H: AIDS	317.64	324.30	7/1/2012	
Level U: Fragile Under 21	436.10	444.05	7/1/2012	
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  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 02/20/2004	n Interim Component	_
Distribution:  Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  SMJ Enterprises, LLC  Donna Marsh  1704 Huntington Village Circle Daytona Beach FL 32114	Stype	Stephen Russell ost Reimbursement Plan	ning and Finance	



Whispering Oaks		Provider Number:	0 266612-00
1514 Chelsea St		Date:	6/27/2012
Tampa FL 33610		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 153.03	New Rate 156.51	Effective Date 7/1/2012
Single Devel			7/1/2012
Level H: AIDS	300.64	305.72	7/1/2012
Level U: Fragile Under 21	419.10	425.47	7/1/2012
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:	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  nester Change [2] as of 02/01/1989	n Interim Component
Contract Management / Fiscal Agent  Permanent FileFor information OnlyNo Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Medicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance



The Springs At Boca Ciega Bay		Provider Number:	0 267724-00
1255 Pasadena Avenue S.		Date:	6/27/2012
St. Petersburg FL 33707		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 212.19	New Rate 219.05	Effective Date 7/1/2012
		<u> </u>	
Level H: AIDS	359.80	368.26	7/1/2012
Level U: Fragile Under 21	478.26	488.01	7/1/2012
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 I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  The Rating Change The Rating Chang	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Summit Care II, Inc	Medicaid Co	Stephen Russell  ost Reimbursement Plan  Russell  Russell	ning and Finance
Guy Farmer 2851 Remington Green Circle Tallahassee FL 32308	, Ste. D		



The Nursing Center At Merc	ey		Prov	vider Number:	0 267902	2-00
3671 South Miami Avenue				Date:	6/27/20	12
Miami FL 33133			Fisc	al Year End:	12/31/20	)10
				Audit Status:	Unaudited	d [3]
Provider Type:  Nursing Home Sir	ngle Level	Curre Rat <b>182.</b>	<u>e</u>	New Rate	Effective Date 7/1/2012	-
<b>T</b> .	ALIL AIDS			-	<b>-</b> // /0040	•
Lev	el H: AIDS	330.	<u> 38</u>	337.13	7/1/2012	
Lev	el U: Fragile Under 21	448.	84	456.88	7/1/2012	
Settlem	a Component nent based on costs rovider Prospective data  its im portion s im Portion	Changes:  Lic Usi Tar FR X Rat	ensure Ratin ual and Custorget Rate lim VS Change	Prospective with the prospecti	for New Costs h Interim Compo	nent
Distribution:  Contract Management Permanent File For information No Change in R	Only	Medicai  My	d Cost Reim	bursement Plar	nning and Finance	<del></del>
Home Office:	SMJ Enterprises, LLC  Donna Marsh 1704 Huntington Village Circle Daytona Beach FL 32114	_ ′				



Lanier Manor		Provider Number:	0 268003-00
12740 Lanier Road		Date:	6/27/2012
Jacksonville FL 32226		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	190.54	197.28	7/1/2012
Level H: AIDS	338.15	346.49	7/1/2012
Level U: Fragile Under 21	456.61	466.24	7/1/2012
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 Sei	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change Ind Customary Limitation Rate limitation change Change The Rating Chang	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Con	Stephen Russell st Reimbursement Plan	ning and Finance



Susanna Wesley Health Center	Prov	rider Number:	0 268062-00
5300 West 16th Ave		Date:	6/27/2012
Hialeah FL 33012	Fisc	al Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	223.65	232.32	7/1/2012
Level H: AIDS	371.26	381.53	7/1/2012
Level U: Fragile Under 21	489.72	501.28	7/1/2012
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	Prospe	g Change omary Limitatio itation change Change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cost Reim  My	bursement Plan	ning and Finance



Life Care Center of Palm Bay		Provider Number:	0 268186-00	
175 Villanueva Road		Date:	6/27/2012	
Palm Bay FL 32907		Fiscal Year End:	12/31/2010	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	199.19	204.75	7/1/2012	
Level H: AIDS	346.80	353.96	7/1/2012	
Level U: Fragile Under 21	465.26	473.71	7/1/2012	
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 Ra FRVS Cl	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component	_
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Life Care Centers Of America  Doug Ruth 3570 NW Keith Street  Cleveland TN 37320	Medicaid Cost	Stephen Russell t Reimbursement Plan	ning and Finance	



HarborChase of Naples		Provider Number:	0 268585-00
7801 AIRPORT PULLING ROAD		Date:	6/27/2012
Naples FL 34109		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 208.99	New Rate 220.71	Effective Date 7/1/2012
Level H: AIDS	356.60	369.92	7/1/2012
Level U: Fragile Under 21	475.06	489.67	7/1/2012
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 an Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Eate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	Stephen Russell st Reimbursement Plan	ning and Finance



Abbiejean Russell Care Center		Provider Number:	0 268755-00	
700 South 29th Street		Date:	6/27/2012	
Ft. Pierce FL 34947		Fiscal Year End:	12/31/2010	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	223.46		7/1/2012	
Level H: AIDS	371.07	381.38	7/1/2012	
Level U: Fragile Under 21	489.53	501.13	7/1/2012	
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 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	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Synergy Health Care  Denny Roberts  1835 Miami Gardens Dr. Suit  North Miami Beach FL 33179	Steph	stephen Russell  ost Reimbursement Plan  Russell	ning and Finance	



Good Samaritan Center		Provider Number:	0 268763-00
10676 Marvin Jones Boulevard		Date:	6/27/2012
Live Oak FL 32060		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 187.65	New Rate	Effective Date 7/1/2012
ruising frome Single Level	107.05	<u>193.23</u>	//1/2012
Level H: AIDS	335.26	342.44	7/1/2012
Level U: Fragile Under 21	453.72	462.19	7/1/2012
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:  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 / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styli	Stephen Russell t Reimbursement Plan	ning and Finance



The Springs at Lake Pointe Woods		Provider Number:	0 268780-00
3280 Lake Pointe Drive		Date:	6/27/2012
Sarasota FL 34238		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 217.99	New Rate 226.97	Effective Date 7/1/2012
ingle Level	217.07		7/1/2012
Level H: AIDS	365.60	376.18	7/1/2012
Level U: Fragile Under 21	484.06	495.93	7/1/2012
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  are 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  Home Office:  Summit Care II, Inc  Guy Farmer  2851 Remington Green Circ  Tallahassee FL 32308	Stype	Stephen Russell  Ost Reimbursement Plan  Russell	ning and Finance



Majestic Oaks Nursir				Provider Number:	0 269000-00	
901 Veterans Memor	•			Date:	6/27/2012	
Orange City Fl 32763	3			Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:	Single Level	_	Current Rate	New Rate	Effective Date 7/1/2012	
Nursing Home	Single Level	-	194.17	<u> 199.26</u> _	//1/2012	
	Level H: AIDS		341.78	348.47	7/1/2012	
	Level U: Fragile Under 21		460.24	468.22	7/1/2012	
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 an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Permanent File For inform	gement / Fiscal Agent mation Only ge in Rate  1 - No Home Office	It	Tedicaid Cos	t Reimbursement Plan	ning and Finance	



Harmony Health Cen	ter			Provider Number:	0 269107-00		
9820 N. Kendall Driv	/e	_		Date:	6/27/2012		
Miami Fl 33176		_		Fiscal Year End:	12/31/2010		
				Audit Status:	Unaudited [3]		
Provider Type:							
• •			Current	New	Effective		
	a		Rate	Rate	Date		
Nursing Home	Single Level		184.34	189.72	7/1/2012		
	Level H: AIDS		331.95	338.93	7/1/2012		
	Level U: Fragile Under 21		450.41	458.68	7/1/2012		
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	h Interim Component		
]	Prior Provider Prospective data						
Basis:		Chang	es:				
Dudget			Licensur	e Rating Change			
Budget X Unaudited	costs			d Customary Limitation	on		
Field audit		-	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 11/13/2000			
Distribution:				Stephen Russell			
Contract Manag	gement / Fiscal Agent		Madianid Con	t Reimbursement Plan	uning and Einangs		
Permanent File			Medicaid Cos	/ Francischent Plan	ining and rmance		
For inform	nation Only	J.	trah	m Ru	issell		
No Chang	ge in Rate		1	us Re			
Home Office:	SMJ Enterprises, LLC						
	Donna Marsh						
	1704 Huntington Village C	Circle					
	Daytona Beach FL 32114						



Douglas Jacobson State Vo	eterans Nursing Home			Provider Number:	0 269492-00
21281 Grayston Terrance				Date:	6/27/2012
Port Charlotte FL 33954				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  S	ingle Level		Current Rate	New Rate 222.87	Effective Date 7/1/2012
Le	evel H: AIDS		662.13	372.08	7/1/2012
Lo	evel U: Fragile Under 21		80.59	491.83	7/1/2012
Interior Settle		Changes:	Licensuro Usual ano	e Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Field audit - int  Desk audited co  Desk audit - Into	erim portion	X	FRVS CI	_	
<b>Distribution:</b> Contract Managemer  Permanent File	nt / Fiscal Agent	Med	icaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance
For informatio No Change in	·	My	eh	us Re	well
Home Office:	Florida Dept. of Veterans Aft Walter Gilchrist 11351 Ulmerton Road, Room Largo Fl 33778-1630	fairs			



Regents Park of Sunrise		Provider Number:	0 269697-00
9711 West Oakland Park Blvd		Date:	6/27/2012
Sunrise FL 33351		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	198.86	204.51	7/1/2012
Level H: AIDS	346.47	353.72	7/1/2012
Level U: Fragile Under 21	464.93	473.47	7/1/2012
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: Contract Management / Fiscal Agent	Wall ar Target F FRVS C X Rate Ser On FRV	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Total Prospective with The Rating Change The Rating C	n Interim Component
Permanent File For information Only No Change in Rate	Styl	hy Ri	issell
Home Office: 1 - No Home Office	_ ′		



Regents Park of Winter Park		Provider Number:	0 269719-00
558 Semoran Boulevard		Date:	6/27/2012
Winter Park FL 32792		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	193.36	198.88	7/1/2012
Level H: AIDS	340.97	348.09	7/1/2012
Level U: Fragile Under 21	459.43	467.84	7/1/2012
Budget X Unaudited costs Field audited costs Field audited costs Desk audited costs Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution:	Usual a Target l FRVS 0 X Rate Se	Total Prospective Prospective Adjusted: Total Prospective with  Total Prospective with  Tree Rating Change and Customary Limitation Rate limitation change Change  The prospective with  The prospective with  The prospective and prospective with  The prospective with  The prospective and prospective with  The prospecti	n Interim Component
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office: 1 - No Home Office	Medicaid Co	est Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office			



Regents Park of Jacksonville		Provider Number:	0 269727-00
8700 AC Skinner Parkway		Date:	6/27/2012
Jacksonville FL 32256		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 188.33	New Rate 193.85	Effective Date 7/1/2012
Level H: AIDS	335.94	343.06	7/1/2012
Level U: Fragile Under 21	454.40	462.81	7/1/2012
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 Limitation ate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Madigaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance



Jacaranda Manor			Provider Number:	0 281743-00	
4250 66th Street North			Date:	6/27/2012	
St. Petersburg FL 33709			Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home Single Level		168.69	<u> 172.91</u> _	7/1/2012	
Level H: AIDS		316.30	322.12	7/1/2012	
Level U: Fragile Under	21	434.76	441.87	7/1/2012	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion	data  Chang	Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted: Total Prospective with Prospective with Read Rating Change Country Limitation Read Customary Limitation Read Change	n Interim Component	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	_ _	Medicaid Cost	Stephen Russell Reimbursement Plan	ning and Finance	
Home Office:  Grace Healthcare, Randy Martin 7201 Shallowford Chattanooga TN 3	Inc Rd, STE 200	,			



Community Care Center		Provider Number:	0 281913-00
2202 West Oak Avenue		Date:	6/27/2012
Plant City FL 33563		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	191.22	<u> 187.73</u> _	7/1/2012
Level H: AIDS	338.83	336.94	7/1/2012
Level U: Fragile Under 21	457.29	456.69	7/1/2012
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:  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 / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styph	t Reimbursement Plan	ning and Finance



West Gables Health Care C	Center			Provider Number:	0 282359-00	
2525 SW 75th Avenue				Date:	6/27/2012	
Miami FL 33155				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Si	ingle Level	_	Current Rate 223.59	New Rate 230.39	Effective Date 7/1/2012	
Le	evel H: AIDS		371.20	379.60	7/1/2012	
Le	evel U: Fragile Under 21	<del>-</del>	489.66	499.35	7/1/2012	
Basis:  Budget X Unaudited costs Field audit - inte Desk audited co Desk audit - Inte	erim portion	Changes	Licensurd Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Distribution:  Contract Managemen Permanent File For information No Change in I	t / Fiscal Agent n Only	M St	edicaid Cos	Stephen Russell  Reimbursement Plan	ning and Finance	



Ridgecrest NH, LLC		Provider Number:	0 282464-00
1200 North Stone Street		Date:	6/27/2012
Deland FL 32720		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	197.13	202.85	7/1/2012
Level H: AIDS	344.74	352.06	7/1/2012
Level U: Fragile Under 21	463.20	471.81	7/1/2012
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 Ra FRVS CI	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Greystone Healthcare Manager  4042 Park Oaks Blvd, Suite 300  Tampa FL 33610	Styli Tient, LLC	Stephen Russell  t Reimbursement Plan	ning and Finance



Coral Reef Nursing and Rehabilitation Center		Provider Number:	0 282529-00
9869 S.W. 152nd Street		Date:	6/27/2012
Miami FL 33157		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Curren Rate 227.3:	Rate	Effective Date 7/1/2012
		<u> </u>	-
Level H: AIDS	374.90	384.50	7/1/2012
Level U: Fragile Under 21	493.4	504.25	7/1/2012
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	Usua Targe FRV X Rate		h Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid  Styl	Stephen Russell  Cost Reimbursement Plan  Russell	nning and Finance



Palm Terrace of St. Petersburg		Provider Number:	0 282537-00
521 69th Avernue North		Date:	6/27/2012
St. Petersburg Fl 33702		Fiscal Year End:	6/30/2011
		Audit Status:	: Unaudited [3]
Provider Type:  Nursing Home Single Level	Curry Rat <b>230</b>	e Rate	Effective Date 7/1/2012
Level H: AIDS	377	91 386.04	7/1/2012
Level U: Fragile Under 21	496	505.79	7/1/2012
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective da  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk auditd - Interim Portion Desk Audit - Prospective portion	Changes:   Lic   Us   Tar   FR   Tar   FR   Tar   Ta	pective  X Total Prospective Prospective Adjuste Total Prospective w  ensure Rating Change and Customary Limitarget Rate limitation change VS Change  te Semester Change FRV [2] as of 06/01/1997	tion
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Cypress Administrat	Styp	d Cost Reimbursement Pla	anning and Finance
Home Office: Cypress Administrat Alan Wengrofsky 4 West Red Oak Land White Plains NY 106	, Suite 201		



The Terrace at Daytona Beach			Provider Number:	0 282553-00	
1704 Huntington Village Circle			Date:	6/27/2012	
Daytona Beach FL 32114			Fiscal Year End:	7/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single	I ovol	Current Rate 168.37	New Rate 165.09	Effective Date 7/1/2012	
rursing frome single	Level	100.37	103.09	7/1/2012	
Level H:	AIDS	315.98	314.30	7/1/2012	
Level U:	Fragile Under 21	434.44	434.05	7/1/2012	
	prize proposent passed on costs per Prospective data  Control portion portion	Usual an Target R FRVS C X Rate Sen	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change de Customary Limitation ate limitation change hange The Prospective with The Rating Change are Rating Change ate limitation change The Rating C	n Interim Component	
Contract Management / Fisc Permanent FileFor information OnlyNo Change in Rate	-	Medicaid Cos	Stephen Russell  It Reimbursement Plan	ning and Finance	
Dor 170	ina Marsh 4 Huntington Village Circle tona Beach FL 32114				



Palm Terrace of Clewisto	on			Provider Number:	0 282618-00
301 South Gloria Street				Date:	6/27/2012
Clewiston FL 33440				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 216.12	New Rate 221.18	Effective Date 7/1/2012
Trumbing Home	Single Devel	-	210.12		77172012
	Level H: AIDS		363.73	370.39	7/1/2012
·	Level U: Fragile Under 21		482.19	490.14	7/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - is Desk audited of Desk audit - Is	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with  Rating Change d Customary Limitation at a limitation change hange  hester Change [2] as of 09/01/1990	Interim Component
Contract Managem	ent / Fiscal Agent			Stephen Russell	
Permanent File For informati No Change i	ion Only n Rate	Br.	Tedicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	Cypress Administrative Serv Alan Wengrofsky 4 West Red Oak Lane, Suite White Plains NY 10604				



Palm Terrace of Lakeland		Provider Number:	0 282626-00	
1919 Lakeland Hills Blvd		Date:	6/27/2012	
Lakeland FL 33805		Fiscal Year End:	6/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 209.81	New Rate 213.76	Effective Date 7/1/2012	
Level H: AIDS	357.42	262.07	7/1/2012	
		362.97	-	
Level U: Fragile Under 21	475.88	482.72	7/1/2012	
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:  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	
<u>Distribution:</u> Contract Management / Fiscal Agent	Medicaid Cost	Stephen Russell t Reimbursement Plan	ning and Finance	
Permanent FileFor information OnlyNo Change in Rate	Steph	ny Ri	well	
Home Office:  Cypress Administrative Service Alan Wengrofsky 4 West Red Oak Lane, Suite 20 White Plains NY 10604	s, LLC			



Life Care Center of Jackson	ville			Provider Number:	0 283193-00	
4813 Lenoir Avenue				Date:	6/27/2012	
Jacksonville FL 32216				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Si	ngle Level	_	Current Rate 210.55	New Rate 216.33	Effective Date 7/1/2012	
Lev	vel H: AIDS	_	358.16	365.54	7/1/2012	
Lev	vel U: Fragile Under 21	_	476.62	485.29	7/1/2012	
Basis:  Budget X Unaudited costs Field audit - interior Desk audit - Interior Desk Audit - Pro	rim portion ts rim Portion	Changes:  X	Licensure Usual and Target Ra FRVS Cl	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component	
Distribution:  Contract Management Permanent File For information No Change in R	Only	M.	edicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320	_				



Life Care Center of Orange Park		Provider Number:	0 284289-00
2145 Kingsley Avenue		Date:	6/27/2012
Orange Park FL 32073	<u></u>	Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Curr Rat	e Rate	Effective Date
Nursing Home Single Level		.22 181.27	7/1/2012
Level H: AIDS	323	83 330.48	7/1/2012
Level U: Fragile Under 21	442	450.23	7/1/2012
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:	Changes:   Lid   Us   Ta   FR   TR   Ta   Ta   Ta   Ta   Ta   Ta   T	Total Prospective Prospective Adjuste Total Prospective Adjuste Total Prospective was  rensure Rating Change ual and Customary Limital reget Rate limitation change VS Change  te Semester Change FRV [2] as of 09/19/1996	tion
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Life Care Centers Of  Doug Ruth  3570 NW Keith Street  Cleveland TN 37320	Sty	Stephen Russell d Cost Reimbursement Pla	anning and Finance



The Terrace at Fleming Island		Provider Number:	0 284785-00
1125 Fleming Plantation Road		Date:	6/27/2012
Orange Park FL 32003		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 172.77	New Rate <b>169.39</b>	Effective Date 7/1/2012
Level H: AIDS	320.38	318.60	7/1/2012
Level U: Fragile Under 21	438.84	438.35	7/1/2012
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 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 03/11/2005	n Interim Component
Distribution:  Contract Management / Fiscal Agent	Medicaid Co	Stephen Russell ost Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Stype	hus Re	well
Home Office:  SMJ Enterprises, LLC  Donna Marsh 1704 Huntington Village Circl Daytona Beach FL 32114	_ ′		



Brighton Gardens of Tampa		Provider Number:	0 284793-00
14624 North Dale Mabry Highway		Date:	6/27/2012
Tampa FL 33618		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 203.12	New Rate	Effective Date 7/1/2012
Level H: AIDS	350.73	363.05	7/1/2012
Level U: Fragile Under 21	469.19	482.80	7/1/2012
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 audited Prospective 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
Desk Audit - Prospective portion  Distribution:	OllTRV	Stephen Russell	
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styph	t Reimbursement Plan	ning and Finance



Aventura Plaza Rehal	bilitation and Nursing Center			Provider Number:	0 284823-00
1800 NE 168TH Stre		_		Date:	6/27/2012
N. Miami Beach FL 3	33162	_		Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					,
			Current	New	Effective
Nuusina Homo	Cingle Level		Rate	Rate	Date
Nursing Home	Single Level		250.53	<u> 260.72</u> _	7/1/2012
	Level H: AIDS		398.14	409.93	7/1/2012
	Level U: Fragile Under 21		516.60	529.68	7/1/2012
Rate Type:					
Interim		X	Prospectiv	ve .	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Change	es:		
Dudget			Licensur	e Rating Change	
Budget X Unaudited	costs	-		d Customary Limitatio	on
Field audit		-		ate limitation change	·
Field audit	t - interim portion		FRVS C	hange	
Desk audit	ed costs				
	- Interim Portion	X		nester Change	
Desk Audi Distribution:	t - Prospective portion		On FR v	[2] as of 10/01/1985	
·	gement / Fiscal Agent			Stephen Russell	
Permanent File	ement / Piscar Agent	I	Medicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only	1	1.1.	′ カ.	mell
	ge in Rate	//	ye u	us Re	<i>x</i> , <i>C</i> - <i>C</i> ,
Home Office:	Hebrew Home Manageme		/	I	
Home Office.	Steve Beaujon				
	1800 NE 168th Street, Sui	te 200			
	Miami Beach FL 33162				



Cypress Village				Provider Number:	0 307998-00	
4600 Middleton Park, Circle	e East			Date:	6/27/2012	
Jacksonville FL 32224				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:		<u> </u>	Current Rate	New Rate	Effective Date	
Nursing Home Sin	ngle Level		202.93	211.12	7/1/2012	
Lev	vel H: AIDS		350.54	360.33	7/1/2012	
Lev	vel U: Fragile Under 21	_	469.00	480.08	7/1/2012	
Interin Settlen	ts rim portion ts rim Portion	Changes:  X	Licensur 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	
Contract Management	/ Fiscal Agent		1 1		· '···································	
Permanent File For information No Change in R	•	At j	Tell Cos	t Reimbursement Plan	usall	
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:	6/27/2012
Lake City FL 32025		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 193.49	New Rate 205.06	Effective Date 7/1/2012
	173.47		7/1/2012
Level H: AIDS	341.10	354.27	7/1/2012
Level U: Fragile Under 21	459.56	474.02	7/1/2012
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 a	Total Prospective Prospective Adjusted Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change	n Interim Component
Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion		emester Change V [2] as of 01/25/1994	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Health Care Managers, Inc  Ivonne Burrell  2380 Sadler Road Suite 201  Fernandina Beach FL 32034	Medicaid Co	Stephen Russell  ost Reimbursement Plan  Russell	ning and Finance



Hebrew Home of Sou	nth Beach			Provider Number:	0 308242-00
320 Collins Ave.		<del>-</del> -		Date:	6/27/2012
Miami Beach FL 331	39	_		Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>					
			Current	New	Effective
Nuncing Home	Single Level		Rate	Rate	Date
Nursing Home	Single Level		226.54		7/1/2012
	Level H: AIDS		374.15	382.95	7/1/2012
	Level U: Fragile Under 21		492.61	502.70	7/1/2012
Rate Type :					
Interim		X	Prospectiv	e	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
]	Prior Provider Prospective data				
Basis:		Chang	ges:		
Budget				e Rating Change	
X Unaudited				d Customary Limitation thange	on
Field audit			FRVS Cl	•	
	t - interim portion		FRVS CI	nange	
Desk audit	ed costs - Interim Portion	X	Rate Sem	nester Change	
	t - Prospective portion			[2] as of 10/01/1985	
<b>Distribution:</b>				Stephen Russell	
Contract Manag	gement / Fiscal Agent		Medicaid Cost	t Reimbursement Plan	ning and Finance
Permanent File				' 一つ	ming and I manee
For inform	nation Only	B	tente	us Ka	issell
No Chang	ge in Rate		John	us Re	
Home Office:	Hebrew Home Manageme				
	Steve Beaujon				
	1800 NE 168th Street, Suit	e 200			
	Miami Beach FL 33162				
	<u> </u>				



Ponce Plaza Nursing &	Rehab Center		Provider Number:	0 308251-00
355 SW 12th Avenue			Date:	6/27/2012
Miami FL 33135			Fiscal Year End:	1/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren Rate 224.49	Rate	Effective
	Level H: AIDS	372.10	380.85	7/1/2012
	Level U: Fragile Under 21	490.50	500.60	7/1/2012
Basis:  Budget X Unaudited c Field audite Field audit Desk audite Desk Audit	d costs - interim portion	Usua Targe FRV	Total Prospective Prospective Adjusted Total Prospective wit  asure Rating Change I and Customary Limitatiet Rate limitation change S Change Semester Change RV [2] as of 04/21/2000	h Interim Component
Distribution:  Contract Manage Permanent File For inform No Change Home Office:	•	Sty.	Stephen Russell Cost Reimbursement Plan Russell	nning and Finance



Sunset Lake Health & Rehal	o Center		Provider Number:	0 308501-00
832 Sunset Lake Blvd			Date:	6/27/2012
Venice FL 34292			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Sir	ngle Level	Current Rate 224.37	New Rate 234.32	Effective Date 7/1/2012
Lev	el H: AIDS	371.98	383.53	7/1/2012
Lev	el U: Fragile Under 21	490.44	503.28	7/1/2012
Settlem	s im portion s im 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 03/17/1992	n Interim Component
Contract Management Permanent FileFor informationNo Change in R Home Office:	Only	Hyp 1.	Stephen Russell  Ost Reimbursement Plan  Russell  Ost Reimbursement Plan	ning and Finance



The Allegro at College Harbor		Provider Number:	0 309800-00
4600 54th Avenue South		Date:	6/27/2012
St. Petersburg Fl 33711		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 224.65	New Rate	Effective Date 7/1/2012
Nursing Home Single Level			//1/2012
Level H: AIDS	372.26	379.97	7/1/2012
Level U: Fragile Under 21	490.72	499.72	7/1/2012
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:  Contract Management / Fiscal Agent	Changes:  Licensure Usual and Target Ranges FRVS Cl	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 08/20/1999  Stephen Russell	n Interim Component
Permanent File  For information Only  No Change in Rate	Medicaid Cos	t Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office	_ •		



Provider Number: 0 310409-00
Date: 6/27/2012
Fiscal Year End: 12/31/2011
Audit Status: Unaudited [3]
Current New Effective Rate Rate Date
<u>206.69</u> <u>226.68</u> <u>7/1/2012</u>
354.30 375.89 7/1/2012
472.76 495.64 7/1/2012
X Prospective  X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  X Rate Semester Change On FRV [2] as of 09/01/1999
Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance  Russell



ATLANTIC HEALTH	ICARE CENTER		Provider Number:	0 310581-00
3663 15th Avenue			Date:	6/27/2012
Vero Beach FL 32960			Fiscal Year End:	8/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 195.96	New Rate 194.64	Effective Date 7/1/2012
	Level H: AIDS	343.57	343.85	7/1/2012
	Level U: Fragile Under 21	462.03	463.60	7/1/2012
Basis:  Budget X Unaudited control Field audited Field audited Desk audited Desk audited	d costs - interim portion	Usual Target FRVS X Rate S	Prospective Adjusted Total Prospective with  Ture Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 09/01/2004	n Interim Component
Distribution:  Contract Manager Permanent File For informa No Change Home Office:	•	Stype	Stephen Russell Fost Reimbursement Plan	ning and Finance



St. Mark Village, Inc	2.			Provider Number:	0 310841-00
2655 Nebraska Aven				Date:	6/27/2012
Palm Harbor FL 346	84			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
<b>Nursing Home</b>	Single Level		204.61	213.35	7/1/2012
	Level H: AIDS	_	352.22	362.56	7/1/2012
	Level U: Fragile Under 21		470.68	482.31	7/1/2012
Budget X Unaudited Field audi Field audi Desk audi Desk audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  costs ted costs it - interim portion	Changes:	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
Permanent File For infor	gement / Fiscal Agent	Med Sty	dicaid Cos	t Reimbursement Plan	ning and Finance



Eagle Lake Rehab & Care Center		Provider Number:	0 311065-00
1100 66th Street North		Date:	6/27/2012
St. Petersburg FL 33710		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	200.16	206.06	7/1/2012
Level H: AIDS	347.77	355.27	7/1/2012
Level U: Fragile Under 21	466.23	475.02	7/1/2012
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:	Changes:  Licensure Usual and Target R: FRVS CI	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 07/01/1987	n Interim Component
Contract Management / Fiscal Agent  Permanent FileFor information OnlyNo Change in Rate  Home Office:  Traditions Management of Florations Management of Florat	Steph	Stephen Russell  t Reimbursement Plan	ning and Finance



South Pointe Plaza				Provider Number:	0 311308-00	
42 Collins Avenue				Date:	6/27/2012	
Miami Beach FL 3313	39			Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	199.29	204.33	7/1/2012	
	Level H: AIDS		346.90	353.54	7/1/2012	
	Level U: Fragile Under 21		465.36	473.29	7/1/2012	
Rate Type :						
Interim		X	Prospective	e		
	Γotal Interim	X Total Prospective				
Interim Component		Prospective Adjusted for New Costs				
Settlement based on costs				Total Prospective with	n Interim Component	
I	Prior Provider Prospective data					
Basis:		Changes	S:			
Budget			Licensure	e Rating Change		
X Unaudited	costs			d Customary Limitation	on	
Field audit	ed costs			et Rate limitation change		
Field audit	- interim portion		FRVS Cl	nange		
Desk audite	ed costs					
	- Interim Portion	X		nester Change		
Desk Audit Distribution:	z - Prospective portion		On FRV	[2] as of 04/01/1997		
	ement / Fiscal Agent			Stephen Russell		
•	ement / Fiscai Agent	N	Iedicaid Cost	Reimbursement Plan	ning and Finance	
Permanent File	nation Only	1-	r. 1	′ カ	mell	
No Chang	•	M	ye u	us Re	and of	
Home Office:	Hebrew Home Managemen	,		I		
Home Office.	Steve Beaujon					
	1800 NE 168th Street, Suite	200				
	Miami Beach FL 33162					



Life Care Center of Punta Gorda		Provider Number:	0 311685-00
450 Shreve Street		Date:	6/27/2012
Punta Gorda FL 33950		Fiscal Year End:	2/28/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 223.61	New Rate 230.22	Effective Date 7/1/2012
- (415-1-18 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-01-16 - 1-			77112012
Level H: AIDS	371.22	379.43	7/1/2012
Level U: Fragile Under 21	489.68	499.18	7/1/2012
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 I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  The Rating Change The Rating Chang	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Medicaid Co	Stephen Russell ost Reimbursement Plan	ning and Finance
Home Office:  Life Care Centers Of America  Doug Ruth  3570 NW Keith Street  Cleveland TN 37320	_		



SandalWood Nursing Center	<u> </u>	Provider Number:	0 312045-00
1001 South Beach Street	_	Date:	6/27/2012
Daytona Beach FL 32114	_	Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 200.04	New Rate 205.79	Effective Date 7/1/2012
Level H: AIDS	347.65	355.00	7/1/2012
Level U: Fragile Under 21	466.11	474.75	7/1/2012
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 audit - Interim Portion  Desk Audit - Prospective 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
Distribution:  Contract Management / Fiscal Agent		Stephen Russell	
Permanent File  For information Only  No Change in Rate	Medicaid Co	ost Reimbursement Plan	ning and Finance
Home Office:  Putnam Council, Inc.  16 Norcross Street Roswell GA 30075			



LakeWood Nursing Center	_			Provider Number:	0 312142-0	00
100 North Lake Street				Date:	6/27/2012	2
Crescent City FL 32112				Fiscal Year End:	12/31/201	0
				Audit Status:	Unaudited	[3]
Provider Type:	ovol	_	Current Rate	New Rate	Effective Date 7/1/2012	
Nursing Home Single I	evei	_	180.08	<u> 192.11</u> _	//1/2012	
Level H: A	AIDS	_	334.29	341.32	7/1/2012	
Level U: F	Fragile Under 21	_	452.75	461.07	7/1/2012	
Budget X Unaudited costs Field audited costs Field audit - interim por Desk audited costs Desk audit - Interim Por Desk Audit - Prospective	tion tion e 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 Compone	ent
Contract Management / Fisca	l Agent	M	edicaid Cos	t Daimhumannant Dlan	ning and Finance	_
Permanent File For information Only		1-1	- 1.	′ カ.	well	
No Change in Rate		100	ye n	ny Ra	<i>v</i> , - <i>v</i> ,	
Home Office: Putn. 16 No	am Council, Inc.  orcross Street rell GA 30075	/	,			



Cross City Rehabilitation	and Health Center			Provider Number:	0 312151-00	
583 N.E. Highway 351				Date:	6/27/2012	
Cross City FL 32628				Fiscal Year End:	9/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home S	Single Level	_	197.87	<u> 191.98</u> _	7/1/2012	
L	evel H: AIDS	_	345.48	341.19	7/1/2012	
L	evel U: Fragile Under 21	-	463.94	460.94	7/1/2012	
Basis:  Budget X Unaudited costs Field audit - int Desk audit - Int Desk Audit - Pr	osts terim portion osts	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	Interim Component	
Distribution:  Contract Management Permanent File  For information  No Change in  Home Office:	on Only		edicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	_



CrestWood Nursing Center		Provider Number:	0 312274-00
501 South Palm Avenue		Date:	6/27/2012
Palatka FL 32177		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 175.78	New Rate 182.05	Effective Date 7/1/2012
	-		
Level H: AIDS	323.39	331.26	7/1/2012
Level U: Fragile Under 21	441.85	451.01	7/1/2012
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	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 Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Putnam Council, Inc.  16 Norcross Street  Roswell GA 30075	Medicaid Co	Stephen Russell  ost Reimbursement Plan  August Reimbursement Plan	ning and Finance



Savannah Cove of the	e Palm Beaches			Provider Number:	0 312312-00		
2090 North Congress		_ _		Date:	6/27/2012	_	
West Palm Beach FL	33401	_		Fiscal Year End:	12/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:						_	
			Current	New	Effective		
NI II	C' l . T l	_	Rate	Rate	Date		
Nursing Home	Single Level	-	218.24		7/1/2012		
	Level H: AIDS		365.85	379.96	7/1/2012		
	Level U: Fragile Under 21	·	484.31	499.71	7/1/2012		
Rate Type :						_	
Interim		X	Prospectiv	VP			
	Total Interim		- X	Total Prospective			
Interim Component		Prospective Adjusted for New Costs					
;	Settlement based on costs			Total Prospective with	n Interim Component		
1	Prior Provider Prospective data						
Basis:		Changes	S:				
			<b>.</b>				
Budget				re Rating Change			
XUnaudited Field audit			Usual and Customary Limitation Target Rate limitation change				
	: - interim portion		FRVS C	=			
Desk audit	-		_	8-			
	- Interim Portion	X		nester Change			
	t - Prospective portion		On FRV	[2] as of 01/26/1995			
<u>Distribution:</u>				Stephen Russell			
Contract Manag	ement / Fiscal Agent	N	Iedicaid Cos	st Reimbursement Plan	ning and Finance		
Permanent File		4	- /	ノーカ	.//		
	nation Only	121	ren	m Re	issell		
No Chang	ge in Rate			. , -			
Home Office:	Senior Living Managemen	nt Corporation					
	John Panskoy						
	4661 Johnson Road, Suite	7					
	Coconut FL 33073						
	-						



Southlake Nursing and Reh				Provider Number:	0 312371-00	
10680 Old St. Augustine R	oad			Date:	6/27/2012	
Jacksonville FL 32257				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	]
Provider Type:	ingle Level	_	Current Rate	New Rate	Effective Date 7/1/2012	
Nursing Home Si	ngle Level	_	210.01		//1/2012	
Le	vel H: AIDS	_	364.22	372.27	7/1/2012	
Le	vel U: Fragile Under 21	-	482.68	492.02	7/1/2012	
Interio Settles	erim portion sts rim Portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 10/01/1985	n Interim Component	t
Contract Management Permanent File For information No Change in I	n Only	M M	edicaid Cos	Stephen Russell  t Reimbursement Plan	ning and Finance	_
Home Office:	Mandarin Health Group  199 N.E. 89th Street El Portal FL 33138	_ ′	,			



Savannah Cove of Ma	aitland			Provider Number:	0 312550-00
1301 W. Maitland Blvd		_		Date:	6/27/2012
Maitland FL 32751		_		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N	Cinala I aval	_	Rate	Rate	Date T/1/2012
Nursing Home	Single Level	_	193.87	<u> 187.46</u> _	7/1/2012
	Level H: AIDS		341.48	336.67	7/1/2012
	Level U: Fragile Under 21	- -	459.94	456.42	7/1/2012
Rate Type :					
Interim		X	Prospectiv	ve.	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
<del></del> ;	Settlement based on costs			Total Prospective with	n Interim Component
1	Prior Provider Prospective data				
Basis:		Changes	:		
				D : CI	
Budget			_	e Rating Change	
XUnaudited Field audit		Usual and Customary Limitation Target Rate limitation change			
	t - interim portion	FRVS Change			
Desk audit	-		_	8-	
	- Interim Portion	X	Rate Sen	nester Change	
	t - Prospective portion		On FRV	[2] as of 06/16/1995	
<b>Distribution:</b>				Stephen Russell	
Contract Manag	gement / Fiscal Agent		edicaid Cos	t Reimbursement Plan	ning and Finance .
Permanent File		,	- /	1	. [ ]
	mation Only	21	un	m Re	issell
No Chang	ge in Rate			. / -	
Home Office:	Senior Living Manageme	nt Corporation			
	John Panskoy				
	4661 Johnson Road, Suite	7			
	Coconut FL 33073				
	· · · · · · · · · · · · · · · · · · ·	·			



Children's Comprehensive Care Center		Provider Number:	0 312789-00
200 S.E. 19th Avenue		Date:	6/27/2012
Pompano Beach FL 33060		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 241.76	New Rate 253.59	Effective Date 7/1/2012
g			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Level H: AIDS	389.37	402.80	7/1/2012
Level U: Fragile Under 21	507.83	522.55	7/1/2012
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 Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Medicaid Cost	Stephen Russell Reimbursement Plan	ning and Finance
Home Office:  Broward Children's Center, Inc.  Hanna Pasniewski 200 SE 19th Avenue Pompano Beach FL 33072	,		



Hollywood Hills Rehabilitation Center, LLC		Provider Number:	0 313424-00
1200 N 35th Avenue		Date:	6/27/2012
Hollywood FL 33021		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 205.39	New Rate 215.83	Effective Date 7/1/2012
Level H: AIDS	353.00	365.04	7/1/2012
Level U: Fragile Under 21	471.46	484.79	7/1/2012
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:  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>		Stephen Russell	
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  Herlee, Inc  Harold Mandelbaum 1201 North 37th Street Hollywood FL 33021	Medicaid Cos  Styph	t Reimbursement Plan	ning and Finance



Lutheran Haven Nur	sing Home			Provider Number:	0 313718-00
2041 W. State Rd. 42	26			Date:	6/27/2012
Oviedo Fl 32765				Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type:		Cur Ra		New Rate	Effective Date
Nursing Home	Single Level	198	.81	203.02	7/1/2012
	Level H: AIDS	346	.42	352.23	7/1/2012
	Level U: Fragile Under 21	464	.88	471.98	7/1/2012
Desk audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  costs ted costs it - interim portion	Changes:  Li Use	censure is ual and rget Rat	Rating Change Customary Limitation change	n Interim Component
Desk Aud	it - Prospective portion			2] as of 12/16/2005	
Permanent FileFor infor	gement / Fiscal Agent	Medica Styp	id Cost I	Stephen Russell Reimbursement Plan	ning and Finance



Carrington Place of St. Pe			Provider Number:	0 315524-00
10501 Roosevelt Blvd No	orth		Date:	6/27/2012
St. Petersburg FL 33716			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	197.01		7/1/2012
I	Level H: AIDS	344.62	354.53	7/1/2012
I	Level U: Fragile Under 21	463.08	474.28	7/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audit - In Desk audit - In	tosts aterim portion osts	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 10/01/1988	n Interim Component
Contract Manageme	ent / Fiscal Agent		Stephen Russell	
Permanent File For information No Change in	on Only	Medicaid Co	ost Reimbursement Plan	used/
Home Office:	Traditions Management of Flori 24541 US Highway 19 North Clearwater FL 33763	_		



Life Care Center of Pensacola			Provider Number:	0 315664-00	)
3291 East Olive Road			Date:	6/27/2012	
Pensacola FL 32514			Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3	]
Provider Type:					
		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home Single Level		209.57	215.43	7/1/2012	
Level H: AIDS		357.18	364.64	7/1/2012	
Level U: Fragil	e Under 21	475.64	484.39	7/1/2012	
Rate Type :					
Interim		X Prospective	2		
Total Interim			Total Prospective		
Interim Componen	İ.		Prospective Adjusted	for New Costs	
Settlement based or	1 costs		Total Prospective with	n Interim Componen	t
Prior Provider Pros	pective data				
Basis:	Ch	anges:			
Budget		Licensure	Rating Change		
X Unaudited costs		Usual and	Customary Limitation	on	
Field audited costs		Target Rate limitation change			
Field audit - interim portion		FRVS Ch	ange		
Desk audited costs					
Desk audit - Interim Portion	.   <u>-</u>		ester Change		
Desk Audit - Prospective port  Distribution:	1011	Oli FRV	[2] as of 06/01/2006		
			Stephen Russell		
Contract Management / Fiscal Age	nt	Medicaid Cost	Reimbursement Plan	ning and Finance	_
Permanent File		14	us Re	001/1	
For information Only	_	MPW	us Ka	www	
No Change in Rate	-		ŕ		
Home Office: Life Care	Centers Of America	-			
Doug Ruth					
	Keith Street				
Cleveland	IN 37320				



Westwood Health Care Center		Provider Number:	0 316075-00
1001 Mar Walt Drive		Date:	6/27/2012
Ft. Walton Beach FL 32457		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 199.01	New Rate 205.24	Effective Date 7/1/2012
Level H: AIDS	346.62	354.45	7/1/2012
Level U: Fragile Under 21	465.08	474.20	7/1/2012
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 ar Target F FRVS C	Total Prospective Prospective Adjusted Total Prospective with  The Rating Change and Customary Limitation Rate limitation change Change The Change The Rating Change The Ratin	n Interim Component
Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent		Stephen Russell	
Permanent FileFor information OnlyNo Change in Rate	Medicaid Con	st Reimbursement Plan	ning and Finance
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 Avenue		Date:	6/27/2012
Arcadia FL 34266		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 246.10	New Rate 258.23	Effective Date 7/1/2012
Level H: AIDS	393.71	407.44	7/1/2012
Level U: Fragile Under 21	512.17	527.19	7/1/2012
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	Changes:  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
Desk Audit - Prospective portion  Distribution:	OllTRV		
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  Anchor Management Phil Castleberg 1344 Longhill Drive Apopka FL 32712	Medicaid Cos  Styph	Stephen Russell t Reimbursement Plan	ning and Finance



Laurellwood Nursing Center	r, Inc.			Provider Number:	0 316628-00	
3127 - 57th Avenue North				Date:	6/27/2012	
St. Petersburg FL 33714				Fiscal Year End:	5/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home Sir	ngle Level	_	194.01	199.66	7/1/2012	
Lev	el H: AIDS	_	341.62	348.87	7/1/2012	
Lev	rel U: Fragile Under 21	_	460.08	468.62	7/1/2012	
Settlem	a Component nent based on costs rovider Prospective data  its im portion s im 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 hange  nester Change [2] as of 06/01/1996	n Interim Component	
Contract Management	/ Fiscal Agent			Stephen Russell		
Permanent File For information No Change in R	Only	M	edicaid Cos	t Reimbursement Plan	ning and Finance	
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619	_				



HarbourWood Nursing C	Center, Inc.		Provider Number:	0 316636-00
2855 Gulf to Bay Boulev	vard, Building #31		Date:	6/27/2012
Clearwater FL 33759			Fiscal Year End:	5/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 200.57	New Rate 206.90	Effective Date 7/1/2012
	Level H: AIDS	348.18	356.11	7/1/2012
	Level U: Fragile Under 21	466.64	475.86	7/1/2012
Basis:  Budget X Unaudited cos Field audited Field audit - is Desk audit - Is Desk Audit - Is	costs nterim portion costs	Usual an Target R FRVS C	re Rating Change and Customary Limitation change Change mester Change [2] as of 07/03/1996	n Interim Component
Distribution:  Contract Managem  Permanent File  For informati  No Change i  Home Office:	ion Only	Medicaid Cos  Styl	Stephen Russell st Reimbursement Plan	ning and Finance



GraceWood Nursing Center, I	nc.			Provider Number:	0 316644-00	
8600 U.S. Highway 19 North				Date:	6/27/2012	
Pinellas Park FL 33782				Fiscal Year End:	5/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home  Sing	gle Level	_	Current Rate 190.68	New Rate 196.78	Effective Date 7/1/2012	
Level	H: AIDS		338.29	345.99	7/1/2012	
Level	U: Fragile Under 21	_	456.75	465.74	7/1/2012	
Settleme	nt based on costs ovider Prospective data  n portion n 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 Management / Permanent File For information O	Fiscal Agent	Me AA	dicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	
	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619		- P			



BayWood Nursing Center, Inc			Provider Number:	0 316652-00	
2000 17th Avenue South			Date:	6/27/2012	
St. Petersburg FL 33712			Fiscal Year End:	5/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type:	1	Current Rate	New Rate	Effective Date	
Nursing Home Single Leve	21	182.98	188.44	7/1/2012	
Level H: AIDS	5	330.59	337.65	7/1/2012	
Level U: Fragi	le Under 21	449.05	457.40	7/1/2012	
Interim Total Interim Interim Componer Settlement based of Prior Provider Pro  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Prospective portion	on costs spective data	Changes:  Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation te limitation change	n Interim Component	
Kathy Ch	are Group, Inc. udow bella Plaza Drive	Medicaid Cost	Reimbursement Plan	ning and Finance	_



The Nursing Center a	t Freedom Village			Provider Number:	0 317195-00
6410 21st Avenue West				Date:	6/27/2012
Bradenton FL 34209				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level		Rate 192.90	Rate	Date 7/1/2012
Nursing Home	Single Level		192.90	<u> 197.37</u> _	//1/2012
	Level H: AIDS		340.51	346.58	7/1/2012
	Level U: Fragile Under 21	_	458.97	466.33	7/1/2012
		_	,		
Rate Type :					
Rate Type.					
Interim		<u>X</u>	Prospectiv		
	Total Interim			Total Prospective Prospective Adjusted	for Nov. Costs
	Interim Component Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Prospective with	i internii Component
	Thorrio receive data		1		
Basis:		Changes:	_		
Budget			Licensur	e Rating Change	
X Unaudited	costs		•	d Customary Limitation	าท
Field audite				ate limitation change	···
Field audit	- interim portion		FRVS C	hange	
Desk audite	-		-		
	- Interim Portion	X		nester Change	
	t - Prospective portion		On FRV	[2] as of 06/23/1989	
<b>Distribution:</b>	. / 77 1 4			Stephen Russell	
•	ement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	nation Only	1+	- 1	ク	and the
	•	10	z u	us Re	West of
No Chang			•	·	
Home Office:	Brookdale Senior Living, Inc.	_			
	Russ Bellora				
	111 Westwood Place, Suite 200 Brentwood TN 37027				
	Dientwood IN 3/02/				



Darcy Hall of Life Care				Provider Number:	0 317349-00	)
2170 Palm Beach Lakes Blv				Date:	6/27/2012	
West Palm Beach FL 33409				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3	3]
Provider Type:  Nursing Home Sin	ngle Level	_	Current Rate 207.15	New Rate 214.24	Effective Date 7/1/2012	
			207.15		7/1/2012	
Lev	el H: AIDS	_	354.76	363.45	7/1/2012	
Leve	el U: Fragile Under 21	_	473.22	483.20	7/1/2012	
Settlem	a Component nent based on costs rovider Prospective data  as im portion s im Portion	Changes:	Licensure Usual and Target R: FRVS CI	Total Prospective Prospective Adjusted of Total Prospective with  Rating Change of Customary Limitation change of Customary	n Interim Componer	ıt
Contract Management A Permanent File For information O No Change in Ra	Only	Me Me	dicaid Cos	Stephen Russell  Reimbursement Plan	ning and Finance	_
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320	_ /	,			



Keystone Rehab. and Health Center		Provider Number:	0 317560-00
1120 West Donegan Avenue		Date:	6/27/2012
Kissimmee FL 34741		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 189.65	New Rate 195.20	Effective Date 7/1/2012
Level H: AIDS	227.26	244.41	7/1/2012
	337.26	344.41	
Level U: Fragile Under 21	455.72	464.16	7/1/2012
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 an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The 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  Home Office:  1 - No Home Office	Medicaid Cos  Styl	Stephen Russell st Reimbursement Plan	ning and Finance



Parklands Rehabilitation and Nursing Center		Provider Number:	0 317578-00
1000 S.W. 16th Avenue		Date:	6/27/2012
Gainesville FL 32601		Fiscal Year End:	3/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 223.37	New Rate 230.74	Effective Date 7/1/2012
Level H: AIDS	370.98	379.95	7/1/2012
Level U: Fragile Under 21	489.44	499.70	7/1/2012
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	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 09/01/1987	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Hallmark Accounting  Jacob Karmel  368 New Hempstead Road #3  New City NY 10956	Stype	Stephen Russell Cost Reimbursement Plan	ning and Finance



Williston Rehabilitati	ion and Nursing Center			Provider Number:	0 317586-00
300 N.W. 1st Ave.		_		Date:	6/27/2012
Williston FL 32696		_		Fiscal Year End:	3/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N	Cinala I aval		Rate	Rate	Date
Nursing Home	Single Level		219.94		7/1/2012
	Level H: AIDS		367.55	377.08	7/1/2012
	Level U: Fragile Under 21		486.01	496.83	7/1/2012
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
:	Settlement based on costs			Total Prospective with	n Interim Component
]	Prior Provider Prospective data				
Basis:		Chang	es:		
Dudget			Licensur	e Rating Change	
Budget X Unaudited	costs			d Customary Limitatio	on
Field audit				ate limitation change	<i>7</i> 11
Field audit	t - interim portion		FRVS C	hange	
Desk audit	ed costs				
	- Interim Portion	X		nester Change [2] as of 10/01/2006	
Distribution:	t - Prospective portion		Oli FK V		<u>-</u>
·	gement / Fiscal Agent			Stephen Russell	
Permanent File	ement / I iseal rigent		Medicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only	0	to l	′ カ.	wall
	ge in Rate	1	rjen	us Re	<i>*</i>
Home Office:	Hallmark Accounting		/	I	
Home office.	Jacob Karmel				
	368 New Hempstead Road New City NY 10956	1 #309			



Community Health and Rehab Center		Provider Number:	0 318779-00
3611 Transmitter Road		Date:	6/27/2012
Panama City FL 32404		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	200.26	202.80	7/1/2012
Level H: AIDS	347.87	352.01	7/1/2012
Level U: Fragile Under 21	466.33	471.76	7/1/2012
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:  Contract Management / Fiscal Agent	Changes:  Licensure Usual and Target R: FRVS CI  X Rate Sem On FRV	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 11/04/1997  Stephen Russell	n Interim Component
Permanent File For information Only No Change in Rate	Medicaid Cost	t Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office	_		



Citrus Gardens of For				Provider Number:	0 318787-00
7173 Cypress Drive S	outhwest			Date:	6/27/2012
Fort Myers FL 33907				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	196.11	196.06	7/1/2012
	Level H: AIDS	_	343.72	345.27	7/1/2012
	Level U: Fragile Under 21		462.18	465.02	7/1/2012
Basis:  Budget X Unaudited of Field audited au	ed costs - interim portion	Changes	Licensur Usual an Target R FRVS C Rate Sen On FRV	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  mester Change [2] as of 01/01/1987  Stephen Russell	n Interim Component
	nation Only ge in Rate  1 - No Home Office	It.	tzeli	u Ri	well



The Court at Palm-Aire			Provider Number:	0 318795-00	
2701 North Course Drive			Date:	6/27/2012	
Pompano Beach FL 33069			Fiscal Year End:	6/30/2011	
			Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level		Current Rate 232.59	New Rate 233.31	Effective Date 7/1/2012	
Single Devel				7/1/2012	
Level H: AIDS		380.20	382.52	7/1/2012	
Level U: Fragile U	nder 21	498.66	502.27	7/1/2012	
Interim Total Interim Interim Component Settlement based on c 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	Chan  Chan  X	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation Intelligible Intelligible Change	n Interim Component	
Distribution:			Stephen Russell		
Contract Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate  Home Office: FiveStar Qua		Medicaid Cost	Reimbursement Plan	ning and Finance	_
400 Centre St Newton MA (					



Palmer Ranch Healthcare a				Provider Number:	0 319244-00	
5111 Palmer Ranch Parkw	ay			Date:	6/27/2012	
Sarasota Fl 34238				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home  Si	ingle Level	_	Current Rate 245.93	New Rate 256.76	Effective Date 7/1/2012	
	ingle Dever	_	21000	230.70	7/1/2012	
Le	evel H: AIDS	<u>-</u>	393.54	405.97	7/1/2012	
Le	evel U: Fragile Under 21		512.00	525.72	7/1/2012	
Basis:  Budget X Unaudited costs Field audit - inte Desk audited co Desk audit - Inte	erim 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 hange  nester Change [2] as of 06/01/2000	n Interim Component	
Contract Managemen Permanent File For information No Change in 1	n Only	I.	Tedicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	
Home Office:	Emeritus Senior Living 3131 Elliott Avenue, Seattle WA 98121	_ ′	,			



Port Charlotte Rehabi	litation Center			Provider Number:	0 319325-00
25325 Rampart Blvd		<u>-</u>		Date:	6/27/2012
Port Charlotte FL 339	83	_		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N	Cincle I aval	_	Rate	Rate	Date
Nursing Home	Single Level	_	224.05	231.63	7/1/2012
	Level H: AIDS		371.66	380.84	7/1/2012
	Level U: Fragile Under 21	- -	490.12	500.59	7/1/2012
Rate Type :					
Interim		X	Prospectiv	ve .	
	Total Interim			Total Prospective	
	nterim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
I	Prior Provider Prospective data				
Basis:		Changes	: <b>:</b>		
D 4			Licensur	e Rating Change	
Budget  X Unaudited	costs			d Customary Limitatio	nn
Field audite			_	ate limitation change	<i>7</i> 11
Field audit	- interim portion	-	FRVS C	hange	
Desk audite	-	-	_		
	- Interim Portion	X		nester Change	
	- Prospective portion		On FRV	[2] as of 05/15/1990	
Distribution:				Stephen Russell	
•	ement / Fiscal Agent	M	ledicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	nation Only	1-	r. 1	クラ	mall
No Chang	•		ye u	us Re	men of
	•		/		
Home Office:	SBK Capital, LLC	<del></del>			
	Larry Shrewsbury 1935 Garraux Road, North	west			
	Atlanta GA 30327				



Harbour Health Center		Provider Number:	0 319333-00
23013 Westchester Boulevard		Date:	6/27/2012
Port Charlotte FL 33980		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 200.83	New Rate 210.09	Effective Date 7/1/2012
Level H: AIDS	348.44	359.30	7/1/2012
Level U: Fragile Under 21	466.90	479.05	7/1/2012
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	Changes:  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
Desk Audit - Prospective portion		[2] as of 11/01/2000	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cost  Styling  —	t Reimbursement Plan	ning and Finance



Atrium Healthcare Center				Provider Number:	0 319376-00	
9960 Atrium Way				Date:	6/27/2012	
Jacksonville FL 32225				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Sir	ngle Level		Current Rate 203.36	New Rate 209.54	Effective Date 7/1/2012	
- · · · · · · · · · · · · · · · · · · ·	-9				., _,	
Lev	rel H: AIDS		350.97	358.75	7/1/2012	
Lev	vel U: Fragile Under 21	_	469.43	478.50	7/1/2012	
Basis:  Budget X Unaudited costs Field audited cost Field audit - inter Desk audit - Inter Desk Audit - Pros	ts rim portion is in Portion	Changes:	Licensur 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 information No Change in R	Only	Me St	dicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 111 Westwood Place, Suite 200 Brentwood TN 37027	. /				



Consulate Health Care of Ja	acksonville			Provider Number:	0 319503-00	
4101 Southpoint Drive East				Date:	6/27/2012	
Jacksonville FL 32216				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home Sin	ngle Level		194.64	200.31	7/1/2012	
Lev	vel H: AIDS		342.25	349.52	7/1/2012	
Lev	vel U: Fragile Under 21	_	460.71	469.27	7/1/2012	
Basis:  Budget X Unaudited costs Field audit - inter Desk audit - Inter Desk Audit - Pros	rim portion ts rim Portion spective 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	
Contract Management	/ Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance	_
Permanent File For information	Only	1+	/	′ カ	mell	
No Change in R	•	190	ze ri	us Re	eser (	
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751	_				



Consulate Health Care of K				Provider Number:	0 319511-00	
2511 John Young Parkway	North			Date:	6/27/2012	
Kissimmee FL 34741				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Si	ngle Level		Current Rate 196.18	New Rate	Effective Date 7/1/2012	
Nutsing Home Si	ligie Levei		190.10	201.88	//1/2012	
Le	vel H: AIDS	_	343.79	351.09	7/1/2012	
Le	vel U: Fragile Under 21	_	462.25	470.84	7/1/2012	
Interir Settler	erim portion sts rim 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	Interim Component	
Contract Management Permanent File For information No Change in F	Only	Me M	dicaid Cos	t Reimbursement Plan	ning and Finance	<del>-</del>
Home Office:	Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751					



Consulate Health Care Melbourne		Provider Number:	0 319520-00	
3033 Sarno Road		Date:	6/27/2012	
Melbourne FL 32934		Fiscal Year End:	7/31/2010	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	194.87		7/1/2012	
Level H: AIDS	342.48	349.73	7/1/2012	
Level U: Fragile Under 21	460.94	469.48	7/1/2012	
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 Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  Four Rating Change and Customary Limitation Rate limitation change Change Emester Change V [2] as of 08/19/1994	n Interim Component	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Stype	Stephen Russell  ost Reimbursement Plan  Russell	ning and Finance	
Home Office: Consulate Health Care, Inc Kathy Urbanovich 800 Concourse Parkway Son Maitland FL 32751				



Consulate Health Care of O	range Park			Provider Number:	0 319538-00	
1215 Kingsley Avenue				Date:	6/27/2012	
Orange Park FL 32073				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home Si	ngle Level		193.02	198.70	7/1/2012	
Lev	vel H: AIDS		340.63	347.91	7/1/2012	
Lev	vel U: Fragile Under 21	_	459.09	467.66	7/1/2012	
Basis:  Budget X Unaudited costs Field audit - inte Desk audit - Inter Desk Audit - Pro  Distribution:	rim portion ts rim Portion spective 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	_
Contract Management Permanent File	/ Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance	
For information No Change in F	•	M	ph	us Re	well	
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751	_ ′				



Consulate Health Care of	West Altamonte			Provider Number:	0 319546-00	
1099 W. Town Parkway				Date:	6/27/2012	
Altamonte Springs FL 32	714			Fiscal Year End:	7/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
<b>V</b> I			Current	New	Effective	
		_	Rate	Rate	Date	
Nursing Home	Single Level		199.18	204.92	7/1/2012	
I	Level H: AIDS		346.79	354.13	7/1/2012	
I	Level U: Fragile Under 21	_	465.25	473.88	7/1/2012	
	Ç	_				
Rate Type :						
Interim		X	Prospectiv	ve		
	al Interim		<u>X</u>	Total Prospective		
	rim Component			Prospective Adjusted		
	lement based on costs			Total Prospective with	Interim Component	
Prio	r Provider Prospective data					
Basis:		Changes				
			T ·	D. C. C.		
Budget			-	e Rating Change		
XUnaudited cost Field audited c				d Customary Limitation ate limitation change	on	
			FRVS C	_		
Field audit - in  Desk audited c	_		- TRVBC	nunge		
Desk audited C		<u> X</u>	Rate Sen	nester Change		
	Prospective portion		_	[2] as of 02/17/1994		
<b>Distribution:</b>				Stephen Russell		
Contract Manageme	ent / Fiscal Agent		dicaid Cos	t Paimhursamant Plan	ning and Finance	
Permanent File		IVIC	dicaid Cos	/ —	ming and Pinanec	
For information	on Only	21	in Si	m Ka	issell	
No Change in	n Rate	10	je vi	us Re		
Home Office:	Consulate Health Care, Inc.	_ /		I		
nome Office:	Kathy Urbanovich					
	800 Concourse Parkway South					
	Maitland FL 32751					



Franco Nursing and R	Rehab			Provider Number:	0 319554-00
800 NW 95th Street				Date:	6/27/2012
Miami FL 33150				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	
<b>31</b>			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	195.84	198.99	7/1/2012
	Level H: AIDS	_	343.45	348.20	7/1/2012
	Level U: Fragile Under 21		461.91	467.95	7/1/2012
Rate Type:		X	Prospectiv	ve	
<del></del>	Total Interim		_ ^	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
:	Settlement based on costs			Total Prospective with	n Interim Component
]	Prior Provider Prospective data				
Basis:		Changes	:		
Budget			Licensur	e Rating Change	
X Unaudited	costs		_	d Customary Limitation	on
Field audit	ed costs	-	_	ate limitation change	
	: - interim portion	-	FRVS C	hange	
Desk audit	ed costs - Interim Portion	<u> X</u>	- Doto Con	nester Change	
	t - Prospective portion			[2] as of 01/04/1996	
<u>Distribution:</u>				Stephen Russell	
Contract Manag	ement / Fiscal Agent		edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File				/ -7	
For inform	nation Only	21	celi	us Ka	issell
No Chang	ge in Rate	ن مرجد		m Re	
Home Office:	Consulate Health Care, Inc.				
Home Office.	Kathy Urbanovich 800 Concourse Parkway Sou Maitland FL 32751	ıth			



Consulate Health Care of Bayonet I	Point		Provider Number:	0 319651-00	
8132 Hudson Avenue			Date:	6/27/2012	
Hudson FL 34667			Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	]
Provider Type:  Nursing Home  Single L	oval	Current Rate	New Rate	Effective Date 7/1/2012	
Nursing Home Single L	evei	<u>191.00</u>	<u>196.60</u> _	//1/2012	
Level H: A	IDS	338.61	345.81	7/1/2012	
Level U: F	ragile Under 21	457.07	465.56	7/1/2012	
Interim Total Interim Interim Comp Settlement bas Prior Provider  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim port Desk audited costs Desk Audit - Interim Port Desk Audit - Prospective	red on costs Prospective data  C  ion	Licensure Usual and Target Ra FRVS Cr	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation Intelligible Intelligible Change	n Interim Component	:
Distribution:  Contract Management / Fiscal Permanent File For information Only No Change in Rate	Agent	Medicaid Cost	Stephen Russell Reimbursement Plan	ning and Finance	
Kathy 800 C	ulate Health Care, Inc.  Urbanovich oncourse Parkway South and FL 32751	,			



Consulate Health Car	re of Brandon			Provider Number:	0 319660-00
701 Victoria Street		<u>.</u>		Date:	6/27/2012
Brandon FL 33510		<del>-</del>		Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nuusina Homo	Cingle Level	_	Rate	Rate	Date
Nursing Home	Single Level	_	194.73	200.37	7/1/2012
	Level H: AIDS		342.34	349.58	7/1/2012
	Level U: Fragile Under 21	<del>-</del>	460.80	469.33	7/1/2012
Rate Type:					
Interim		X	Prospectiv		
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	1 Interim Component
	Prior Provider Prospective data				
Basis:		Changes	:		
D. 1			Licensur	e Rating Change	
Budget X Unaudited	costs		_	d Customary Limitatio	nn
Field audit		-	_	ate limitation change	лі
	t - interim portion		FRVS C	_	
Desk audit	-		_		
	- Interim Portion	X		nester Change	
	t - Prospective portion		On FRV	[2] as of 03/01/1999	
<u>Distribution:</u>				Stephen Russell	
Contract Manag	gement / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance .
Permanent File		4		/ カ	
	nation Only	£1.	ce ti	us Kr	issell
No Chang	ge in Rate	الم مراس		m Re	
Home Office:	Consulate Health Care, Inc				
nome office.	Kathy Urbanovich				
	800 Concourse Parkway So	uth			
	Maitland FL 32751				



Consulate Health Car	e of Lake Parker			Provider Number:	0 319678-00
2020 W. Lake Parker	Drive	- -		Date:	6/27/2012
Lakeland FL 33805		-		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N	Circula I amal	_	Rate	Rate	Date
Nursing Home	Single Level	_	187.28	<u> 196.01</u> _	7/1/2012
	Level H: AIDS		334.89	345.22	7/1/2012
	Level U: Fragile Under 21	_	453.35	464.97	7/1/2012
Rate Type :					
Interim		<u> </u>	Prospectiv	ve	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data		_		
Basis:		Changes	:		
Budget			Licensur	e Rating Change	
X Unaudited	costs		_	d Customary Limitation	on
Field audit				ate limitation change	
Field audit	t - interim portion		FRVS C	hange	
Desk audit			_		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 05/14/1990	
Distribution:	• •				
Contract Manag	gement / Fiscal Agent			Stephen Russell	
Permanent File	, C	M	edicaid Cos	t Reimbursement Plan	ning and Finance
For inform	mation Only	27	In Si	an Ra	well
No Chang	ge in Rate	10	e pe in	m Re	
Home Office:	Consulate Health Care, Inc	,	-		
nome office.	Kathy Urbanovich				
	800 Concourse Parkway So	outh			
	Maitland FL 32751				



Consulate Health Care of Pe	ensacola			Provider Number:	0 319686-00	
235 W. Airport Blvd.				Date:	6/27/2012	
Pensacola FL 32505				Fiscal Year End:	7/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home Sin	ngle Level		193.03	199.30	7/1/2012	
Lev	vel H: AIDS	_	340.64	348.51	7/1/2012	
Lev	vel U: Fragile Under 21	_	459.10	468.26	7/1/2012	
Interin Settlen	rim portion ts rim Portion spective portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 01/08/1997  Stephen Russell	n Interim Component	
Permanent File  For information  No Change in R	Only	M	edicaid Cos	t Reimbursement Plan	ning and Finance	
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751	_ ′				



Consulate Health Care of				Provider Number:	0 319694-00	
1410 Fourth Street North				Date:	6/27/2012	
Safety Harbor FL 34695				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home S	Single Level		198.44		7/1/2012	
I	Level H: AIDS		346.05	353.48	7/1/2012	
I	Level U: Fragile Under 21	_	464.51	473.23	7/1/2012	
	C	_				
Rate Type :						
Interim		X	Prospectiv	ve		
Tota	al Interim		X	Total Prospective		
Inter	rim Component			Prospective Adjusted	for New Costs	
Settl	ement based on costs			Total Prospective with	Interim Component	
Prior	r Provider Prospective data					
Basis:		<b>Changes:</b>				
			_			
Budget			Licensur	e Rating Change		
X Unaudited cost				d Customary Limitation	n	
Field audited c	eosts			ate limitation change		
Field audit - in	_		FRVS C	hange		
Desk audited co						
Desk audit - In	terim Portion rospective portion	X		nester Change [2] as of 01/01/2001		
Distribution:	rospective portion		OHTRV			
Contract Manageme	ant / Fiscal Agant			Stephen Russell		_
Permanent File	int/Tiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance	
For information	on Only	1+	- 1	ク	mell	
	•	10	ze u	us Re	eme or	
No Change in		/	,			
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:	6/27/2012
Seminole FL 33777		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	196.76		7/1/2012
Level H: AIDS	344.37	351.93	7/1/2012
Level U: Fragile Under 21	462.83	471.68	7/1/2012
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:	Changes:  Licensure Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with Rating Change d Customary Limitation ate limitation change hange hester Change [2] as of 11/03/1995	n Interim Component
Contract Management / Fiscal Agent  Permanent FileFor information OnlyNo Change in Rate  Home Office:  Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751	Medicaid Cost	Stephen Russell t Reimbursement Plan	ning and Finance



Consulate Health Care	of Tallahassee		Provider Number:	0 319716-00
1650 Phillips Road			Date:	6/27/2012
Tallahassee FL 32308			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 194.85	New Rate 200.77	Effective Date 7/1/2012
	Level H: AIDS	342.46	349.98	7/1/2012
	Level U: Fragile Under 21	460.92	469.73	7/1/2012
Basis:  Budget X Unaudited confield audited Field audited Desk audited Desk audited	osts d 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 hange  nester Change [2] as of 04/01/1992	n Interim Component
Distribution:  Contract Manager  Permanent File  For informa  No Change  Home Office:	•	Medicaid Cos Styli	Stephen Russell t Reimbursement Plan	ning and Finance



Consulate Health Card	e of Winter Haven			Provider Number:	0 319724-00	
2701 Lake Alfred Road				Date:	6/27/2012	
Winter Haven FL 338	81			Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
NI II	C' - 1 - 1 1	_	Rate	Rate	Date	
Nursing Home	Single Level		194.75	201.00	7/1/2012	
	Level H: AIDS		342.36	350.21	7/1/2012	
	Level U: Fragile Under 21	_	460.82	469.96	7/1/2012	
Rate Type :						
Interim		X	Prospectiv	ve		
	Γotal Interim		<u>X</u>	Total Prospective		
	nterim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	n Interim Component	
1	Prior Provider Prospective data					
Basis:		Changes	:			
Dudget			Licensur	e Rating Change		
Budget  X Unaudited	costs	-	_	d Customary Limitation	าท	
Field audite		Target Rate limitation change				
Field audit	- interim portion	-	FRVS C	hange		
Desk audite	-	-	_			
	- Interim Portion	X	_	nester Change		
	- Prospective portion		On FRV	[2] as of 10/02/1998		
<b>Distribution:</b>	www.d./E'mal.Amad			Stephen Russell		
· ·	ement / Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File	nation Only	1-1	- 1	ク	mall	
No Chang	•	10	ze ri	m Re	men of	
			•			
Home Office:	Consulate Health Care, Inc.					
	Kathy Urbanovich	-la				
	800 Concourse Parkway Sout Maitland FL 32751	ın				
	11000000					



Consulate Health Care of Lake				Provider Number:	0 319953-00	
5245 North Socrum Loop Road	d			Date:	6/27/2012	
Lakeland FL 33809				Fiscal Year End:	7/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home Sing	le Level		184.40	189.82	7/1/2012	
Level	H: AIDS		332.01	339.03	7/1/2012	
Level	U: Fragile Under 21		450.47	458.78	7/1/2012	
Basis:  Budget X Unaudited costs Field audited costs Field audit - interim Desk audit - Interim Desk Audit - Prospe  Distribution:	a portion  Portion  Component  A portion  Portion  Component  Comp	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Contract Management / F Permanent File	fiscal Agent	Med	licaid Cos	t Reimbursement Plan	ning and Finance	
For information Or No Change in Rate	•	Sty	ph	us Re	issell	
K 80	Consulate Health Care, Inc.  Lathy Urbanovich OO Concourse Parkway South  Maitland FL 32751	_				



Consulate Health Care Of New Port Richey		Provider Number:	0 319970-00	
8417 County Road 54		Date:	6/27/2012	
New Port Richey FL 34653		Fiscal Year End:	12/31/2010	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	183.19	188.66	7/1/2012	
Level H: AIDS	330.80	337.87	7/1/2012	
Level U: Fragile Under 21	449.26	457.62	7/1/2012	
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 Ra FRVS Ch	Total Prospective Prospective Adjusted: Total Prospective with  Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 04/01/1998	n Interim Component	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Consulate Health Care, Inc.  Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751	Medicaid Cost	Stephen Russell  t Reimbursement Plan	ning and Finance	



Consulate Health Care of North Ft. My	ers		Provider Number:	0 320111-00	)
991 Pondella Road			Date:	6/27/2012	
North Ft. Myers FL 33903			Fiscal Year End:	12/31/2011	
			Audit Status:	Unaudited [3	 3]
Provider Type:  Nursing Home  Single Leve	ıl	Current Rate 179.57	New Rate 182.61	Effective Date 7/1/2012	
Level H: AIDS	}	327.18	331.82	7/1/2012	
Level U: Fragi	le Under 21	445.64	451.57	7/1/2012	
Interim  Total Interim  Interim Compone Settlement based of Prior Provider Pro  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective port  Distribution:  Contract Management / Fiscal Ag Permanent File For information Only	ction	Licensure Usual and Target Ra FRVS Ch  X Rate Sem On FRV	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation te limitation change	n Interim Componen	nt
Kathy Url	e Health Care, Inc.  canovich  course Parkway South				



Consulate Health Care	e of Port Charlotte			Provider Number:	0 320129-00		
18480 Toledo Blade Boulevard				Date:	6/27/2012		
Port Charlotte FL 339	48			Fiscal Year End:	12/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
Nursing Home	Cingle Level		Rate	Rate	Date		
Nursing Home	Single Level	_	192.16	201.53	7/1/2012		
	Level H: AIDS		339.77	350.74	7/1/2012		
	Level U: Fragile Under 21	_ _	458.23	470.49	7/1/2012		
Rate Type:							
Interim		X	Prospectiv	ve			
	Total Interim		<u>X</u>	Total Prospective			
	nterim Component			Prospective Adjusted			
	Settlement based on costs			Total Prospective with	1 Interim Component		
l	Prior Provider Prospective data						
Basis:		Changes					
D. 1			Licensur	e Rating Change			
Budget  X Unaudited	costs		_		nn		
Field audite		-	Usual and Customary Limitation Target Rate limitation change				
	- interim portion		FRVS C	=			
Desk audite	*		_				
	- Interim Portion	X	_	nester Change			
	- Prospective portion		On FRV	[2] as of 03/12/1998			
<b>Distribution:</b>	. / 77 1. 4			Stephen Russell			
· ·	ement / Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance		
Permanent File	action Only	1-1	- 1	m Re	2011		
	nation Only	- 20	_P U	m Ka	wall		
No Chang	ge in Rate			•			
Home Office:	Consulate Health Care, Inc.						
	Kathy Urbanovich	1					
	800 Concourse Parkway Sout Maitland FL 32751	h					
	Mandana 1 L 32/31						



Consulate Health Care of Sarasota		Provider Number:	0 320137-00	
4783 Fruitville Road		Date:	6/27/2012	
Sarasota FL 34232		Fiscal Year End:	12/31/2010	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level			7/1/2012	
Level H: AIDS	370.73	378.92	7/1/2012	
Level U: Fragile Under 21	489.19	498.67	7/1/2012	
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	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Consulate Health Care, Inc.  Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751	Medicaid Cos  Styli	Stephen Russell t Reimbursement Plan	ning and Finance	



Consulate Health Car	re of Vero Beach			Provider Number:	0 320145-00
1310 37th Street				Date:	6/27/2012
Vero Beach FL 32960		•		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nuusina Hama	Cingle Level	-	Rate	Rate	Date
Nursing Home	Single Level	-	189.00	<u> 194.54</u> _	7/1/2012
	Level H: AIDS		336.61	343.75	7/1/2012
	Level U: Fragile Under 21		455.07	463.50	7/1/2012
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	s:		
				D : 01	
Budget				e Rating Change	
XUnaudited Field audit		-		d Customary Limitation ate limitation change	on
	t - interim portion	-	FRVS C	_	
Desk audit	-	-	_	80	
	- Interim Portion	X	Rate Sen	nester Change	
	t - Prospective portion		On FRV	[2] as of 04/01/1998	
<b>Distribution:</b>				Stephen Russell	
Contract Manag	gement / Fiscal Agent		ledicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			e /	1 -	. / /
	nation Only	IN.	ren	us Re	issell
No Chan	ge in Rate			, , ,	
Home Office:	Consulate Health Care, Inc	<u>.                                    </u>	•		
1101110 011100.	Kathy Urbanovich				
	800 Concourse Parkway So	uth			
	Maitland FL 32751				
	-				



Consulate Health Care of West Palm Beach			Provider Number:	0 320153-00	
1626 David Road			Date:	6/27/2012	
West Palm Beach FL 33406			Fiscal Year End:	12/31/2010	
			Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level		Current Rate 202.75	New Rate <b>209.31</b>	Effective Date 7/1/2012	
Level H: AIDS		350.36	358.52	7/1/2012	
Level U: Fragile Unde	er 21	468.82	478.27	7/1/2012	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:		Licensure Usual and Target Ra FRVS Ch	Prospective Prospective Adjusted Prospective Adjusted Prospective with Pro	n Interim Component	
Contract Management / Fiscal Agent  Permanent File For information OnlyNo Change in Rate  Home Office:  Consulate Health Kathy Urbanovic 800 Concourse Panagement / Fiscal Agent  Consulate Health Kathy Urbanovic 800 Concourse Panagement / Fiscal Agent	n Care, Inc. h arkway South	Medicaid Cost	Reimbursement Plan	ning and Finance	



Zephyr Haven Health & Rehab Center, Inc.		Provider Number:	0 320391-00
38250 A Avenue		Date:	6/27/2012
Zephyrhills FL 33542		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 197.55	Rate	Effective Date 7/1/2012
ruising frome Single Level	197.53	203.31	7/1/2012
Level H: AIDS	345.16	352.52	7/1/2012
Level U: Fragile Under 21	463.62	472.27	7/1/2012
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	Usual Targe FRV:	Total Prospective Prospective Adjusted Total Prospective wit  Total Prospective wit  assure Rating Change I and Customary Limitation change S Change  Semester Change RV [2] as of 06/28/1989	h Interim Component
Distribution:	On T		
Contract Management / Fiscal Agent  Permanent FileFor information OnlyNo Change in Rate  Home Office:  Adventist Care Centers  602 Courtland Street, Suite 200 Orlando FL 32804	Sty	Stephen Russell Cost Reimbursement Plan Russell	nning and Finance



Zephyrhills Health & Reh	ab Center, Inc.			Provider Number:	0 320404-00	
7350 Dairy Road				Date:	6/27/2012	
Zephyrhills FL 33540				Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home S	Single Level	-	199.91	202.48	7/1/2012	
L	evel H: AIDS		347.52	351.69	7/1/2012	
L	evel U: Fragile Under 21		465.98	471.44	7/1/2012	
Basis:  Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int	osts terim portion osts	Change:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 06/23/1998	n Interim Component	
Contract Managemen	nt / Fiscal Agent			Stephen Russell		
Permanent File For informatio No Change in	on Only	ر الله	Tedicaid Cos Typ W	t Reimbursement Plan	ning and Finance	
Home Office:	Sunbelt Health Care Center Kevin Sadler 602 Courtland Street Orlando FL 32804	s,Inc.				



Sunbelt Health & Rehab Center - Apopka, Inc.		Provider Number:	0 320412-00
305 E. Oak Street		Date:	6/27/2012
Apopka FL 32703		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 199.33	New Rate 203.59	Effective Date 7/1/2012
Level H: AIDS	346.94	352.80	7/1/2012
Level U: Fragile Under 21	465.40	472.55	7/1/2012
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	Changes:  Licensure Usual and Target Ra FRVS Ch X Rate Seme	Prospective Adjusted Prospective Adjusted Prospective with Prospective with Rating Change Customary Limitation change	n Interim Component
Desk Audit - Prospective portion  Distribution:	OllTRV		
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Sunbelt Health Care Centers,Ir Kevin Sadler 602 Courtland Street Orlando FL 32804	Steph	Reimbursement Plan	ning and Finance



East Orlando Health & Rehab Center, Inc.		Provider Number:	0 320421-00
250 S. Chickasaw Trail		Date:	6/27/2012
Orlando FL 32825		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	222.11		7/1/2012
Level H: AIDS	369.72	378.48	7/1/2012
Level U: Fragile Under 21	488.18	498.23	7/1/2012
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 I FRVS C X Rate Se	Total Prospective Prospective Adjusted: Total Prospective with  Tre Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Sunbelt Health Care Centers  Kevin Sadler 602 Courtland Street Orlando FL 32804	Styph	Stephen Russell est Reimbursement Plan	ning and Finance



Adventist Care Centers - Courtland, Inc.		Provider Number:	0 320439-00
730 Courtland Street		Date:	6/27/2012
Orlando Fl 32804		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 211.05	Rate	Effective Date 7/1/2012
			1/1/2012
Level H: AIDS	358.66	366.39	7/1/2012
Level U: Fragile Under 21	477.12	486.14	7/1/2012
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	Total Prospective Prospective Adjusted Total Prospective with  Sure Rating Change and Customary Limitation change Rate limitation change Change Semester Change	h Interim Component
Desk Audit - Prospective portion  Distribution:	On Fl	RV [2] as of 07/27/2000	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Adventist Care Centers  602 Courtland Street, Suite 200  Orlando FL 32804	Sty	Stephen Russell Cost Reimbursement Plan Russell Russell Russell	aning and Finance



Florida Living Nursing Center		Provider Number:	0 320463-00
3355 E. Semoran Blvd.		Date:	6/27/2012
Apopka FL 32703		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	222.75	224.25	7/1/2012
Level H: AIDS	370.36	373.46	7/1/2012
Level U: Fragile Under 21	488.82	493.21	7/1/2012
Rate Type:	V Programativ		
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data	X Prospectiv	Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C X Rate Sen	re Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 08/24/1989	on
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Sunbelt Health Care Centers  Kevin Sadler  602 Courtland Street  Orlando FL 32804	Styph	Stephen Russell at Reimbursement Plan	ning and Finance



Health & Rehab. Centre at Dolphins View		Provider Number:	0 320528-00
1820 Shore Drive, South		Date:	6/27/2012
St. Petersburg FL 33707		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	222.21	224.02	7/1/2012
Level H: AIDS	369.82	373.23	7/1/2012
Level U: Fragile Under 21	488.28	492.98	7/1/2012
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 Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cost	Stephen Russell  Reimbursement Plan	ning and Finance



Lehigh Acres Health & Rehabilitation Center		Provider Number:	0 320978-00
1550 Lee Boulevard		Date:	6/27/2012
Lehigh Acres FL 33936		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	230.78		7/1/2012
Level H: AIDS	378.39	389.49	7/1/2012
Level U: Fragile Under 21	496.85	509.24	7/1/2012
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 Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with  Rating Change d Customary Limitation ate limitation change hange  Rester Change [2] as of 05/01/1995	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Greystone Healthcare Manager  4042 Park Oaks Blvd, Suite 300  Tampa FL 33610	Stylu Tient, LLC	Stephen Russell t Reimbursement Plan	ning and Finance



Ft. Lauderdale Health & Rehab Center		Provider Number:	0 321303-00
2000 E. Commercial Blvd.		Date:	6/27/2012
Ft. Lauderdale FL 33308		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 222.88	New Rate 229.97	Effective Date 7/1/2012
ingle Devel			771/2012
Level H: AIDS	370.49	379.18	7/1/2012
Level U: Fragile Under 21	488.95	498.93	7/1/2012
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:	Changes:  Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with Rating Change d Customary Limitation ate limitation change hange lester Change [2] as of 07/01/2007	n Interim Component
Contract Management / Fiscal Agent	Medicaid Cost	Stephen Russell Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Steph	us Ri	well
Home Office: 1 - No Home Office	. *		



The Palms Rehabilitation and Nursing Center		Provider Number:	0 321532-00
3370 NW 46th Terrace		Date:	6/27/2012
Lauderdale Lakes FL 33319		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 228.46	New Rate	Effective Date 7/1/2012
Nursing Home Single Level			7/1/2012
Level H: AIDS	376.07	384.41	7/1/2012
Level U: Fragile Under 21	494.53	504.16	7/1/2012
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 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  Home Office:  Hallmark Accounting  Jacob Karmel  368 New Hempstead Road #309  New City NY 10956	Styph	Stephen Russell  ost Reimbursement Plan  Aug Russell	ning and Finance



Coral Gables Nursing and Rehabilitation		Provider Number:	0 323772-00
7060 SW 8th Street		Date:	6/27/2012
Miami FL 33144		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 208.32	New Rate 211.95	Effective Date 7/1/2012
Level H: AIDS	355.93	361.16	7/1/2012
Level U: Fragile Under 21	474.39	480.91	7/1/2012
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 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
Desk Audit - Prospective portion  Distribution:		V [2] as of 11/01/1988	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid C	ost Reimbursement Plan	ning and Finance



Tarpon Point Nursing & Rehab Center		Provider Number:	0 323781-00
5157 Park Club Drive		Date:	6/27/2012
Sarasota FL 34235		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	216.70		7/1/2012
Level H: AIDS	364.31	373.06	7/1/2012
Level U: Fragile Under 2	482.77	492.81	7/1/2012
Interim  Total Interim Interim Component Settlement based on costs Prior Provider Prospective da  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes:  Licensu Usual a Target FRVS	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 07/27/1990	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Preferred Care, Inc.  Gene Lunceford 5212 Village Creek Plano TX 75093	Styp 1.	Stephen Russell ost Reimbursement Plan	ning and Finance



St. Andrew's Bay Skilled Nursing and Rehabilitatio		Provider Number:	0 323799-00
2100 Jenks Ave		Date:	6/27/2012
Panama City FL 32405		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 194,26	New Rate	Effective Date 7/1/2012
Nursing Home Single Level			//1/2012
Level H: AIDS	341.87	351.49	7/1/2012
Level U: Fragile Under 21	460.33	471.24	7/1/2012
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 at Target I 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  Permanent File  For information Only  No Change in Rate  Home Office:  Preferred Care, Inc.  Gene Lunceford  5212 Village Creek Drive  Plano TX 75093	Medicaid Co	stephen Russell st Reimbursement Plan	ning and Finance



Hampton Court Nursing Center		Provider Number:	0 324027-00
16100 NW 2nd Avenue		Date:	6/27/2012
North Miami Beach FL 33169		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	230.96		7/1/2012
Level H: AIDS	378.57	387.64	7/1/2012
Level U: Fragile Under 21	497.03	507.39	7/1/2012
Basis:  Budget X Unaudited costs Field audit - interim portion Desk audited costs Desk Audit - Prospective portion Desk Audit - Prospective portion Desk Audit - Prospective portion	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 hange  nester Change [2] as of 01/03/1991	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid Cos  Styph	t Reimbursement Plan	ning and Finance



Advanced Rehabilitation & Health Center		Provider Number:	0 324094-00
401 FAIRWOOD AVENUE		Date:	6/27/2012
Clearwater FL 33759		Fiscal Year End:	2/28/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 228.42	New Rate 236.66	Effective Date 7/1/2012
Level H: AIDS	376.03	385.87	7/1/2012
Level U: Fragile Under 21	494.49	505.62	7/1/2012
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 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
<u>Distribution:</u>		Stephen Russell	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Hallmark Accounting  Jacob Karmel  368 New Hempstead Road #30  New City NY 10956	Styph	sst Reimbursement Plan	ning and Finance



Bayside Rehabilitation & Health Center		Provider Number:	0 324108-00
811 Jackson Street North		Date:	6/27/2012
St. Petersburg FL 33705		Fiscal Year End:	2/28/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 249.67	New Rate <b>258.65</b>	Effective Date 7/1/2012
Level H: AIDS	397.28	407.86	7/1/2012
Level U: Fragile Under 21	515.74	527.61	7/1/2012
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	Licensur Usual and Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 10/01/2001	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Hallmark Accounting  Jacob Karmel  368 New Hempstead Road #309  New City NY 10956	Medicaid Cos Styph	Stephen Russell  t Reimbursement Plan	ning and Finance



Excel Rehabilitation & Health Center		Provider Number:	0 324116-00
2811 Campus Hill Drive		Date:	6/27/2012
Tampa FL 33612		Fiscal Year End:	2/28/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 225.95	New Rate	Effective Date 7/1/2012
Nursing Home Single Level	223.93		//1/2012
Level H: AIDS	373.56	382.32	7/1/2012
Level U: Fragile Under 21	492.02	502.07	7/1/2012
Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective 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 05/15/1995	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Hallmark Accounting  Jacob Karmel  368 New Hempstead Road #36  New City NY 10956	Styr	Stephen Russell ost Reimbursement Plan	ning and Finance



Madison Pointe Rehabilitation & Health Center		Provider Number:	0 324124-00
6020 Indiana Avenue		Date:	6/27/2012
New Port Richey FL 34653		Fiscal Year End:	2/28/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 220.03	New Rate 226.37	Effective Date 7/1/2012
Level H: AIDS	367.64	375.58	7/1/2012
Level U: Fragile Under 21	486.10	495.33	7/1/2012
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 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 12/01/1995  Stephen Russell	n Interim Component
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  Hallmark Accounting Jacob Karmel 368 New Hempstead Road #36 New City NY 10956	Styl	ost Reimbursement Plan	ning and Finance



Shore Acres Rehabilit	tation & Health Center			Provider Number:	0 324132-00
4500 Indianapolis Str		<b>-</b> <b>-</b>		Date:	6/27/2012
St. Petersburg FL 337	03	_		Fiscal Year End:	2/28/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nuusina Homo	Cinala Laval		Rate	Rate	Date
Nursing Home	Single Level		222.41	229.64	7/1/2012
	Level H: AIDS		370.02	378.85	7/1/2012
	Level U: Fragile Under 21		488.48	498.60	7/1/2012
Rate Type :					
Interim		X	Prospectiv		
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
1	Prior Provider Prospective data	1 <u></u>			
Basis:		Chang	ges:		
Dudget			Licensur	e Rating Change	
Budget  X Unaudited	rosts			d Customary Limitatio	าท
Field audite		-		ate limitation change	,,,,
Field audit	- interim portion	-	FRVS C	hange	
Desk audite	-				
	- Interim Portion	X		nester Change	
	t - Prospective portion		On FRV	[2] as of 01/01/1993	
<b>Distribution:</b>	( <del>)</del>			Stephen Russell	
•	ement / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			11 /	′ カ	11/1
	nation Only		upu	us Re	wall
No Chang	ge in Kate			•	
Home Office:	Hallmark Accounting				
	Jacob Karmel 368 New Hempstead Road New City NY 10956	#309			
	, , , , , , , , , , , , , , , , , , , ,				



Woodbridge Rehabilitation & Health Center		Provider Number:	0 324141-00
8720 Jackson Springs Road		Date:	6/27/2012
Tampa FL 33615		Fiscal Year End:	2/28/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 220.66	New Rate 227.16	Effective Date 7/1/2012
Level H: AIDS	368.27	376.37	7/1/2012
Level U: Fragile Under 21	486.73	496.12	7/1/2012
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  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 09/01/1994	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Hallmark Accounting  Jacob Karmel  368 New Hempstead Road #3  New City NY 10956	Stype	Stephen Russell ost Reimbursement Plan	ning and Finance



Ocoee Health Care Facility		Provider Number:	0 324159-00
1556 Maguire Road		Date:	6/27/2012
Ocoee FL 34761		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 216.55	New Rate 223.22	Effective Date 7/1/2012
ruising frome Single Level			7/1/2012
Level H: AIDS	364.16	372.43	7/1/2012
Level U: Fragile Under 21	482.62	492.18	7/1/2012
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:	Changes:  Licensur  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
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Medicaid Cos Styph	t Reimbursement Plan	ning and Finance
Home Office: 1 - No Home Office			



Palmetto Rehabilitation and Health Center		Provider Number:	0 324167-00	
6750 West 22nd Court		Date:	6/27/2012	
Hialeah FL 33016		Fiscal Year End:	2/28/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 241.02	New Rate 248.17	Effective Date 7/1/2012	
			., _, _ v	
Level H: AIDS	388.63	397.38	7/1/2012	
Level U: Fragile Under 21	507.09	517.13	7/1/2012	
Interim  Total Interim  Interim Component  Settlement based on costs Prior Provider Prospective data  Basis:		ve Total Prospective Prospective Adjusted Total Prospective with		_
Budget  X Unaudited costs  Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 09/02/1987	On	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Hallmark Accounting  Jacob Karmel  368 New Hempstead Road #3  New City NY 10956	Steph	t Reimbursement Plan	ning and Finance	



Courtyards of Orlando		Provider Number:	0 324175-00
1900 Mercy Drive		Date:	6/27/2012
Orlando FL 32808		Fiscal Year End:	2/28/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 210.32	Rate	Effective Date 7/1/2012
Level H: AIDS	357.93	365.41	7/1/2012
Level U: Fragile Under 21	476.39	485.16	7/1/2012
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 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 10/01/1991	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Hallmark Accounting  Jacob Karmel  368 New Hempstead Road #3  New City NY 10956	Stype	Stephen Russell Cost Reimbursement Plan Russell	ning and Finance



Royal Care of Avon Park		Provider Number:	0 324213-00
1213 W. Stratford Rd.		Date:	6/27/2012
Avon Park FL 33825		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Curre Rate 192.	Rate	Effective Date 7/1/2012
Level H: AIDS	340	347.46	7/1/2012
Level U: Fragile Under 21	458.	467.21	7/1/2012
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective da  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	Changes:  Lice Use Tar FR	Total Prospective Prospective Adjusted Total Prospective Adjusted Total Prospective wi  Prospective Adjusted  Total Prospective Wi   ion	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaio  Medicaio	Stephen Russell Cost Reimbursement Pla	unning and Finance



Seminole Pavilion Re	chabilitation & Nursing Service			Provider Number:	0 324230-00
10800 Temple Terrac	e	- -		Date:	6/27/2012
Seminole FL 33772		<u>-</u>		Fiscal Year End:	5/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nuusina Homo	Cinale Level		Rate	Rate	Date
Nursing Home	Single Level		195.31	200.24	7/1/2012
	Level H: AIDS		342.92	349.45	7/1/2012
	Level U: Fragile Under 21		461.38	469.20	7/1/2012
D. A. T.					
Rate Type:					
Interim		X	Prospectiv		
	Total Interim			Total Prospective	C. N. C.
	Interim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i interim Component
	Thoi Provider Prospective data	<u> </u>	1		
Basis:		Change	es:		
Pudget			Licensur	e Rating Change	
Budget X Unaudited	costs			d Customary Limitation	าท
Field audit				ate limitation change	···
Field audit	- interim portion		FRVS C	hange	
Desk audit	ed costs				
	- Interim Portion	X		nester Change	
Desk Audi	t - Prospective portion		On FR v	[2] as of 07/01/1988	
<del></del>	ement / Fiscal Agent			Stephen Russell	
Permanent File	ement / Piscai Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only	1	4.1	′ カ	mell
No Chang	•	1	rjen	us Re	us co
	Brookdale Senior Living,			1	
Home Office:	Russ Bellora	me.			
	111 Westwood Place, Suite Brentwood TN 37027	200			



Freedom Square Rehabilitat	tion & Nursing Services		Provider Number:	0 324248-00	
10801 Johnson Blvd.			Date:	6/27/2012	
Seminole Fl 33772			Fiscal Year End:	12/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home Sin	ngle Level	192.88	<u>199.74</u>	7/1/2012	
Lev	vel H: AIDS	340.49	348.95	7/1/2012	
Lev	vel U: Fragile Under 21	458.95	468.70	7/1/2012	
Interin Settlen	ts - rim portion - ts - rim Portion -	Licensure Usual and Target Ra FRVS Ch  X Rate Sem	Prospective Prospective Adjusted Total Prospective with Rating Change I Customary Limitation ate limitation change hange Rester Change [2] as of 02/19/2002	n Interim Component	
Contract Management Permanent File For information No Change in R Home Office:	Only	Medicaid Cost	Stephen Russell Reimbursement Plan	ning and Finance	



Heritage Park Care and Rehabilitation Center		Provider Number:	0 324345-00
2302 59th Street West		Date:	6/27/2012
Bradenton FL 34209		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 192.96	New Rate 195.76	Effective Date 7/1/2012
Single Devel			7/1/2012
Level H: AIDS	340.57	344.97	7/1/2012
Level U: Fragile Under 21	459.03	464.72	7/1/2012
Basis:  Budget X Unaudited costs Field audited costs Field audited costs  Field audited costs  Desk audited costs  Desk audited costs	Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with The Rating Change and Customary Limitation Cate limitation change Change	n Interim Component
Desk audit - Interim Portion  Desk Audit - Prospective portion		mester Change [2] as of 08/31/1994	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Signature Healthcare LLC  Julie Kleiser  12201 Bluegrass Parkway  Louisville KY 40299	Medicaid Cos  Styl	Stephen Russell st Reimbursement Plan	ning and Finance



Washington Rehabili	tation and Nursing Center			Provider Number:	0 324353-00	
879 Usery Road/Post	Office Box 917	<u>-</u>		Date:	6/27/2012	
Chipley FL 32428		=		Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
Nursing Home	Cinale Level	-	Rate	Rate	Date	
Nursing Home	Single Level	-	203.07		7/1/2012	
	Level H: AIDS		350.68	357.98	7/1/2012	
	Level U: Fragile Under 21		469.14	477.73	7/1/2012	
Rate Type :						
Interim		X	Prospectiv	/e		
	Total Interim		<u>X</u>	Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	n Interim Component	
<u> </u>	Prior Provider Prospective data					
Basis:		Change	s:			
Budget			Licensur	e Rating Change		
X Unaudited	costs	-		d Customary Limitation	on	
Field audit	ted costs		Target R	ate limitation change		
Field audit	t - interim portion		FRVS C	hange		
Desk audit				C1		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 12/31/2001		
Distribution:				Stephen Russell		
Contract Manag	gement / Fiscal Agent		Andinaid Con	t Reimbursement Plan	ning and Einanga	
Permanent File		N	redicaid Cos	/ Francischient Plan	ming and Finance	
For inform	nation Only	In In	tresti	m Ka	well	
No Chang	ge in Rate		To the	m Re		
Home Office:	Signature Healthcare LLC		•			
	Julie Kleiser					
	12201 Bluegrass Parkway					
	Louisville KY 40299					
	-					



Chautauqua Rehabilit	tation and Nursing Center			Provider Number:	0 324361-00
785 South 2nd Street		<u>-</u>		Date:	6/27/2012
Defuniak Springs FL	32435	_		Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nuusina Homo	Cingle Level	_	Rate	Rate	Date
Nursing Home	Single Level	_	194.76		7/1/2012
	Level H: AIDS		342.37	349.48	7/1/2012
	Level U: Fragile Under 21	- -	460.83	469.23	7/1/2012
Rate Type :					
Interim		X	Prospectiv		
	Total Interim		<u>X</u>	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	i Interim Component
	Prior Provider Prospective data	<u> </u>			
Basis:		Changes	:		
Dudget			Licensur	e Rating Change	
Budget  X Unaudited	costs	-	_	d Customary Limitation	าท
Field audit				ate limitation change	,,,,
Field audit	- interim portion		FRVS C	hange	
Desk audite	ed costs				
	- Interim Portion	X		nester Change [2] as of 03/01/1989	
Distribution:	t - Prospective portion		Oli FK v	[2] as of 03/01/1989	
	ement / Fiscal Agent			Stephen Russell	
Permanent File	ement / Hiseat Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only	12	- 1	′ カ.	mell
No Chang	•	10	y v	us Re	<i>v)</i> ,
Home Office:	Signature Healthcare LLC				
nome Office:	Julie Kleiser				
	12201 Bluegrass Parkway Louisville KY 40299				



Signature HealthCARE of College Park		Provider Number:	0 324370-00	
13755 Golf Club Parkway		Date:	6/27/2012	
Fort Myers FL 33919-5146		Fiscal Year End:	9/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 205.17	New Rate	Effective Date 7/1/2012	
Nursing frome Single Level	205.17		//1/2012	
Level H: AIDS	352.78	352.97	7/1/2012	
Level U: Fragile Under 21	471.24	472.72	7/1/2012	
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 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 Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Signature Healthcare LLC  Julie Kleiser  12201 Bluegrass Parkway  Louisville KY 40299	Medicaid Co	Stephen Russell  Ost Reimbursement Plan  Aug Reimbursement Plan	ning and Finance	



Signature HealthCARE of Gainesville			Provider Number:	0 324388-00	
4000 South West 20th Avenue			Date:	6/27/2012	
Gainesville FL 32607			Fiscal Year End:	9/30/2011	
			Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level		Current Rate 192.08	New Rate 198.23	Effective Date 7/1/2012	
2g00				77272	
Level H: AIDS		339.69	347.44	7/1/2012	
Level U: Fragile Und	er 21	458.15	467.19	7/1/2012	
Total Interim Interim Component Settlement based on cost Prior Provider Prospectiv  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs	Chang	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation Ite limitation change	n Interim Component	
Desk audit - Interim Portion  Desk Audit - Prospective portion	<u> </u>		ester Change [2] as of 03/08/2004		
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Signature Healt  Julie Kleiser  12201 Bluegrass Louisville KY 40	ncare LLC Parkway	Medicaid Cost	Stephen Russell Reimbursement Plan	ning and Finance	



Signature Healthcare of North Florida		Provider Number:	0 324396-00
1083 Sanders Avenue		Date:	6/27/2012
Graceville FL 32440		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 205.51	New Rate 206.43	Effective Date 7/1/2012
Level H: AIDS	353.12	355.64	7/1/2012
Level U: Fragile Under 21	471.58	475.39	7/1/2012
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 ar Target F FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with  Te Rating Change and Customary Limitation Rate limitation change Change mester Change	n Interim Component
Desk Audit - Prospective portion  Distribution:	On FRV	[2] as of 06/28/1991	
Contract Management / Fiscal Agent  Permanent FileFor information OnlyNo Change in Rate  Home Office:  Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299	Medicaid Co Styli	stephen Russell st Reimbursement Plan	ning and Finance



Signature HealthCAR	RE Center of Waterford			Provider Number:	0 324400-00
8333 W. Okeechobee		<u>.</u>		Date:	6/27/2012
Hialeah Gardens FL 3	33016	<u>=</u>		Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nuusina Homo	Cingle Level	_	Rate	Rate	Date
Nursing Home	Single Level	_	190.35	<u> 194.68</u> _	7/1/2012
	Level H: AIDS		337.96	343.89	7/1/2012
	Level U: Fragile Under 21	- -	456.42	463.64	7/1/2012
Doto Truno					
Rate Type:					
Interim		X	Prospectiv		
	Total Interim		<u>X</u>	Total Prospective	for Nov. Costs
	Interim Component Settlement based on costs			Prospective Adjusted Total Prospective with	
	Prior Provider Prospective data			Total Prospective with	i internii Component
	Thor the vider frespective data	CI			
Basis:		Changes	<u>:</u>		
Budget			Licensur	e Rating Change	
X Unaudited	costs		_	d Customary Limitatio	on
Field audit	ed costs		_	ate limitation change	
Field audit	: - interim portion		FRVS C	hange	
Desk audite			_		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 01/01/2001	
Distribution:	r 1100pour pouron				
·	ement / Fiscal Agent			Stephen Russell	
Permanent File	θ	M	edicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only	27	to So	$\mathcal{L}$	well
No Chang	ge in Rate	10	eze ir	m Re	
Home Office:	Signature Healthcare LLC		•	1	
Home Office.	Julie Kleiser				
	12201 Bluegrass Parkway Louisville KY 40299				



Signature Healthcare of Brookwood Garde	ens		Provider Number:	0 324418-00	
1990 S. Canal Drive			Date:	6/27/2012	
Homestead FL 33035			Fiscal Year End:	7/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level		Current Rate 214.98	New Rate 204.70	Effective Date 7/1/2012	
Tursing frome Single Lever		214.70	204.70	7/1/2012	
Level H: AIDS		362.59	353.91	7/1/2012	
Level U: Fragile U	Jnder 21	481.05	473.66	7/1/2012	
Interim  Total Interim  Interim Component  Settlement based on of Prior Provider Prospect  Basis:  Budget  X Unaudited costs  Field audited costs  Field audit - interim portion  Desk audited costs	Costs Cha	Licensure Usual and Target Rat FRVS Cha	Rating Change Customary Limitation e limitation change ange	n Interim Component	
Desk audit - Interim Portion  Desk Audit - Prospective portio			ester Change 2] as of 11/01/1989		
Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  Signature House Julie Kleiser 12201 Blueg Louisville K	ealthcare LLC rass Parkway	Medicaid Cost	Stephen Russell Reimbursement Plan	ning and Finance	



Signature Healthcare at the Courtyard		Provider Number:	0 324426-00	
2600 Forest Glen Trail		Date:	6/27/2012	
Marianna FL 32446		Fiscal Year End:	7/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 189.44	New Rate 195.05	Effective Date 7/1/2012	_
indising frome single zever	107.44		7/1/2012	
Level H: AIDS	337.05	344.26	7/1/2012	
Level U: Fragile Under 21	455.51	464.01	7/1/2012	
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 ar Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change The Rating Change	n Interim Component	
Desk Audit - Prospective portion  Distribution:	OllTRV	[2] as of 08/27/1997		_
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Signature Healthcare LLC  Julie Kleiser  12201 Bluegrass Parkway  Louisville KY 40299	Medicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance	



Signature Healthcare of				Provider Number:	0 324434-00	
2029 Professional Cente	er Drive			Date:	6/27/2012	
Orange Park FL 32073				Fiscal Year End:	9/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
		_	Rate	Rate	Date	
Nursing Home	Single Level	_	202.51	209.47	7/1/2012	
	Level H: AIDS		350.12	358.68	7/1/2012	
	Level U: Fragile Under 21	_	468.58	478.43	7/1/2012	
	-	-				
Rate Type :						
Interim		X	Prospectiv	re		
	otal Interim			Total Prospective		
	terim Component			Prospective Adjusted		
	ettlement based on costs			Total Prospective with	Interim Component	
Pri	ior Provider Prospective data					
Basis:		Changes	:			
			Licomona	a Datina Changa		
Budget		-	_	e Rating Change		
XUnaudited co		-		d Customary Limitation thange	on	
	interim portion	-	FRVS C	_		
Desk audited	-		_ 11000	nunge		
	Interim Portion	<u> X</u>	Rate Sen	nester Change		
	Prospective portion			[2] as of 09/01/1994		
<b>Distribution:</b>				Stephen Russell		
Contract Managen	ment / Fiscal Agent	M	edicaid Cos	t Paimbursament Plan	ning and Finance	_
Permanent File		171	- Lancard Cos	/ — ——————————————————————————————————		
For informa	tion Only	87	in hi	us Ka	issell	
No Change	in Rate		Je vi	us Re		
Home Office:	Signature Healthcare LLC	_ ′		ſ		
nome office.	Julie Kleiser					
	12201 Bluegrass Parkway					
	Louisville KY 40299					



Signature Healthcare of Ormond			Provider Number:	0 324442-00	
103 N. Clyde Morris Blvd			Date:	6/27/2012	
Ormond Beach FL 32074			Fiscal Year End:	9/30/2011	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home Single Level		210.70	217.25	7/1/2012	
Level H: AIDS		358.31	366.46	7/1/2012	
Level U: Fragile U	nder 21	476.77	486.21	7/1/2012	
Interim  Total Interim  Interim Component Settlement based on comprise Provider Prospect  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  Distribution:	Cha	Licensure Usual and Target Ra FRVS Ch  X Rate Seme	Prospective Adjusted Prospective Adjusted Prospective Adjusted Potal Prospective with Rating Change Customary Limitation te limitation change ange Pester Change 2] as of 05/20/1988	n Interim Component	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	- پر	Medicaid Cost	Reimbursement Plan	ning and Finance	_
Home Office:  Signature Head Julie Kleiser 12201 Bluegra Louisville KY	ass Parkway				



Anchor Care & Rehabilitation Center		Provider Number:	0 324451-00
1515 Port Malabar Blvd. NE		Date:	6/27/2012
Palm Bay FL 32905		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 193.30	New Rate 199.43	Effective Date 7/1/2012
Level H: AIDS	340.91	348.64	7/1/2012
Level U: Fragile Under 21	459.37	468.39	7/1/2012
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 Rate limitation change Change The Rating Change The	n Interim Component
Desk Audit - Prospective portion  Distribution:	On FRV	[2] as of 08/31/1994	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Signature Healthcare LLC  Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299	Medicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance



Pinellas Park FI. 33782   Date:   6/27/2012	Pinellas Park Care and	d Rehabilitation Center			Provider Number:	0 324469-00
Provider Type:    Current   Rate   Rate   Rate   Date					Date:	6/27/2012
Provider Type:    Current Rate   New Rate   Date	Pinellas Park FL 3378	32			Fiscal Year End:	9/30/2011
Nursing Home Single Level 189.69 191.07 7/1/2012  Level H: AIDS 337.30 340.28 7/1/2012  Level U: Fragile Under 21 455.76 460.03 7/1/2012  Rate Type:					Audit Status:	Unaudited [3]
Nursing Hone  Single Level  Level H: AIDS Level U: Fragile Under 21  Level U: Fragile Under 21  Stephen Russell  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  Signature Healthcare LLC Julie Kleiser Interin Single Level  Rate Type:  Level H: AIDS 189.69 191.07 7/1/2012  191.07 17/1/2012  337.30 340.28 7/1/2012  455.76 460.03 7/1/2012  X Prospective X 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 FRVS Change Total Prospective on FRV [2] as of 03/01/1997  Stephen Russell Medicaid Cost Reimbursement Planning and Finance  Applied Type Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway	Provider Type:					
Level H: AIDS Level U: Fragile Under 21  X Prospective  X Total Prospective Prospective Adjusted for New Costs Settlement based on costs Prior Provider Prospective data  Basis:  Changes:  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change Field audit costs Field audit costs Field audit - Interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway						
Level H: AIDS Level U: Fragile Under 21    A	Nuusina Homo	Cingle I aval	_			
Level U: Fragile Under 21	Nursing Home	Single Level	_	189.09		//1/2012
Interim		Level H: AIDS		337.30	340.28	7/1/2012
Interim		Level U: Fragile Under 21	-	455.76	460.03	7/1/2012
Interim	Rate Type :					
Interim Component Settlement based on costs Prior Provider Prospective data    Basis:			X	Prospectiv	⁄e	
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  Home Office:  Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway  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 03/01/1997  Stephen Russell  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance						
Budget X Unaudited costs Field audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway    Changes:   Licensure Rating Change   Usual and Customary Limitation   Target Rate limitation change   FRVS Change   Stage Semester Change   On FRV [2] as of 03/01/1997    Medicaid Cost Reimbursement Planning and Finance   Adjusted Semester Change   On FRV [2] as of 03/01/1997    Medicaid Cost Reimbursement Planning and Finance   Adjusted Semester Change   On FRV [2] as of 03/01/1997		<del>-</del>				
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office:  Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  On FRV [2] as of 03/01/1997  Stephen Russell  Medicaid Cost Reimbursement Planning and Finance  Advantage  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  Stephen Russell  Medicaid Cost Reimbursement Planning and Finance  Advantage  Medicaid Cost Reimbursement Planning and Finance					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  STRVS Change  No FRV [2] as of 03/01/1997  Stephen Russell  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance  Julie Kleiser 12201 Bluegrass Parkway	1	Prior Provider Prospective data		-		
X Unaudited costs	Basis:		Changes	:		
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  Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate  Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway  Target Rate limitation change FRVS Change  STRYS Change  NA Rate Semester Change On FRV [2] as of 03/01/1997  Stephen Russell  Medicaid Cost Reimbursement Planning and Finance  Augustian Rate		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: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway  Rate Semester Change On FRV [2] as of 03/01/1997  Stephen Russell  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance	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  Home Office:  Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway	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  Home Office:  Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway						
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Signature Healthcare LLC  Julie Kleiser 12201 Bluegrass Parkway			X			
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Signature Healthcare LLC  Julie Kleiser 12201 Bluegrass Parkway  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance	Distribution:	<u> </u>			Stenhen Russell	
Permanent FileFor information OnlyNo Change in Rate  Home Office:  Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway	Contract Manag	ement / Fiscal Agent		. 1'' 1 C		
Home Office:  Signature Healthcare LLC  Julie Kleiser  12201 Bluegrass Parkway	Permanent File		IVI	edicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:  Signature Healthcare LLC  Julie Kleiser  12201 Bluegrass Parkway	For inform	nation Only	27	In Si	men Ru	issell
Home Office:  Signature Healthcare LLC  Julie Kleiser  12201 Bluegrass Parkway	No Chang	ge in Rate		Je ov		
Julie Kleiser 12201 Bluegrass Parkway	Home Office:	Signature Healthcare LLC	′			
	1101110 011100.	Julie Kleiser				
Louisville KY 40299						
		Louisville KY 40299				



Signature Healthcare	of Port Charlotte			Provider Number:	0 324477-00
4033 Beaver Lane				Date:	6/27/2012
Port Charlotte FL 339	252			Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level	_	Rate 213.58	Rate	Date 7/1/2012
Nursing Home	Single Level	_	213.30	216.65	//1/2012
	Level H: AIDS		361.19	365.86	7/1/2012
	Level U: Fragile Under 21		479.65	485.61	7/1/2012
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
1	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
I	Prior Provider Prospective data				
Basis:		Changes	<b>::</b>		
Rudgat			Licensur	e Rating Change	
Budget  X Unaudited	costs			d Customary Limitation	on
Field audit		-		ate limitation change	···
Field audit	- interim portion		FRVS C	hange	
Desk audite			<u></u>		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 08/31/1994	
Distribution:				Stephen Russell	
Contract Manag	ement / Fiscal Agent				· 17.
Permanent File		IV.	ledicaid Cos	t Reimbursement Plan	ning and Finance
For inform	nation Only	27	En Si	m Ru	issell
No Chang	ge in Rate	100	Je vi	us Re	
Home Office:	Signature Healthcare LLC	′	•		
1101110 01111001	Julie Kleiser				
	12201 Bluegrass Parkway				
	Louisville KY 40299				



The Bridge at Bay St	. Joe			Provider Number:	0 324485-00	
220 9th Street		<u>-</u>		Date:	6/27/2012	
Port St. Joe FL 32456	5	-		Fiscal Year End:	9/30/2011	_
				Audit Status:	Unaudited [3]	_
Provider Type:						_
• •			Current	New	Effective	
		_	Rate	Rate	Date	
Nursing Home	Single Level	-	186.88	<u> 191.38</u> _	7/1/2012	
	Level H: AIDS		334.49	340.59	7/1/2012	
	Level U: Fragile Under 21		452.95	460.34	7/1/2012	
Rate Type :						_
Interim		X	Prospectiv	⁄/e		
	Total Interim	<del></del>	_ X	Total Prospective		
	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with	h Interim Component	
	Prior Provider Prospective data					
Basis:		Changes	<b>5:</b>			
Budget			Licensur	e Rating Change		
X Unaudited	costs	-		d Customary Limitation	on	
Field audit	ted costs		_	ate limitation change		
Field audi	t - interim portion		FRVS C	hange		
Desk audit				C1		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 10/01/1985		
Distribution:				Stephen Russell		
Contract Manag	gement / Fiscal Agent		Indicaid Cos	t Reimbursement Plan	uning and Finance	
Permanent File		10.		/ —	ining and i manee	
For inform	nation Only	21	celi	us Ka	well	
No Chan	ge in Rate			m Re		
Home Office:	Signature Healthcare LLC	,				
	Julie Kleiser					
	12201 Bluegrass Parkway					
	Louisville KY 40299					



Kenilworth Care and	Rehabilitation Center			Provider Number:	0 324493-00
3011 Kenilworth Blv	d.			Date:	6/27/2012
Sebring FL 33870				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	
• •			Current	New	Effective
<b>.</b>		_	Rate	Rate	Date
Nursing Home	Single Level	_	191.34	<u> 190.47</u> _	7/1/2012
	Level H: AIDS		338.95	339.68	7/1/2012
	Level U: Fragile Under 21	_	457.41	459.43	7/1/2012
		_			
Rate Type :					
		V	D		
Interim	Total Interim	<u>X</u>	Prospectiv 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:			
Dusis.		Changes.	_		
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				C1	
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 07/01/1986	
Distribution:				Stephen Russell	
Contract Manag	gement / Fiscal Agent		diasid Coa	t Reimbursement Plan	ning and Finance
Permanent File		IVIE	cuicaiu Cos	/ —	ining and rinance
For inform	nation Only	21	n Si	na Ra	issell
No Chang	ge in Rate	10	je ov	m Re	
Home Office:	Signature Healthcare LLC	_ ′			
Tionic Office.	Julie Kleiser				
	12201 Bluegrass Parkway				
	Louisville KY 40299				



Peninsula Care and Rehabilitation Center		Provider Number:	0 324507-00
900 Beckett Way		Date:	6/27/2012
Tarpon Springs FL 34689		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 206.28	New Rate <b>213.16</b>	Effective Date 7/1/2012
Level H: AIDS	353.89	362.37	7/1/2012
Level U: Fragile Under 21	472.35	482.12	7/1/2012
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 ar Target R FRVS C X Rate Sei	Prospective Adjusted Total Prospective with  Trotal Prospective Adjusted  Trotal Prospective With  Trotal Prospective Wit	n Interim Component
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Signature Healthcare LLC  Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299	Medicaid Con	stephen Russell st Reimbursement Plan	ning and Finance



Winter Park Care and Rehabilitation Center		Provider Number:	0 324515-00
2970 Scarlet Road		Date:	6/27/2012
Winter Park FL 32792		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 200.48	New Rate 206.23	Effective Date 7/1/2012
Level H: AIDS	348.09	355.44	7/1/2012
Level U: Fragile Under 21	466.55	475.19	7/1/2012
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 ar Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change The Rating Change	n Interim Component
Desk Audit - Prospective portion	On FRV	[2] as of 08/31/1994	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Signature Healthcare LLC  Julie Kleiser  12201 Bluegrass Parkway  Louisville KY 40299	Medicaid Cos  Styl	Stephen Russell st Reimbursement Plan	ning and Finance



Southern Oaks Rehabilitation	on and Nursing Center			Provider Number:	0 324566-00	
600 West Gregory Street				Date:	6/27/2012	
Pensacola FL 32501				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	]
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home Si	ingle Level		202.61		7/1/2012	
Le	vel H: AIDS		350.22	358.71	7/1/2012	
Le	vel U: Fragile Under 21	_	468.68	478.46	7/1/2012	
Basis:  Budget X Unaudited costs Field audit - inte Desk audit - Inte Desk Audit - Pro Distribution:	erim portion sts erim Portion ospective portion	Changes:	Licensur Usual and Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change	Interim Component	
Contract Management Permanent File	t / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance	_
For information	n Only	11	To la	~ D	wall	
No Change in F	·	110	p vi	ny Ra		
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road #309 New City NY 10956	_				



Terraces of Lake Worth Rehab and Health Center		Provider Number:	0 325031-00
1711 6th Avenue South		Date:	6/27/2012
Lake Worth FL 33460		Fiscal Year End:	2/28/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	247.89		7/1/2012
Level H: AIDS	395.50	403.94	7/1/2012
Level U: Fragile Under 21	513.96	523.69	7/1/2012
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  are Rating Change and Customary Limitation Rate limitation change Change Emester Change V [2] as of 08/01/1986	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Hallmark Accounting  Jacob Karmel  368 New Hempstead Road #30  New City NY 10956	Styph	Stephen Russell  ost Reimbursement Plan  un  Russell	ning and Finance



Arbor Village Nursin	g Center			Provider Number:	0 325040-00
490 South Old Wire I	Road	_		Date:	6/27/2012
Wildwood FL 34785		_		Fiscal Year End:	2/28/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N	Cinals I such		Rate	Rate	Date
Nursing Home	Single Level		210.04	215.79	7/1/2012
	Level H: AIDS		357.65	365.00	7/1/2012
	Level U: Fragile Under 21		476.11	484.75	7/1/2012
D . T					
Rate Type:					
Interim		X	Prospectiv		
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	i Interim Component
	Prior Provider Prospective data				
Basis:		Chang	es:		
Dudget			Licensur	e Rating Change	
Budget  X Unaudited	costs	-		d Customary Limitatio	on
Field audit				ate limitation change	·
Field audit	- interim portion		FRVS C	hange	
Desk audit	ed costs				
	- Interim Portion	X		nester Change [2] as of 10/01/1985	
Distribution:	t - Prospective portion		Oli FK V	[2] as of 10/01/1983	
·	ement / Fiscal Agent			Stephen Russell	
Permanent File	ement / Hisear Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only	0	4.1.	′ カ.	mell
No Chang	·	1	rjen	us Re	<i>x</i> , <i>c</i> ,
Home Office:	Hallmark Accounting			1	
Home Office.	Jacob Karmel				
	368 New Hempstead Road New City NY 10956	#309			



North Lake Rehabilitation and Health Center		Provider Number:	0 325163-00
750 Bayberry Drive		Date:	6/27/2012
Lake Park FL 33403		Fiscal Year End:	2/28/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 245.58	New Rate 253.27	Effective Date 7/1/2012
Level H: AIDS	393.19	402.48	7/1/2012
Level U: Fragile Under 21	511.65	522.23	7/1/2012
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 1 FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with  The Rating Change and Customary Limitation Rate limitation change Change The Prospective with  The Rating Change The Rating	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Hallmark Accounting  Jacob Karmel  368 New Hempstead Road #309  New City NY 10956	Stype	Stephen Russell  Ost Reimbursement Plan  Russell  Ost Reimbursement Plan	ning and Finance



Heartland of Jacksonville FI	L, LLC			Provider Number:	0 325236-00
8495 Normandy Blvd				Date:	6/27/2012
Jacksonville FL 32221				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Sir	ngle Level	_	Current Rate	New Rate 190.98	Effective Date 7/1/2012
		_	170.77	170.76	771/2012
Lev	el H: AIDS	_	344.58	340.19	7/1/2012
Lev	el U: Fragile Under 21	-	463.04	459.94	7/1/2012
Settlem	a Component nent based on costs rovider Prospective data  its im portion s im Portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange  nester Change [2] as of 01/12/1990	n Interim Component
Contract Management Permanent File For information No Change in R Home Office:	Only		edicaid Cos	stephen Russell t Reimbursement Plan	ning and Finance



Heartland of Kendall FL, LLC		Provider Number:	0 325244-00	
9400 SW 137th Avenue		Date:	6/27/2012	
Kendall FL 33186		Fiscal Year End:	6/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 197.59	New Rate 203.52	Effective Date 7/1/2012	
Level H: AIDS	345.20	352.73	7/1/2012	
Level U: Fragile Under 21	463.66	472.48	7/1/2012	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective 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 08/31/1989	n Interim Component	
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  Toledo OH 43604	Medicaid Co	Stephen Russell  Ost Reimbursement Plan  Russell	ning and Finance	



Heartland of Miami Lakes				Provider Number:	0 325252-00	
5725 NW 186th Street				Date:	6/27/2012	
Hialeah FL 33015				Fiscal Year End:	9/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home Sin	ngle Level	_	199.52	205.22	7/1/2012	
Lev	vel H: AIDS	<u>-</u>	347.13	354.43	7/1/2012	
Lev	vel U: Fragile Under 21	-	465.59	474.18	7/1/2012	
Interin Settlen	rim portion ts rim 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	
Contract Management	/ Fiscal Agent		edicaid Cos	t Daimhuusamant Dlan	ning and Finance	
Permanent FileFor informationNo Change in R	•	M	tzeli	us Ri	well	
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604	_ ′				



Heartland of Orange Park FL, LLC		Provider Number:	0 325261-00
570 Wells Road		Date:	6/27/2012
Orange Park FL 32073		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate	New Rate	Effective Date 7/1/2012
Nursing Home Single Level	200.58	<u>196.72</u>	//1/2012
Level H: AIDS	348.19	345.93	7/1/2012
Level U: Fragile Under 21	466.65	465.68	7/1/2012
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  The Rating Change and Customary Limitation at a limitation change Thange Thange  [2] as of 04/26/1990	n Interim Component
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  Toledo OH 43604	Medicaid Cos  Styli	Stephen Russell st Reimbursement Plan	ning and Finance



Manor Care Nursing and Rehabilitation Center		Provider Number:	0 325279-00
2075 Lochmond Drive		Date:	6/27/2012
Winter Park FL 32792		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 201.21	New Rate 203.89	Effective Date 7/1/2012
Single Level		203.09	7/1/2012
Level H: AIDS	348.82	353.10	7/1/2012
Level U: Fragile Under 21	467.28	472.85	7/1/2012
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	Total Prospective Prospective Adjusted Total Prospective with The 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  Home Office:  HCR Manor Care  Julie Yoxtheimer  333 North Summit Street  Toledo OH 43604	Medicaid Cos  Medicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance



Heartland-South Jacksonville of Jacksonville FL, L		Provider Number:	0 325287-00
3648 University Boulevard		Date:	6/27/2012
Jacksonville FL 32216		Fiscal Year End:	5/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	194.97		7/1/2012
Level H: AIDS	342.58	350.03	7/1/2012
Level U: Fragile Under 21	461.04	469.78	7/1/2012
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 an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with The 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  Home Office:  HCR Manor Care  Julie Yoxtheimer  333 North Summit Street  Toledo OH 43604	Medicaid Cos  Medicaid Cos  Medicaid Cos	Stephen Russell st Reimbursement Plan	ning and Finance



Heartland of Brooksville FL, LLC				Provider Number:	0 325295-00	
575 Lamar Ave				Date:	6/27/2012	
Brooksville FL 34601				Fiscal Year End:	8/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
Nursing Home	Single Level	_	Rate 202.34	Rate	Date 7/1/2012	
Nursing Home	Single Level	_	202.34	<u> 195.27</u> _	//1/2012	
	Level H: AIDS		349.95	344.48	7/1/2012	
	Level U: Fragile Under 21	_	468.41	464.23	7/1/2012	
		_				
Rate Type :						
Interim	T . 17	X	Prospectiv			
Total Interim		X Total Prospective				
	Interim Component Settlement based on costs	Prospective Adjusted for New Costs  Total Prospective with Interim Component				
	Prior Provider Prospective data			Total Prospective will	i internii Component	
<del></del>	Thor Frovider Frospective data					
Basis:		Changes				
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		nester Change		
	t - Prospective portion		On FRV	[2] as of 01/01/1988		
<b>Distribution:</b>	· (E' 1 A			Stephen Russell		
•	ement / Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File	nation Only	1-1	- 1	ク	and the	
No Chang	•	20	z u	us Re	West of	
			•	·		
Home Office:	HCR Manor Care					
	Julie Yoxtheimer					
	333 North Summit Street Toledo OH 43604					
	101cd0 O11 43004					



Heartland of Boynton Beach		Provider Number:	0 325309-00
3600 Old Boynton Beach		Date:	6/27/2012
Boynton Beach FL 33436		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	194.00	184.29	7/1/2012
Level H: AIDS	341.61	333.50	7/1/2012
Level U: Fragile Under 21	460.07	453.25	7/1/2012
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 ar Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change The Rating Chang	n Interim Component
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  HOme Office:  HCR Manor Care  Julie Yoxtheimer  333 North Summit Street  Toledo OH 43604	Medicaid Cos  Styli	stephen Russell st Reimbursement Plan	ning and Finance



Heartland of Fort Myers FL	L, LLC			Provider Number:	0 325325-00
1600 Matthew Drive				Date:	6/27/2012
Ft. Myers FL 33907				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:	melo Loval	_	Current Rate	New Rate	Effective Date 7/1/2012
Nursing Home Si	ngle Level	_	198.04	<u> 191.97</u>	//1/2012
Le	vel H: AIDS	_	345.65	341.18	7/1/2012
Le	vel U: Fragile Under 21	_	464.11	460.93	7/1/2012
Interin Settler	erim portion sts rim 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
Contract Management Permanent File For information No Change in F	ı Only	M M	edicaid Cos	t Reimbursement Plan	ning and Finance
	Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



Heartland of Lauderhill	_	Provider Number:	0 325333-00
2599 NW 55th Avenue	<u>_</u>	Date:	6/27/2012
Lauderhill FL 33313	_	Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	191.74	181.25	7/1/2012
Level H: AIDS	339.35	330.46	7/1/2012
Level U: Fragile Under 21	457.81	450.21	7/1/2012
Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion	Usual ar Target F FRVS C X Rate Ser	Total Prospective Prospective Adjusted: Total Prospective with  Te Rating Change and Customary Limitation Rate limitation change Change  mester Change [7] [2] as of 12/27/1989	n Interim Component
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  Toledo OH 43604	Medicaid Co  Styl	st Reimbursement Plan	ning and Finance



Heartland-Prosperity Oaks	s of Palm Beach Gardens FL			Provider Number:	0 325341-00
11375 Prosperity Farms R	oad			Date:	6/27/2012
Palm Beach FL 33410				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  S	ingle Level	_	Current Rate	New Rate 205.44	Effective Date 7/1/2012
C					
L	evel H: AIDS	_	348.95	354.65	7/1/2012
L	evel U: Fragile Under 21	_	467.41	474.40	7/1/2012
Basis:  Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int	eerim portion osts	Changes:  X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Contract Managemen	nt / Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For informatio No Change in	•	M	ph	us Re	issell
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:	6/27/2012
Tamarac FL 33321		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 203.03	New Rate 207.07	Effective Date 7/1/2012
Level H: AIDS	350.64	356.28	7/1/2012
Level U: Fragile Under 21	469.10	476.03	7/1/2012
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 X Rate Sen	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation at a limitation change Thange Thange	n Interim Component
Desk Audit - Prospective portion  Distribution:	On FRV	[2] as of 07/07/1988	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  HOme Office:  HCR Manor Care  Julie Yoxtheimer  333 North Summit Street  Toledo OH 43604	Medicaid Cos Styl	stephen Russell st Reimbursement Plan	ning and Finance



MCHS- Boca Raton				Provider Number:	0 325368-00	
375 N W Street				Date:	6/27/2012	
Boca Raton FL 33431				Fiscal Year End:	5/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home S	ingle Level	_	204.37	210.19	7/1/2012	
Le	evel H: AIDS	_	351.98	359.40	7/1/2012	
Le	evel U: Fragile Under 21	-	470.44	479.15	7/1/2012	
Basis:  Budget X Unaudited costs Field audit - inte Desk audited co Desk audit - Inte	erim portion sts	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	n Interim Component	
Distribution:  Contract Management Permanent File  For information  No Change in the Home Office:	n Only		edicaid Cos	t Reimbursement Plan	ning and Finance	



MCHS- Boynton Beach		Provider Number:	0 325376-00	
3001 S Congress Ave		Date:	6/27/2012	
Boynton Beach FL 33426		Fiscal Year End:	5/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 194.97	New Rate 200.36	Effective Date 7/1/2012	
Level H: AIDS	342.58	349.57	7/1/2012	
Level U: Fragile Under 21	461.04	469.32	7/1/2012	
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 Limitation ate limitation change	n Interim Component	
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  Toledo OH 43604	Medicaid Cos  Styli	Stephen Russell t Reimbursement Plan	ning and Finance	_



Manor Care of Ft. My	vers FL, LLC			Provider Number:	0 325384-00
13881 Eagle Ridge Drive			Date:		6/27/2012
Ft. Myers Fl 33912				Fiscal Year End:	5/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N	Charle I and	_	Rate	Rate	Date
Nursing Home	Single Level	_	204.45		7/1/2012
	Level H: AIDS		352.06	359.91	7/1/2012
	Level U: Fragile Under 21	_	470.52	479.66	7/1/2012
	C	_			
Rate Type:					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
I	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
F	Prior Provider Prospective data				
Basis:		Changes	:		
		8			
Budget			Licensur	e Rating Change	
X Unaudited	costs	-	Usual an	d Customary Limitatio	on
Field audite	ed costs		Target R	ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite			_		
	- Interim Portion	X		nester Change [2] as of 05/01/2000	
Distribution:	t - Prospective portion		Oli FK v	[2] as of 03/01/2000	
	ement / Fiscal Agent			Stephen Russell	
Permanent File	ement/Piscai Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only	1-1	- 1	つ フ.	mell
No Chang		200	yen	us Re	rst-c,
<u>—</u>		/	•	ı	
Home Office:	HCR Manor Care				
	Julie Yoxtheimer 333 North Summit Street				
	Toledo OH 43604				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				



Manor Care @ Lely Paln				Provider Number:	0 325422-00	
6135 Rattlesnake Hamm	ock Road			Date:	6/27/2012	
Naples FL 34113				Fiscal Year End:	9/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		211.49	216.63	7/1/2012	
]	Level H: AIDS		359.10	365.84	7/1/2012	
]	Level U: Fragile Under 21	_	477.56	485.59	7/1/2012	
Basis:  Budget X Unaudited cos Field audited of 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 Limitation ate limitation change	Interim Component	
Distribution:  Contract Manageme Permanent File For informati No Change in Home Office:	on Only	Me St	dicaid Cos	Stephen Russell t Reimbursement Plan	ning and Finance	



Manor Care of Naples	s FL, LLC			Provider Number:	0 325449-00
3601 Lakewood Blvd				Date:	6/27/2012
Naples FL 34112				Fiscal Year End:	5/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level	_	Rate	Rate	Date 7/1/2012
Nursing Home	Single Level	_	198.57	204.72	//1/2012
	Level H: AIDS		346.18	353.93	7/1/2012
	Level U: Fragile Under 21	_	464.64	473.68	7/1/2012
		_			
Rate Type :					
Interim	T . 17	X	Prospectiv		
	Total Interim Interim Component			Total Prospective Prospective Adjusted	for Now Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Prospective with	i internii Component
	Thor Frovider Frospective data				
Basis:		Changes	<b>:</b>		
Budget			Licensur	e Rating Change	
X Unaudited	costs		_	d Customary Limitation	on
Field audit		-		ate limitation change	
Field audit	z - interim portion		FRVS C	hange	
Desk audite	ed costs		<del>-</del>		
	- Interim Portion	X	Rate Sen	nester Change	
Desk Audi	t - Prospective portion				
·	ement / Fiscal Agent			Stephen Russell	
Permanent File	ement / riscai Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only	1-1	- 1	ク	mell
No Chang		20	ye u	us Re	week.
		/			
Home Office:	HCR Manor Care				
	Julie Yoxtheimer 333 North Summit Street				
	Toledo OH 43604				



MCHS- Plantation				Provider Number:	0 325457-00
6931 W Sunrise Blvd				Date:	6/27/2012
Plantation FL 33313				Fiscal Year End:	5/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	ingle Level		197.86	203.93	7/1/2012
Le	evel H: AIDS		345.47	353.14	7/1/2012
Le	evel U: Fragile Under 21	_	463.93	472.89	7/1/2012
Basis:  Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Inte	erim portion osts	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Managemer Permanent File For informatio No Change in Home Office:	n Only	Me St	dicaid Cos	t Reimbursement Plan	ning and Finance



Manor Care Nursing Center of Sarasota FL, LLC		Provider Number:	0 325465-00
5511 Swift Road		Date:	6/27/2012
Sarasota FL 34231	<u></u>	Fiscal Year End:	5/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 196.39	New Rate 201.93	Effective Date 7/1/2012
Mursing Home Single Level	170.37		7/1/2012
Level H: AIDS	344.00	351.14	7/1/2012
Level U: Fragile Under 21	462.46	470.89	7/1/2012
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective dat  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes:  Licensur Usual ar Target R FRVS C	Total Prospective Prospective Adjusted at Total Prospective with Tetal Prospective with The Rating Change and Customary Limitation Change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  HCR Manor Care  Julie Yoxtheimer  333 North Summit St.  Toledo OH 43604	Styll	Stephen Russell st Reimbursement Plans	ning and Finance



Manor Care of Venice FL, LLC	Provider Number: 0 325473-00
1450 E. Venice	Date: 6/27/2012
Venice FL 34292	Fiscal Year End: 5/31/2011
	Audit Status: Unaudited [3]
Provider Type:  Nursing Home Single Level	Current         New         Effective           Rate         Rate         Date           207.47         213.10         7/1/2012
Level H: AIDS	355.08 362.31 7/1/2012
Level U: Fragile Under 21	473.54 482.06 7/1/2012
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis: Budget	Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component  Changes:  Licensure Rating Change
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Customary Limitation Target Rate limitation change FRVS Change  X Rate Semester Change On FRV [2] as of 06/05/1997
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  Toledo OH 43604	Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance



Manor Care of W. Palm Beach FL, LLC		Provider Number:	0 325481-00	
2300 Village Blvd		Date:	6/27/2012	
West Palm Beach FL 33409		Fiscal Year End:	9/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 201.16	New Rate 204.65	Effective Date 7/1/2012	_
2g.v = 0 \ 0.		204.02	77272	
Level H: AIDS	348.77	353.86	7/1/2012	
Level U: Fragile Under 21	467.23	473.61	7/1/2012	
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 Ser	Total Prospective Prospective Adjusted Total Prospective with  re 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  Home Office:  HCR Manor Care  Julie Yoxtheimer  333 North Summit Street  Toledo OH 43604	Medicaid Co  My  Medicaid Co	Stephen Russell st Reimbursement Plan	ning and Finance	



Kensington Manor-Saras	sota FL, LLC			Provider Number:	0 325490-00	
3250 12th Street				Date:	6/27/2012	
Sarasota FL 34237				Fiscal Year End:	8/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:			urrent Rate	New Rate	Effective Date	
Nursing Home	Single Level	2	14.40	211.15	7/1/2012	
	Level H: AIDS	_ 3	62.01	360.36	7/1/2012	
	Level U: Fragile Under 21	4	80.47	480.11	7/1/2012	
Basis:  Budget X Unaudited cos Field audited Field audit - is Desk audited of Desk audited to	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	Interim Component	
Distribution:  Contract Managem  Permanent File  For informati  No Change i  Home Office:	ion Only	Medi Sty	icaid Cos	Stephen Russell  t Reimbursement Plan	ning and Finance	



MCHS- Delray				Provider Number:	0 325520-00	
16200 Jog Road				Date:	6/27/2012	
Delray Beach FL 33446				Fiscal Year End:	4/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Si	ngle Level	_	Current Rate	New <u>Rate</u> 196.61	Effective Date 7/1/2012	
ruising frome	ngic Devel	_	170.07	190.01	7/1/2012	
Le	vel H: AIDS	_	338.28	345.82	7/1/2012	
Le	vel U: Fragile Under 21	- -	456.74	465.57	7/1/2012	
Basis:  Budget X Unaudited costs Field audit - inte Desk audit - Inte Desk Audit - Pro Distribution:	erim portion sts rim Portion espective 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	
Contract Management Permanent File For information No Change in F	Only	M M	edicaid Cos	t Reimbursement Plan	ning and Finance	_
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604	_ ′	•			



Manor Care-Carrollwood of Tampa FL, I	LC		Provider Number:	0 325678-00	
3030 W. Bearass Avenue			Date:	6/27/2012	
Tampa FL 33618			Fiscal Year End:	5/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level		Current Rate 205.38	New Rate 211.15	Effective Date 7/1/2012	
i turbing riome bingle Level				771/2012	
Level H: AIDS		352.99	360.36	7/1/2012	
Level U: Fragile	Under 21	471.45	480.11	7/1/2012	
Interim Total Interim Interim Component Settlement based on Prior Provider Prosp  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Prospective porti	costs pective data	Licensure Usual and Target Ra FRVS Ch X Rate Seme	Prospective Adjusted Prospective Adjusted Prospective with Prospective with Rating Change Customary Limitation change	Interim Component	
Distribution:  Contract Management / Fiscal Ager  Permanent File  For information Only  No Change in Rate  Home Office:  HCR Management / Fiscal Ager  For information Only  No Change in Rate  Home Office:  Toledo OH	or Care eimer Summit Street	Medicaid Cost	Stephen Russell Reimbursement Plan	ning and Finance	-



Manor Care of Duned	din FL, LLC			Provider Number:	0 325686-00
870 Patricia Ave		<b>-</b>		Date:	6/27/2012
Dunedin FL 34698		_		Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
<b>.</b>		_	Rate	Rate	Date
Nursing Home	Single Level	_	192.24	<u> 183.82</u> _	7/1/2012
	Level H: AIDS		339.85	333.03	7/1/2012
	Level U: Fragile Under 21	-	458.31	452.78	7/1/2012
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:		Changes	:		
Budget			Licensur	e Rating Change	
X Unaudited	costs		_	d Customary Limitation	on
Field audit		-		ate limitation change	·
Field audit	t - interim portion		FRVS C	hange	
Desk audit			_		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 05/01/1996	
Distribution:	* *				
Contract Manag	gement / Fiscal Agent		11 110	Stephen Russell	. 17.
Permanent File	J	M	edicaid Cos	st Reimbursement Plan	ining and Finance
For inform	nation Only	27	In Si	me Ka	well
No Chang	ge in Rate	10	eje ir	m Re	
Home Office:	HCR Manor Care	′	-	1	
Tiome office.	Julie Yoxtheimer				
	333 North Summit Street				
	Toledo OH 43604				



Manor Care of Palm Harbor FL, LLC		Provider Number:	0 325694-00
2851 Tampa Road		Date:	6/27/2012
Palm Harbor FL 34684		Fiscal Year End:	5/31/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 191,26	New Rate 196.60	Effective Date 7/1/2012
		<u> </u>	
Level H: AIDS	338.87	345.81	7/1/2012
Level U: Fragile Under 21	457.33	465.56	7/1/2012
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 at Target I FRVS C	Total Prospective Prospective Adjusted Total Prospective with  Te Rating Change and Customary Limitation Rate limitation change Change  mester Change [2] as of 09/28/1990	n Interim Component
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  HOme Office:  HCR Manor Care  Julie Yoxtheimer  333 North Summit Street  Toledo OH 43604	Medicaid Co  Styli	stephen Russell st Reimbursement Plan	ning and Finance



Heartland of Zephyrhills FL, LLC		Provider Number:	0 325708-00	
38220 Henry Drive		Date:	6/27/2012	
Zephyrhills FL 33540		Fiscal Year End:	9/30/2011 Unaudited [3]	
		Audit Status:		
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	189.15	189.07	7/1/2012	
Level H: AIDS	336.76	338.28	7/1/2012	
Level U: Fragile Under 21	455.22	458.03	7/1/2012	
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 ar Target F FRVS C X Rate Ser	Total Prospective Prospective Adjusted Total Prospective with  Te Rating Change and Customary Limitation Rate limitation change Change  mester Change [2] as of 02/04/1988	n Interim Component	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  HCR Manor Care  Julie Yoxtheimer  333 North Summit Street  Toledo OH 43604	Medicaid Co	stephen Russell st Reimbursement Plan	ning and Finance	



Moosehaven, Inc.			Provider Number:	0 326011-00	
1701 Park Avenue Orange Park FL 32073		Date:		6/27/2012	
			Fiscal Year End:	4/30/2011	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home Single Level		200.56	206.58	7/1/2012	
Level H: AIDS		348.17	355.79	7/1/2012	
Level U: Fragile U	Jnder 21	466.63	475.54	7/1/2012	
Rate Type:	Cha	Licensure Usual and Target Rat FRVS Cha  X Rate Seme On FRV [2]	rospective Adjusted rospective Adjusted rotal Prospective with Rating Change Customary Limitation change	n Interim Component	