

Surrey Place Care Center				Provider Number:	0 001135-00	
110 Southeast Lee Avenue				Date:	1/3/2013	
Live Oak FL 32060				Fiscal Year End:	9/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	Cur. <u>Ra</u> 21 3		New Rate 217.12	Effective Date 1/1/2013	
_						
L	evel H: AIDS	363	3.06	367.93	1/1/2013	
L	evel U: Fragile Under 21	482	2.81	488.97	1/1/2013	
Basis: Budget X Unaudited costs Field audit - ins Desk audited co	osts terim portion osts	Changes:	censure sual and arget Ra RVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitati te limitation change	h Interim Component	
Distribution: Contract Management / Fiscal Agent Permanent File		Thomas Parker Medicaid Cost Reimbursement Planning and Finance				
For information No Change in	•		Z	1-26	2_	
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Signature HealthCARE of Palm Beach				Provider Number:	0 001136-00			
4405 Lakewood Road		-	Date: 1/3/20					
Lake Worth FL 3346	1	_		9/30/2011				
				Audit Status:	Unaudited [3]			
Provider Type:								
		•	Current	New	Effective			
Nuusina Hama	Cinale Level		Rate	Rate	Date			
Nursing Home	Single Level		217.27		1/1/2013			
	Level H: AIDS		366.48	371.69	1/1/2013			
	Level U: Fragile Under 21	_	486.23	492.73	1/1/2013			
Rate Type:								
Interim		X	Prospectiv					
Total Interim			X Total Prospective					
Interim Component			Prospective Adjusted for New Costs Total Prospective with Interim Component					
	Settlement based on costs Prior Provider Prospective data			Total Prospective will	i interim Component			
	Thor Frovider Prospective data		1					
Basis:		Changes:]					
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								
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 07/01/1988				
Distribution:	• •			Thomas Parker				
Contract Manag	gement / Fiscal Agent		1: :10		' 1E'			
Permanent File		Me	aicaid Cos	t Reimbursement Plan	ning and Finance			
For inform	nation Only			120	2			
No Chan	ge in Rate		2	-C-AC				
Home Office:	Signature Healthcare LLC							
	Julie Kleiser							
	12201 Bluegrass Parkway							
	Louisville KY 40299							
	-							



The Crossroads				Provider Number:	0 001306-00		
206 West Orange Street	_		Date:	1/3/2013			
Davenport FL 33837		Fiscal Year End:			6/30/2008		
				Audit Status:	Unaudited [3]		
Provider Type:							
••			Current	New	Effective		
	~• · •	_	Rate	Rate	Date		
Nursing Home	Single Level	-	247.25		1/1/2013		
I	Level H: AIDS		396.46	400.77	1/1/2013		
I	Level U: Fragile Under 21		516.21	521.81	1/1/2013		
Rate Type :							
Interim		v	Prospectiv	, o			
	al Interim	<u>X</u>	_	Total Prospective			
	rim Component	Prospective Adjusted for New Costs					
	lement based on costs	Total Prospective with Interim Component					
	r Provider Prospective data			<u>r</u>	r		
Basis:	1	Changa					
Dasis:		Change	S:				
Budget			Licensur	e Rating Change			
X Unaudited cost	ts			d Customary Limitation	on		
Field audited o		Target Rate limitation change					
Field audit - ir	nterim portion		FRVS C	hange			
Desk audited c	eosts						
Desk audit - In		X		nester Change			
	Prospective portion		On FRV	[2] as of 07/01/1988			
Distribution:				Thomas Parker			
Contract Manageme	ent / Fiscal Agent	N	ledicaid Cos	t Reimbursement Plan	ning and Finance		
Permanent File	0.1			5 309 4 0 2 2 30			
For informati			2	L-20	>		
No Change in	n Rate						
Home Office:	1 - No Home Office						



Florida Baptist Retire			Provider Number:	0 001416-00			
1006 33rd St.		Date: 1/3/2			1/3/2013		
Vero Beach FL 32960)	_	Fiscal Year End: 12/31				
				Audit Status:	Unaudited [3]		
Provider Type:							
• •			Current	New	Effective		
	a	_	Rate	Rate	Date		
Nursing Home	Single Level	_	194.21	<u> 191.27</u>	1/1/2013		
	Level H: AIDS	_	343.42	342.08	1/1/2013		
	Level U: Fragile Under 21	_	463.17	463.12	1/1/2013		
Rate Type :							
Interim		X	Prospectiv	7 P			
	Total Interim		X	Total Prospective			
Interim Component		Prospective Adjusted for New Costs					
 :	Settlement based on costs	Total Prospective with Interim Component					
1	Prior Provider Prospective data						
Basis:		Changes	:				
			Licensur	o Dating Change			
Budget X Unaudited	oosts	-	_	e Rating Change d Customary Limitation	an.		
Field audit			_	ate limitation change	Ш		
	- interim portion		FRVS C	=			
Desk audit	_		_	_			
	- Interim Portion	X		nester Change			
	t - Prospective portion		On FRV	[2] as of 07/30/2008			
<u>Distribution:</u>				Thomas Parker			
Contract Manag	ement / Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance		
Permanent File							
	nation Only		2	L DE	>		
No Chang	ge in Rate			- care			
Home Office:	1 - No Home Office						



Village Place Health and Rehab Center				Provider Number:	0 002400-00			
2370 Harbor Blvd.				Date:	1/3/2013			
Port Charlotte FL 339	252		Fiscal Year End: 12/3					
				Audit Status:	Unaudited [3]			
Provider Type:								
			Current	New	Effective			
N		-	Rate	Rate	Date			
Nursing Home	Single Level	-	239.39		1/1/2013			
	Level H: AIDS		388.60	392.54	1/1/2013			
	Level U: Fragile Under 21		508.35	513.58	1/1/2013			
Rate Type :								
		v	Dunamantin					
Interim	Γotal Interim	X	Prospectiv	Total Prospective				
	Interim Component		Prospective Adjusted for New Costs					
	Settlement based on costs			Total Prospective with				
	Prior Provider Prospective data			1	1			
Basis:	<u> </u>	Change	2.					
Dasis.		Change	3.					
Budget			Licensur	e Rating Change				
X Unaudited	costs			d Customary Limitatio	on			
Field audit	ed costs		Target Rate limitation change					
Field audit	- interim portion		FRVS C	hange				
Desk audite								
	- Interim Portion	X		nester Change [2] as of 09/22/1987				
Distribution:	t - Prospective portion		Oli FK v	[2] as 01 09/22/1987				
	ement / Fiscal Agent			Thomas Parker				
Permanent File	ement / Piscai Agent	N	ledicaid Cos	t Reimbursement Plan	ning and Finance			
	nation Only				2			
No Chang	·		2	LDE				
Home Office:	Greystone Healthcare Ma	anagement, LLC						
nome office.		,						
	4042 Park Oaks Blvd, Su	ite 300						
	Tampa FL 33610							



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Trinity Regional Rehab				Provider Number:	0 003521-00
2144 Welbilt Boulevard				Date:	1/3/2013
Trinity FL 34655				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 203.86	New Rate 206.89	Effective Date 1/1/2013
Tursing Home	Single Level	-	203.80	200.89	1/1/2013
	Level H: AIDS		353.07	357.70	1/1/2013
	Level U: Fragile Under 21		472.82	478.74	1/1/2013
Rate Type :					
In Se	otal Interim terim Component ettlement based on costs ior Provider Prospective data	X Channel	Prospectiv X	Total Prospective Prospective Adjusted: Total Prospective with	
Desk audited Desk audit -	d costs interim portion	Change	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 11/25/2008	on
<u>Distribution:</u>				Thomas Parker	
Contract Manager	ment / Fiscal Agent	N	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For informa No Change	•			L DE	_
Home Office:	Traditions Management of I 24541 US Highway 19 North Clearwater FL 33763				



Braden River Care Center				Provider Number:	0 005021-00		
2010 Manatee Avenu	e	<u>.</u>	Date: 1/3/20				
Bradenton FL 34208		_		12/31/2011			
				Fiscal Year End: Audit Status:	Unaudited [3]		
Provider Type:				Tudit Status.	Character [c]		
31			Current	New	Effective		
			Rate	Rate	Date		
Nursing Home	Single Level	_	196.67	<u>193.16</u>	1/1/2013		
	Level H: AIDS	_	345.88	343.97	1/1/2013		
	Level U: Fragile Under 21	_	465.63	465.01	1/1/2013		
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 Interim Component					
]	Prior Provider Prospective data						
Basis:		Changes:	3				
D 1 .			Licensur	e Rating Change			
Budget X Unaudited	costs	-	_	d Customary Limitation	nn		
Field audit			_	ate limitation change	<i>7</i> 11		
Field audit	: - interim portion		FRVS C	hange			
Desk audite	_		_				
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 08/01/1994			
Distribution:	1 Tospective portion		OHTRV	Thomas Parker			
Contract Manag	ement / Fiscal Agent		1: :1.0		. 17.		
Permanent File	<u> </u>	Me	edicaid Cos	t Reimbursement Plan	ning and Finance		
For inform	nation Only		4-12	11-00	2		
No Chang	ge in Rate		2	LDE			
Home Office:	1 - No Home Office						



Osceola Health Care Cent	ter			Provider Number:	0 005219-00
4201 W. New Nolte Rd.		<u>-</u>		Date:	1/3/2013
St. Cloud FL 34772		-		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	_	215.12	<u>217.60</u>	1/1/2013
L	evel H: AIDS	_	364.33	368.41	1/1/2013
I	evel U: Fragile Under 21	_	484.08	489.45	1/1/2013
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk audit - In	osts terim portion osts	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/28/1991	n Interim Component
Contract Manageme	nt / Fiscal Agant			Thomas Parker	
Permanent FileFor informatioNo Change in Home Office:	on Only	Mo		t Reimbursement Plan	-



Debary Manor				Provider Number:	0 005372-00		
60 N. Highway 17-92	2			Date:	1/3/2013		
Debary FL 32713				Fiscal Year End:	12/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:	G. I.I. I		urrent Rate	New Rate	Effective Date		
Nursing Home	Single Level	1	95.68	<u> 197.87</u> _	1/1/2013		
	Level H: AIDS	3	44.89	348.68	1/1/2013		
	Level U: Fragile Under 21	4	64.64	469.72	1/1/2013		
Rate Type :							
Interim		X F	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:					
		g					
Budget			Licensur	e Rating Change			
X Unaudited	costs		Usual an	d Customary Limitation	on		
Field audit	ted costs			ate limitation change			
Field audit	t - interim portion		FRVS C	hange			
Desk audit	-			-			
Desk audit	- Interim Portion	<u>X</u>	X Rate Semester Change				
Desk Audi	t - Prospective portion		On FRV	[2] as of 02/01/1998			
Distribution:				Thomas Parker			
Contract Manag	gement / Fiscal Agent	Med	icaid Cos	st Reimbursement Plan	ning and Finance		
Permanent File		2:200			<i>5</i>		
For inform	nation Only			120	2		
No Chang	ge in Rate		2	-all			
Home Office:	Pensacola Administrative S	Services, LLC					
Home Office.							
	2 North Palafox Street						
	Pensacola Fl 32502						



Flagler Pines				Provider Number:	0 005374-00		
300 South Lemon Street				Date:	1/3/2013		
Bunnell FL 32110				Fiscal Year End:	12/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:	ten de Lend	-	Current Rate	New Rate	Effective Date		
Nursing Home S	Single Level	-	210.40	213.26	1/1/2013		
L	evel H: AIDS		359.61	364.07	1/1/2013		
L	evel U: Fragile Under 21		479.36	485.11	1/1/2013		
Basis: Budget X Unaudited costs Field audit - ins Desk audited co	osts terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component		
Distribution:	ospective portion		OHTRV				
Contract Manageme	nt / Fiscal Agent		Thomas Parker				
Permanent File For information No Change in	on Only	N		t Reimbursement Plan	_		
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	ervices, LLC					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Longwood Health Care C	'enter			Provider Number:	0 005379-00
1520 South Grant Street				Date:	1/3/2013
Longwood FL 32750				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 203.54	New Rate 196.60	Effective Date 1/1/2013
					1/1/2015
I	evel H: AIDS		352.75	347.41	1/1/2013
I	Level U: Fragile Under 21		472.50	468.45	1/1/2013
Inter Settl		Change	Licensur Usual an Target R	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Field audit - in Desk audited co Desk audit - In Desk Audit - P	osts	X		hange nester Change [2] as of 01/29/1998	
Distribution:				Thomas Parker	
Contract Manageme	ent / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor informatioNo Change in	•	•		L DE	
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	Services, LLC			



The Rehabilitation Cente	er of Winter Park			Provider Number:	0 005380-00
1700 Monroe Avenue				Date:	1/3/2013
Maitland FL 32751				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		227.76	212.14	1/1/2013
1	Level H: AIDS		376.97	362.95	1/1/2013
1	Level U: Fragile Under 21		496.72	483.99	1/1/2013
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	n Interim Component
Distribution: Contract Management File For informati No Change in	ion Only	Me		Thomas Parker It Reimbursement Plan	_
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	ervices, LLC			



Brynwood Center				Provider Number:	0 005381-00
1656 South Jefferson Street				Date:	1/3/2013
Monticello FL 32344				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 199.43	New Rate 201.62	Effective Date 1/1/2013
S	S				-
	Level H: AIDS		348.64	352.43	1/1/2013
	Level U: Fragile Under 21		468.39	473.47	1/1/2013
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/01/2002	Interim Component
	nent / Fiscal Agent			Thomas Parker	
Permanent File	nont / 1 iscai Agolit	I	Medicaid Cos	t Reimbursement Plan	ning and Finance
For informa No Change	•		2	l De	> —
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	Services, LLC			



Nursing Pavilion at Chipola	a Retirement Center			Provider Number:	0 005383-00	ı
4294 3rd Avenue				Date:	1/3/2013	
Marianna FL 32446				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level	_	Current Rate	New Rate 208.06	Effective Date 1/1/2013	
	ngic zever	_	202.00		1/1/2012	
Le	vel H: AIDS	_	354.87	358.87	1/1/2013	
Le	vel U: Fragile Under 21	-	474.62	479.91	1/1/2013	
Interin Settler	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	Interim Componen	t
Distribution: Contract Management Permanent File For information No Change in F	Only	M		Thomas Parker t Reimbursement Plan	-	_
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	ervices, LLC				



Glencove Nursing Pav				Provider Number:	0 005384-00
1027 East Highway Business 98				Date:	1/3/2013
Panama City FL 3240	1			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 217.16	New Rate 219.63	Effective Date 1/1/2013
- (2 g .v = v · v.				1/1/2010
	Level H: AIDS		366.37	370.44	1/1/2013
	Level U: Fragile Under 21		486.12	491.48	1/1/2013
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with Total Prospective Total Prospecti	n Interim Component
	ement / Fiscal Agent			Thomas Parker	
Permanent File	ment / 1 iseai Ageiit	I	Medicaid Cos	t Reimbursement Plan	ning and Finance
For inform No Chang	•		2	l Re	<u> </u>
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	ervices, LLC			



Panama City Nursing Ce	enter			Provider Number:	0 005385-00
924 West 13th Street				Date:	1/3/2013
Panama City FL 32401				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 203.02	New Rate 202.80	Effective Date 1/1/2013
0	8				
	Level H: AIDS		352.23	353.61	1/1/2013
	Level U: Fragile Under 21		471.98	474.65	1/1/2013
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - Is	costs nterim portion costs nterim 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:	Prospective portion		OnTicv		
Contract Managem	ent / Fiscal Agent			Thomas Parker	
Permanent File	ione / 1 isour rigone	1	Medicaid Cos	t Reimbursement Plan	ning and Finance
For informat No Change i	•		Z	L DE	
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	Services, LLC			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Riverchase Care Center				Provider Number:	0 005386-00
1017 Strong Road				Date:	1/3/2013
Quincy FL 32351				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		204.84		1/1/2013
]	Level H: AIDS		354.05	355.32	1/1/2013
]	Level U: Fragile Under 21		473.80	476.36	1/1/2013
Basis: Budget X Unaudited cos Field audit - in Desk audited co	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:				Thomas Parker	
Contract Manageme	ent / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For informati No Change is	•			120	
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	Services, LLC			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Suwannee Health Care C	enter	_		Provider Number:	0 005387-00
1620 Helvenston Streets	E	_		Date:	1/3/2013
Live Oak FL 32064		-		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 207.53	New Rate 206.32	Effective Date 1/1/2013
G					
I	Level H: AIDS		356.74	357.13	1/1/2013
I	Level U: Fragile Under 21		476.49	478.17	1/1/2013
Basis: Budget X Unaudited cos Field audit - ir Desk audited c Desk audit - Ir	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 09/01/1988	Interim Component
	ent / Figgel A gent			Thomas Parker	
Contract Manageme Permanent File	ont / 1/180al Agoill	1	Medicaid Cos	t Reimbursement Plan	ning and Finance
For informati No Change in	•		2	l De	> —
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	Services, LLC			



Berkshire Manor				Provider Number:	0 005388-00
1255 NE 135th Street		_		Date:	1/3/2013
North Miami FL 3316	51	<u> </u>		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level	_	Rate 237.30	Rate	Date 1/1/2013
Nursing Home	Single Level	_	237.30	232.05	1/1/2015
	Level H: AIDS		386.51	382.86	1/1/2013
	Level U: Fragile Under 21	- -	506.26	503.90	1/1/2013
Poto Typo					
Rate Type :		X	Prospectiv	ie.	
	Total Interim		- X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
1	Prior Provider Prospective data				
Basis:		Changes	:		
			T :	Detina Change	
Budget X Unaudited	acata		_	e Rating Change d Customary Limitation	
Field audit			_	ate limitation change)II
	- interim portion		FRVS C	_	
Desk audite	_		_	_	
	- Interim Portion	X		nester Change	
	t - Prospective portion		On FRV	[2] as of 02/01/1998	
Distribution:				Thomas Parker	
Ç	ement / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	antina Oula			-7	
	nation Only		2	L DE	>
No Chang	ge in Rate				
Home Office:	Pensacola Administrative	Services, LLC			
	2 North Palafox Street				
	Pensacola Fl 32502				



Carnegie Gardens Nursing				Provider Number:	0 005519-00	
1415 South Hickory Street	<u> </u>			Date:	1/3/2013	
Melbourne FL 32901				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home S	ingle Level	-	Current Rate 206.80	New Rate	Effective Date 1/1/2013	
ruising Home 5	ingle Level	-	200.00		1/1/2013	
Le	evel H: AIDS		356.01	359.93	1/1/2013	
Le	evel U: Fragile Under 21		475.76	480.97	1/1/2013	
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 if Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component	
Contract Managemer	nt / Fiscal Agent		ledicaid Cos	t Reimbursement Plan	ning and Finance	_
Permanent File For information No Change in Home Office:	Rate Pensacola Administrative S			L-DC	-	
	2 North Palafox Street Pensacola Fl 32502					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Fountainhead Care Cente	r			Provider Number:	0 005523-00
390 NE 135th Street				Date:	1/3/2013
North Miami FL 33161				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 201.44	New Rate	Effective Date 1/1/2013
ruising Home	Single Level			203.64	1/1/2013
I	Level H: AIDS		350.65	354.45	1/1/2013
I	Level U: Fragile Under 21		470.40	475.49	1/1/2013
Basis: Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution: Contract Manageme	ent / Fiscal Agent			Thomas Parker	
Permanent File]	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in	•		Z	L DE	-
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	Services, LLC			



Manor on the Green				Provider Number:	0 005543-00
324 Wilder Boulevard				Date:	1/3/2013
Daytona Beach FL 32114	4			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 220.61	New Rate 215.12	Effective Date 1/1/2013
I	Level H: AIDS		369.82	365.93	1/1/2013
I	Level U: Fragile Under 21		489.57	486.97	1/1/2013
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	nester Change [2] as of 07/19/2004	n Interim Component
Contract Manageme	ent / Fiscal Agent			Thomas Parker	
Permanent File For informati No Change in Home Office:	on Only n Rate Pensacola Administrative S			at Reimbursement Plan	
	2 North Palafox Street Pensacola Fl 32502				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Oakwood Garden of Del	land			Provider Number:	0 005547-00
451 South Amelia Avenue				Date:	1/3/2013
Deland FL 32724				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 207.22	New Rate 205.17	Effective Date 1/1/2013
	Level H: AIDS		356.43	355.98	1/1/2013
	Level U: Fragile Under 21		476.18	477.02	1/1/2013
Basis: Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1985	n Interim Component
·	. / T' 1 A			Thomas Parker	
Contract Managemer Permanent File	ient / Fiscal Agent	1	Medicaid Cos	t Reimbursement Plan	ning and Finance
For informat No Change	•		2	l De	> —
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	Services, LLC			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Oaks Of Kissimmee		Provider Number:	0 005549-00
320 North Mitchell Avenue	<u></u>	Date:	1/3/2013
Kissimmee FL 34741	<u> </u>	Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 224.62	New Rate 227.27	Effective Date 1/1/2013
Single zever			1/1/2013
Level H: AIDS	373.83	378.08	1/1/2013
Level U: Fragile Under 21	493.58	499.12	1/1/2013
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 Distribution:	Changes: 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		Thomas Parker	
Permanent File For information Only No Change in Rate	Z	t Reimbursement Plan	•
Home Office: Pensacola Administr 2 North Palafox Stree Pensacola Fl 32502			



Avante at Ocala				Provider Number:	0 005701-00	
2021 SW 1 Avenue				Date:	1/3/2013	
Ocala FL 34474				Fiscal Year End:	5/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:		-	Current Rate	New Rate	Effective Date	
Nursing Home Si	ingle Level	-	209.20	208.60	1/1/2013	
Le	evel H: AIDS		358.41	359.41	1/1/2013	
Le	evel U: Fragile Under 21		478.16	480.45	1/1/2013	
Basis: Budget X Unaudited costs Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion sts erim Portion	Change X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component	
<u>Distribution:</u> Contract Managemen Permanent File	t / Fiscal Agent	N	Medicaid Cos	Thomas Parker t Reimbursement Plan	ning and Finance	=
For information No Change in l	•		2	120		
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite Hollywood FL 33021-6744					



Palatka Health Care Center		Provider Number:	0 005811-00
110 Kay Larkin Dr.		Date:	1/3/2013
Palatka FL 32177		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	217.49		1/1/2013
Level H: AIDS	366.70	371.31	1/1/2013
Level U: Fragile Under 21	486.45	492.35	1/1/2013
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 Thomas Parker	n Interim Component
Contract Management / Fiscal Agent	Medicaid C	Cost Reimbursement Plan	ning and Finance
Permanent File For information Only No Change in Rate		el De	
Home Office: 1 - No Home Office			



Boynton Health Care Cen		_		Provider Number:	0 005814-00		
7900 Venture Center Way		-		Date:	1/3/2013		
Boynton Beach FL 33437	'	-		Fiscal Year End:	12/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type: Nursing Home	Single Level		Current Rate 229.16	New Rate 230.12	Effective Date 1/1/2013		
8	8						
L	evel H: AIDS		378.37	380.93	1/1/2013		
L	evel U: Fragile Under 21		498.12	501.97	1/1/2013		
Rate Type :							
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	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:	rospective portion						
Contract Manageme	nt / Fiscal Agent		Thomas Parker				
Permanent File		I	viedicaid Cos	t Reimbursement Plan	ning and Finance		
For information No Change in	•		Z	l De			
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	Services, LLC					



	abilitation Center of Tampa B			Provider Number:	0 005826-00	
1818 East Fletcher Ave	enue			Date:	1/3/2013	
Tampa FL 33612				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 188.58	New Rate 191.39	Effective Date 1/1/2013	
runsing frome	Single Level	•	100.30		1/1/2013	
	Level H: AIDS		337.79	342.20	1/1/2013	
	Level U: Fragile Under 21		457.54	463.24	1/1/2013	
Rate Type :						
Basis: Budget X Unaudited concept and the con	d costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with The Rating Change and Customary Limitation The Change of Customary Limitation The Change of Customary Limitation Change	n Interim Component	
Distribution:				Thomas Parker		
_	ment / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File For informa No Change	•		Z	l De	·	
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	ervices, LLC				



Glen Oaks Health Care Center 1100 Pine Street				Provider Number:	0 005849-00		
		_		Date:	1/3/2013		
Clearwater FL 33756				Fiscal Year End:	12/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:							
V 2			Current	New	Effective		
	a		Rate	Rate	Date		
Nursing Home	Single Level		234.96		1/1/2013		
	Level H: AIDS	3	384.17	387.64	1/1/2013		
	Level U: Fragile Under 21		503.92	508.68	1/1/2013		
Rate Type :							
Interim		X 1	Prospectiv	/e			
	Γotal Interim		X	Total Prospective			
	nterim Component			Prospective Adjusted	for New Costs		
	Settlement based on costs			Total Prospective with			
F	Prior Provider Prospective data						
Basis:		Changes:					
		8					
Budget			Licensur	e Rating Change			
X Unaudited	costs		Usual and Customary Limitation				
Field audite	ed costs		Target Rate limitation change				
	- interim portion		FRVS C	hange			
Desk audite	ed costs - Interim Portion	X	Data Car	on a stan Classes			
	- Prospective portion			nester Change [2] as of 02/06/1989			
Distribution:				Thomas Parker			
Contract Manage	ement / Fiscal Agent	Med	licaid Cos	t Reimbursement Plan	ning and Finance		
Permanent File		TVICE	ileara cos	a remoursement ran	and I manee		
For inform	nation Only		7	120	>		
No Chang	e in Rate		۷	- ELE			
Home Office:	Pensacola Administrativ	e Services, LLC					
	2 North Palafox Street						
	Pensacola Fl 32502						



Heritage Park				Provider Number:	0 005850-00		
37135 Coleman Avenue				Date:	1/3/2013		
Dade City FL 33525				Fiscal Year End:	12/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type: Nursing Home	Single Level		Current Rate 207.24	New Rate 206.96	Effective Date 1/1/2013		
8	0						
I	Level H: AIDS		356.45	357.77	1/1/2013		
I	Level U: Fragile Under 21		476.20	478.81	1/1/2013		
Basis: Budget X Unaudited cost Field audit - ir Desk audited composite audit - In	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 09/01/1997	n Interim Component		
	ent / Figgel Agent			Thomas Parker			
Contract Manageme Permanent File	tiit / Fiscai Ageiit	1	Medicaid Cost Reimbursement Planning and Finance				
For informati No Change in	•		Z	l Re	> —		
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	Services, LLC					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Lake Eustis Care Center 411 W. Woodward Avenue				Provider Number:	0 005851-00
				Date:	1/3/2013
Eustis FL 32726				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				radit Status.	- Chadated [3]
			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		220.29	216.46	1/1/2013
	Level H: AIDS	_	369.50	367.27	1/1/2013
	Level U: Fragile Under 21	_	489.25	488.31	1/1/2013
Into		Changes:	Licensur Usual an	Total Prospective Prospective Adjusted of Total Prospective with E Rating Change d Customary Limitation ate limitation change	n Interim Component
Field audit - i Desk audited Desk audit - I	nterim portion	X	FRVS C	=	
<u>Distribution:</u>				Thomas Parker	
Contract Managem	ent / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		1710	dicara cos		and I manee
For informat	·		7	L-DE	>
No Change i	n Rate		_		
Home Office:	Pensacola Administrative S	Services, LLC			
	2 North Palafox Street Pensacola Fl 32502				



Lake Placid Health Care Center				Provider Number:	0 006339-0	0
125 Tomoka Boulevard South				Date:	1/3/2013	
Lake Placid FL 33852				Fiscal Year End:	12/31/2011	-
				Audit Status:	Unaudited [3	 3]
Provider Type: Nursing Home Single	Level	_	Current Rate 205.99	New Rate 202.67	Effective Date 1/1/2013	
Level H:	AIDS		355.20	353.48	1/1/2013	
Level U:	Fragile Under 21	_	474.95	474.52	1/1/2013	
	pased on costs er Prospective data ortion	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 Componer	nt
Distribution: Contract Management / Fiscon Permanent File For information Only No Change in Rate Home Office:				Thomas Parker t Reimbursement Plan	_	_
	orth Palafox Street sacola Fl 32502					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Windsor Manor				Provider Number:	0 006340-00	
602 East Laura Street				Date:	1/3/2013	
Starke FL 32091				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Sin	ngle Level	_	Current Rate	New Rate	Effective Date 1/1/2013	
Nutsing Home Si	ligic Level	-	207.25		1/1/2013	
Lev	vel H: AIDS	_	356.46	350.94	1/1/2013	
Lev	vel U: Fragile Under 21		476.21	471.98	1/1/2013	
Basis: Budget X Unaudited costs Field audit - inter Desk audit - Inter Desk Audit - Pros	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	_
Distribution: Contract Management Permanent File For information No Change in R	Only	M		Thomas Parker t Reimbursement Plan	_	
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	ervices, LLC				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Rehabilitation Center of St. Pete		Provider Number:	0 006408-00	
435 42nd Avenue South		Date:	1/3/2013	
St. Petersburg FL 33705		Fiscal Year End:	6/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 220.14	New Rate 223.76	Effective Date 1/1/2013	
Level H: AIDS	369.35	374.57	1/1/2013	
Level U: Fragile Under 21	489.10	495.61	1/1/2013	
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 at Imitation at a limitation change hange mester Change	n Interim Component	_
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		Thomas Parker t Reimbursement Plant	_	



Salerno Bay Manor				Provider Number:	0 006483-00		
4801 S.E. Cove Road				Date:	1/3/2013		
Stuart FL 34997				Fiscal Year End:	12/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:			Current Rate	New Rate	Effective Date		
Nursing Home	Single Level		215.46		1/1/2013		
	Level H: AIDS		364.67	368.72	1/1/2013		
	Level U: Fragile Under 21		484.42	489.76	1/1/2013		
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - I	costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with e Rating Change d Customary Limitation at e limitation change hange hester Change [2] as of 01/01/1999	Interim Component		
Contract Managem	nent / Fiscal Agent		Thomas Parker				
Permanent File For informat No Change i	ion Only	1		t Reimbursement Plan			
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	Services, LLC					



Royal Manor				Provider Number:	0 006489-00
600 Business Parkway				Date:	1/3/2013
Royal Palm Beach FL 3	33411			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 223.33	New Rate 226.54	Effective Date 1/1/2013
- (2 g .v 2.v v			220:54	1/1/2010
	Level H: AIDS		372.54	377.35	1/1/2013
	Level U: Fragile Under 21		492.29	498.39	1/1/2013
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	l costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with Total Prospective Total Prospecti	n Interim Component
	ment / Fiscal Agent			Thomas Parker	
Permanent File	nent / Piscai Agent	1	Medicaid Cos	t Reimbursement Plan	ning and Finance
For informa No Change	•		Z	l Re	· -
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	ervices, LLC			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Oakbrook of LaBelle				Provider Number:	0 006767-00	ı
250 Broward Avenue				Date:	1/3/2013	
Labelle FL 33935				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home Si	ngle Level	_	226.32		1/1/2013	
Le	vel H: AIDS	_	375.53	373.07	1/1/2013	
Le	vel U: Fragile Under 21	-	495.28	494.11	1/1/2013	
Interir Settler	rim portion ts rim 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 Componen	t
Distribution: Contract Management Permanent File For information No Change in F	Only	M		Thomas Parker t Reimbursement Plan	-	_
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	ervices, LLC				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Woods of Manatee Springs		Provider Number:	0 008793-00
5627 9th Street East		Date:	1/3/2013
Bradenton FL 34203		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 236.66	New Rate	Effective Date 1/1/2013
Nursing Home Single Level	230.00		1/1/2013
Level H: AIDS	385.87	377.10	1/1/2013
Level U: Fragile Under 21	505.62	498.14	1/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion Distribution:	Usual an Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted of Total Prospective with Te Rating Change and Customary Limitation that limitation change Change The Ch	n Interim Component
Contract Management / Fiscal Agent		Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate Home Office: Putnam Council, Inc. 16 Norcross Street Roswell GA 30075		st Reimbursement Plan	_



Courtyard Gardens Rehabilitation Center		Provider Number:	0 010082-00
17781 Thelma Ave		Date:	1/3/2013
Jupiter FL 33458		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 226.00	New Rate 229.25	Effective Date 1/1/2013
Single Devel			1/1/2015
Level H: AIDS	375.21	380.06	1/1/2013
Level U: Fragile Under 21	494.96	501.10	1/1/2013
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 at Total Prospective with e Rating Change d Customary Limitation at limitation change	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent		Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plan	-



Heartland of Sarasota FL,LLC 5401 Sawyer Road Sarasota FL 34233				Provider Number:	0 010453-00			
				Date:	1/3/2013			
				Fiscal Year End:	12/31/2011			
				Audit Status:	Unaudited [3]			
Provider Type:								
			Current	New	Effective			
N . II	G' 1 T 1		Rate	Rate	Date			
Nursing Home	Single Level		220.84		1/1/2013			
	Level H: AIDS		370.05	368.57	1/1/2013			
	Level U: Fragile Under 21		489.80	489.61	1/1/2013			
Rate Type :								
Interim		X	Prospectiv	ve .				
	Total Interim		X Total Prospective					
Interim Component		Prospective Adjusted for New Costs						
	Settlement based on costs			Total Prospective with	Interim Component			
	Prior Provider Prospective data							
Basis:		Changes:						
Budget			Licensur	e Rating Change				
X Unaudited	costs	-	-	d Customary Limitation	on			
Field audit	ted costs	Target Rate limitation change						
Field audi	t - interim portion		FRVS C	hange				
Desk audit			•					
	- Interim Portion t - Prospective portion	Rate Semester Change On FRV [2] as of 07/10/2009						
Distribution:				Thomas Parker				
Contract Management / Fiscal Agent			dissid Cos	t Reimbursement Plan	ning and Finance			
Permanent File		IVIC	dicaid Cos	t Kennoursement i ian	ining and Pinanec			
For information Only			7	120	>			
No Chan	ge in Rate		~					
Home Office:	HCR Manor Care							
	Julie Yoxtheimer							
	333 North Summit Street							
	Toledo OH 43604							
	-							



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Heartland of Boca Raton FI	_,LLC			Provider Number:	0 011997-00	1
7225 Boca Del Mar Drive				Date:	1/3/2013	
Boca Raton FL 33433				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level	_	Current Rate 217.54	New Rate 213.24	Effective Date 1/1/2013	
rursing frome on	ngie Levei	_	217.54		1/1/2013	
Lev	vel H: AIDS	_	366.75	364.05	1/1/2013	
Lev	vel U: Fragile Under 21	_	486.50	485.09	1/1/2013	
Basis: Budget X Unaudited costs Field audit - inter Desk audit - Inter Desk Audit - Pro Distribution:	rim portion ts rim Portion spective 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 Componen	t
Contract Management	/ Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance	_
Permanent File For information No Change in R	•			120	_	
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Rehabilitation Center			Provider Number:	0 011998-00	
			Date:	1/3/2013	
			Fiscal Year End:	12/31/2011	
			Audit Status:	Unaudited [3]	
Single Level	F	Rate	New Rate	Effective Date	
mgie Eevel				1/1/2013	
evel H: AIDS	37	72.84	378.30	1/1/2013	
evel U: Fragile Under 21	49	92.59	499.34	1/1/2013	
Il Interim rim Component ement based on costs r Provider Prospective data s oosts terim portion oosts terim Portion rospective portion	Changes:	Licensure Usual and FRVS Ch	Total Prospective Prospective Adjusted a Total Prospective with Rating Change I Customary Limitation ate limitation change hange	Interim Component	
nt / Fiscal Agant			Thomas Parker		
on Only Rate Grace Healthcare, Inc	Medi			_	
	Single Level Level H: AIDS Level U: Fragile Under 21 Il Interim Tim Component Ement based on costs Provider Prospective data s oosts terim portion oosts terim Portion rospective portion ant / Fiscal Agent on Only Rate	Single Level 22 Level H: AIDS 33 Level U: Fragile Under 21 49 I Interiment Component Componen	Current Rate 223.63 Evel H: AIDS Evel U: Fragile Under 21 A Prospective di Interim Tim Component Ement based on costs Torvider Prospective data Changes: Licensure Sosts Sterim portion Target Rate Target Rate Terim Portion Torspective portion Int / Fiscal Agent Medicaid Cost Medicaid Cost	Date: Fiscal Year End: Audit Status: Current Rate Rate Rate 223.63 227.49 Evel H: AIDS Evel U: Fragile Under 21 X Prospective I Interim Year End: Audit Status: X Prospective X Total Prospective Adjusted in Total Prospective Adjusted in Total Prospective with Total Prospective with Target Rate limitation change FRVS Change Usual and Customary Limitation Target Rate limitation change FRVS Change Total Prospective With Target Rate limitation change FRVS Change Usual and Customary Limitation Target Rate limitation change FRVS Change Thomas Parker Medicaid Cost Reimbursement Plant on Only Rate Grace Healthcare, Inc	Date: 1/3/2013 Fiscal Year End: 12/31/2011 Audit Status: Unaudited [3]



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Gulf Shore Rehab & No	ursing	_		Provider Number:	0 014169-00
6767 86th Avenue North		_		Date:	1/3/2013
Pinellas Park FL 33782		-		Fiscal Year End:	1/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				110010 2000000	
3 F			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		224.41		1/1/2013
	Level H: AIDS		373.62	375.69	1/1/2013
	Level U: Fragile Under 21		493.37	496.73	1/1/2013
Rate Type :					
Interim		X	Prospectiv	re	
To	otal Interim		X	Total Prospective	
In	terim Component			Prospective Adjusted	for New Costs
Se	ettlement based on costs			Total Prospective with	Interim Component
Pr	ior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensur	e Rating Change	
X Unaudited co	osts			d Customary Limitatio	n
Field audited	l costs		Target R	ate limitation change	
Field audit -	interim portion		FRVS C	hange	
Desk audited					
	Interim Portion Prospective portion	X		nester Change [2] as of 02/06/1998	
Distribution:	Prospective portion		Ontrev		
	ment / Fiscal Agent			Thomas Parker	
Permanent File	110111 / 1 19011 1 1gont	ľ	Medicaid Cos	t Reimbursement Plan	ning and Finance
For informa	ation Only		ومعين	17-00)
No Change	· ·		2	L-DE	
Home Office:	Hallmark Accounting				
	Jacob Karmel				
	368 New Hempstead Road	#309			
	New City NY 10956				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

St. James Health And Rehabilitation Center 239 Crooked River Road Carrabelle FL 32322				Provider Number:	0 015613-00			
				Date:	1/3/2013			
				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	_	217.25		1/1/2013			
	Level H: AIDS		366.46	353.44	1/1/2013			
	Level U: Fragile Under 21	_ _	486.21	474.48	1/1/2013			
D-4- T								
Rate Type :								
Interim		X	Prospectiv					
	Total Interim		X Total Prospective					
	nterim Component		Prospective Adjusted for New Costs Total Prospective with Interim Component					
	ettlement based on costs			Total Prospective with	i interim Component			
	Prior Provider Prospective data							
Basis:		Changes	:					
Dudget			Licensur	e Rating Change				
Budget X Unaudited of	rosts	-	_	d Customary Limitation	nn			
Field audite			Target Rate limitation change					
Field audit	- interim portion	-	FRVS Change					
Desk audite	-	-	_					
	- Interim Portion	X		nester Change				
	- Prospective portion		On FRV	[2] as of 05/26/2009				
Distribution:				Thomas Parker				
Contract Management / Fiscal Agent		M	Medicaid Cost Reimbursement Planning and Finance					
Permanent File				5 303 4 0 2 2 35				
For information Only			2	L-DC	>			
No Chang	e in Rate							
Home Office:	Saber Healthcare Group, LI	.C						
	26691 Richmond Road							
	Bedford Heights OH 44146							



Whitehall Boca Raton		Provider Number:	0 016016-00	
7300 Del Prado South		Date:	1/3/2013	
Boca Raton FL 33433		Fiscal Year End:	12/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	219.74		1/1/2013	
Level H: AIDS	368.95	373.82	1/1/2013	
Level U: Fragile Under 21	488.70	494.86	1/1/2013	
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 a Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component	_
Contract Management / Fiscal Agent	Madianid Cost		ning and Finance	
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plan	-	



Bayside Manor 4343 Langley Avenue				Provider Number:	0 017221-00	
				Date:	1/3/2013	
Pensacola FL 32504-851	1			Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 212.48	New Rate 202.62	Effective Date 1/1/2013	
Trumbing Trumb	Single 20 (c)				1/1/2015	
	Level H: AIDS		361.69	353.43	1/1/2013	
	Level U: Fragile Under 21		481.44	474.47	1/1/2013	
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	costs nterim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 05/01/1992	n Interim Component	
Contract Managem	ent / Fiscal Agent			Thomas Parker		
Permanent File	ent / 1 iscai Ageilt	Medicaid Cost Reimbursement Planning and Finance				
For informat No Change i	•		Z	L DE	<u> </u>	
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	Services, LLC				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Margate Health Care Center 5951 Colonial Drive				Provider Number:	0 017222-00
				Date:	1/3/2013
Margate FL 33063				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				radit Status.	- Chadated [3]
-1011d-1,pot		C	Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		225.03	225.01	1/1/2013
I	Level H: AIDS	_ 3	374.24	375.82	1/1/2013
I	Level U: Fragile Under 21		193.99	496.86	1/1/2013
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 if Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:				Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	icaid Cos	t Reimbursement Plans	ning and Finance
Permanent File					_
For information	•		2	L-DC	>
No Change in	i Kate				
Home Office:	Pensacola Administrative S	ervices, LLC			
	2 North Palafox Street Pensacola Fl 32502				



Rosewood Manor		Provider Number:	0 017223-00	
3107 North H Street		Date:	1/3/2013	
Pensacola FL 32501		Fiscal Year End:	12/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	216.80		1/1/2013	
Level H: AIDS	366.01	356.65	1/1/2013	
Level U: Fragile Under 21	485.76	477.69	1/1/2013	
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 at Total Prospective with Rating Change at Customary Limitation change at the limitation change and the limitation change are the limitation change and the limitation change are limitation change at limitation change and limitation change are limitation change at limitation change are limitation change at limitation change are limit	Interim Component	
Contract Management / Fiscal Agent		Thomas Parker		
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plan		



Bay Breeze Nursing &	Retirement Center			Provider Number:	0 017225-00
3387 Gulf Breeze Parkway				Date:	1/3/2013
Gulf Breeze FL 32563				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 221.18	New Rate 218.16	Effective Date 1/1/2013
	Level H: AIDS		370.39	368.97	1/1/2013
	Level U: Fragile Under 21		490.14	490.01	1/1/2013
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker Medicaid Cost Reimbursement Planning and Finance			
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	ervices, LLC			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Silvercrest Manor 103 Ruby Lane		_		Provider Number:	0 017230-00		
		_		Date:	1/3/2013		
Crestview FL 32539		<u>-</u>		Fiscal Year End:	12/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:	Sku ala I anal		Current Rate	New Rate	Effective Date		
Nursing Home	Single Level		223.85	211.69	1/1/2013		
I	Level H: AIDS		373.06	362.50	1/1/2013		
I	Level U: Fragile Under 21		492.81	483.54	1/1/2013		
Basis: Budget X Unaudited cost Field audit - in Desk audited cost Desk audit - In	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component		
Distribution:				Thomas Parker			
Contract Manageme	ent / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance				
Permanent File For information No Change in	•	ze ze					
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	Services, LLC					



Specialty Center of Pensa	acola			Provider Number:	0 017236-00	
6984 Pine Forest Road				Date:	1/3/2013	
Pensacola FL 32526				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 221.98	New Rate 216.81	Effective Date 1/1/2013	
8	8					
]	Level H: AIDS		371.19	367.62	1/1/2013	
1	Level U: Fragile Under 21		490.94	488.66	1/1/2013	
Rate Type :						
Inte	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component	
	Prospective portion		On FRV	[2] as of 12/16/1991		
Distribution:	(T 1 A			Thomas Parker		
Contract Manageme	ent / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
For informati No Change is	•		Z	l Re	> —	
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	Services, LLC				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Grand Boulevard Health	n & Rehab. Center			Provider Number:	0 017242-00
138 Sandestin Lane				Date:	1/3/2013
Destin FL 32550				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 232.04	New Rate	Effective Date 1/1/2013
	Level H: AIDS		381.25	383.72	1/1/2013
	Level U: Fragile Under 21		501.00	504.76	1/1/2013
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - I	costs interim portion	Change X	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: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker Medicaid Cost Reimbursement Planning and Finance			
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	Services, LLC			



Lake Bennett Health and Rehabilitation		Provider Number:	0 017301-00
1901 Kelton Avenue		Date:	1/3/2013
Ocoee FL 34761		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 210.00	New Rate 212.99	Effective Date 1/1/2013
Level H: AIDS	359.21	363.80	1/1/2013
Level U: Fragile Under 21	478.96	484.84	1/1/2013
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 at Total Prospective with e Rating Change d Customary Limitation at limitation change	Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		Thomas Parker t Reimbursement Plans	-



The Park Summit at Cora	l Springs			Provider Number:	0 018066-00	
8500 Royal Palm Blvd.				Date:	1/3/2013	
Coral Springs FL 33065				Fiscal Year End:	6/30/2012	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	Curi <u>Ra</u> 21 1		New Rate 214.88	Effective Date 1/1/2013	
8	8					
I	evel H: AIDS	360).75	365.69	1/1/2013	
I	evel U: Fragile Under 21	480	0.50	486.73	1/1/2013	
Basis: Budget X Unaudited cost Field audit - in Desk audit - In Desk Audit - P.	osts terim portion osts	Changes:	censure sual and arget Rar RVS Cha	Prospective Adjusted Prospective Adjusted Prospective with Prospective with Rating Change Customary Limitation change	h Interim Component	
Distribution:				Thomas Parker		
Contract Manageme	ent / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File For information No Change in	·		Z	L-20	2	
Home Office:	FiveStar Quality Care Inc 400 Centre Street Newton MA 02458					



Bay Village of Sarasota		Provider Number:	0 018777-00	
8400 Vamo Road		Date:	1/3/2013	
Sarasota FL 34231-7899		Fiscal Year End:	10/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 232.70	New Rate 235.21	Effective Date 1/1/2013	
Level H: AIDS	381.91	386.02	1/1/2013	
Level U: Fragile Under 21	501.66	507.06	1/1/2013	
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 - 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	Interim Component	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Thomas Parker Medicaid Cost Reimbursement Planning and Finance			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Golfview Healthcare Cente	r			Provider Number:	0 019085-00
3636 10th Avenue North				Date:	1/3/2013
St. Petersburg FL 33713	_			Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Si	ngle Level	1	199.31	201.60	1/1/2013
Le	vel H: AIDS	_3	348.52	352.41	1/1/2013
Le	vel U: Fragile Under 21		168.27	473.45	1/1/2013
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 change	n Interim Component
Distribution: Contract Management Permanent File For information No Change in I	a Only	Med		Thomas Parker t Reimbursement Plan	
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				



Southern Pines Healthcare	e Center			Provider Number:	0 019282-00
6140 Congress Street				Date:	1/3/2013
New Port Richey FL 3465	3			Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	lingle Level	Cur <u>Ra</u>		New Rate 183.94	Effective Date 1/1/2013
ruising frome	ingic Level		.,,,	103.94	1/1/2013
L	evel H: AIDS	331	1.15	334.75	1/1/2013
L	evel U: Fragile Under 21	450).90	455.79	1/1/2013
Inter	terim portion osts	Changes: Li U Tr F	icensure sual and arget Ra RVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective wit Rating Change I Customary Limitati te limitation change	h Interim Component
	rospective portion	0	n FRV [[2] as of 09/01/1987	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker Medicaid Cost Reimbursement Planning and Finance			
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				



Signature HealthCARE of Jacksonville 2061 Hyde Park Rd				Provider Number:	0 019284-00	
				Date:	1/3/2013	
Jacksonville FL 32210				Fiscal Year End:	9/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
• •			Current	New	Effective	
N . TT	C'III	_	Rate	Rate	Date	
Nursing Home	Single Level	_	191.22		1/1/2013	
	Level H: AIDS		340.43	344.78	1/1/2013	
	Level U: Fragile Under 21	<u>-</u>	460.18	465.82	1/1/2013	
Rate Type :						
Interim		X	Prospectiv			
	otal Interim			Total Prospective	S. W. G.	
	nterim Component	Prospective Adjusted for New Costs Total Prospective with Interim Component				
	ettlement based on costs rior Provider Prospective data			Total Prospective with	i intermi Component	
	nor i rovider i rospective data	F .				
Basis:		Changes	<u>:</u>]			
Budget			Licensur	e Rating Change		
X Unaudited co	osts	-	_	d Customary Limitatio	on	
Field audited	d costs	Target Rate limitation change				
Field audit -	interim portion		FRVS C	hange		
Desk audited			_			
	Interim Portion	X		nester Change [2] as of 04/01/1993		
Distribution:	- Prospective portion		Oli PK v			
·	ment / Fiscal Agent			Thomas Parker		
Permanent File	ment / Tiscar Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance	
For information of the state of	ation Only		- Common	, 1 00	2	
No Change	•		2	L-DE		
Home Office:	Signature Healthcare LLC					
Tiome Office.	Julie Kleiser					
	12201 Bluegrass Parkway					
	Louisville KY 40299					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Golfcrest Healthcare Center 600 North 17th Avenue				Provider Number:	0 019287-00	
				Date:	1/3/2013	
Hollywood FL 33020				Fiscal Year End:	9/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 192.55	New Rate 194.88	Effective Date 1/1/2013	
_					-	
]	Level H: AIDS		341.76	345.69	1/1/2013	
]	Level U: Fragile Under 21		461.51	466.73	1/1/2013	
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 of Total Prospective with e Rating Change d Customary Limitation at e limitation change hange hester Change [2] as of 04/01/2003	Interim Component	
Contract Manageme	ent / Fiscal Agent	Thomas Parker				
Permanent File	ciit / 1 iscai Agoiit	Medicaid Cost Reimbursement Planning and Finance				
For informati No Change in	·	21-20		> —		
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299					



Coastal Health and Rehab				Provider Number:	0 021261-00	
820 N Clyde Morris Blvd				Date:	1/3/2013	
Daytona Beach FL 32117		•		Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate	New Rate	Effective Date	
ivursing frome	Siligle Level		221.60	202.80	1/1/2013	
I	evel H: AIDS		370.81	353.61	1/1/2013	
I	Level U: Fragile Under 21		490.56	474.65	1/1/2013	
Basis: Budget X Unaudited cost Field audit - in Desk audit - In Desk Audit - P	osts terim portion osts	Change X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component	
Distribution:				Thomas Parker		
Contract Manageme	ent / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File For information No Change in	•		Z	L DE	<u></u>	
Home Office:	Pensacola Administrative S 2 North Palafox Street Pensacola Fl 32502	Services, LLC				



Carlton Shores Health	h and Rehab Center			Provider Number:	0 022138-00
1350 South Nova Roa		_		Date:	1/3/2013
Daytona Beach FL 32	114	<u> </u>		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
-			Current	New	Effective
N		_	Rate	Rate	Date
Nursing Home	Single Level	_	238.14		1/1/2013
	Level H: AIDS		387.35	389.54	1/1/2013
	Level U: Fragile Under 21		507.10	510.58	1/1/2013
Rate Type :					
		₹7	.		
Interim	F. 4.1 T. 4	X	Prospective V		
	Fotal Interim Interim Component		<u>X</u>	Total Prospective Prospective Adjusted:	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Prospective with	Timerim Component
		CI	<u> </u>		
Basis:		Changes	S:		
Budget			Licensur	e Rating Change	
X Unaudited	costs			d Customary Limitation	on
Field audite		-	_	ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite	ed costs				
	- Interim Portion	X		nester Change	
	- Prospective portion		On FRV	[2] as of 07/01/1987	
Distribution:				Thomas Parker	
_	ement / Fiscal Agent	N	Iedicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	. 0.1			6 16 29 10 10	
	nation Only		2	L-DE	?
No Chang	ge in Rate				
Home Office:	Greystone Healthcare Ma	anagement, LLC			
	4042 Park Oaks Blvd, Sui	te 300			
	Tampa FL 33610				
	_				



San Marco Terrace Rehab and care		Provider Number:	0 022293-00
189 San Marco Avenue		Date:	1/3/2013
St. Augustine FL 32084		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	213.46		1/1/2013
Level H: AIDS	362.67	353.05	1/1/2013
Level U: Fragile Under 21	482.42	474.09	1/1/2013
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 if 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: Brooks Health System Bruce Blake 3599 University Blvd, South Jacksonville FL 32216		Thomas Parker t Reimbursement Plans	_



Blountstown Health and Rehabilitation Center		Provider Number:	0 022987-00	
16690 S. W. Chipola Road		Date:	1/3/2013	
Blountstown FL 32424		Fiscal Year End:	9/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 211.07	New Rate	Effective Date 1/1/2013	
Level H: AIDS	360.28	364.30	1/1/2013	
Level U: Fragile Under 21	480.03	485.34	1/1/2013	
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 - Prospective portion	Changes: Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted a Total Prospective with Read Prospective with Read Rating Change Country Limitation Read Customary Limitation Read Change	n Interim Component	
Distribution: Contract Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate Home Office: WW Healthcare Consultants Melvin Woodward, Jr. 1978 8th Avenue NW Hickory NC 28603	Z	Thomas Parker Reimbursement Plans	_	



The Home Association, Inc	<u>. </u>			Provider Number:	0 022994-00	
1203 East 22nd Avenue				Date:	1/3/2013	
Tampa FL 33605				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	nglo Lovol		Current Rate	New Rate	Effective Date 1/1/2013	
Nutsing Home Si	ngle Level	_	207.92		1/1/2013	
Lev	vel H: AIDS	_	357.13	361.10	1/1/2013	
Lev	vel U: Fragile Under 21	_	476.88	482.14	1/1/2013	
Basis: Budget X Unaudited costs Field audit - inte Desk audit - Inter Desk Audit - Pro	rim portion ts rim 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	Interim Component	
Distribution: Contract Management Permanent File For information	Only	Me		Thomas Parker t Reimbursement Plan	_	_
No Change in F	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619		5:340			



Okeechobee Healthcare Facility		Provider Number:	0 023067-00	
1646 Highway 441 North		Date:	1/3/2013	
Okeechobee FL 34972		Fiscal Year End:	9/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 231.94	New Rate	Effective Date 1/1/2013	
Nursing Home Single Level		235.19	1/1/2015	
Level H: AIDS	381.15	386.00	1/1/2013	
Level U: Fragile Under 21	500.90	507.04	1/1/2013	
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 at Total Prospective with Rating Change de Customary Limitation change thange The description of the prospective with the prospective wi	Interim Component	_
Contract Management / Fiscal Agent	-	Thomas Parker		
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plan	_	



Vienna Square				Provider Number:	0 023255-00
701 Overlook Drive				Date:	1/3/2013
Winter Haven FL 33844				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level	_	Current Rate	New Rate 232.77	Effective Date 1/1/2013
	ngie never	_	227.70		1/1/2013
Le	vel H: AIDS	_	379.19	383.58	1/1/2013
Le	vel U: Fragile Under 21	_	498.94	504.62	1/1/2013
Interio X Settler	erim portion sts rim Portion espective portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted in Total Prospective with e Rating Change d Customary Limitation ate limitation change hange mester Change [2] as of 11/04/2010 Thomas Parker	n Interim Component
Permanent FileFor information	ı Only	M		t Reimbursement Plan	-
No Change in I	Rate				
Home Office:	TLC Management 1800 North Wabash Ave Marion IN 46952				



Key West Health & Reha	abilitation		Provider Nu	mber:	0 024167-00
5860 W. Junior College I	Road			Date:	1/3/2013
Key West FL 33040			Fiscal Year	End:	6/30/2011
			Audit S	tatus:	Unaudited [3]
Provider Type:		Curre Rate	Rate		Effective Date
Nursing Home	Single Level	268.	73 272.09		1/1/2013
I	Level H: AIDS	417.	94 422.90	_	1/1/2013
I	Level U: Fragile Under 21	537.	543.94	_	1/1/2013
Basis: Budget X Unaudited cos Field audited of Field audited of Desk audited of Desk audit - In	nterim portion costs	Changes: Lice Use Tar FR	ensure Rating Chang al and Customary L get Rate limitation of VS Change e Semester Change FRV [2] as of 08/12	ljusted for the state of the st	Interim Component
Contract Manageme	ent / Fiscal Agent		Thomas Pa		
Permanent FileFor informatiNo Change in	on Only	Medicaio	Cost Reimburseme		
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:	1/3/2013
Plantation FL 33324		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	239.41		1/1/2013
Level H: AIDS	388.62	383.81	1/1/2013
Level U: Fragile Under 21	508.37	504.85	1/1/2013
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 a Target FRVS X Rate So On FR	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 Thomas Parker ost Reimbursement Plan	n Interim Component
Permanent File For information Only No Change in Rate	ź	11-20	>
Home Office: 1 - No Home Office			



The Crossings				Provider Number:	0 028100-00	
4445 Pine Forest Dr.				Date:	1/3/2013	
Lake Worth FL 3346	3			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	_	240.07		1/1/2013	
	Level H: AIDS		389.28	391.07	1/1/2013	
	Level U: Fragile Under 21	_	509.03	512.11	1/1/2013	
Rate Type :						
X Interim			Prospectiv			
	Total Interim			Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	i Interim Component	
	Prior Provider Prospective data					_
Basis:		Changes:]			
X Budget			Licensur	e Rating Change		
Unaudited	costs			d Customary Limitation	on	
Field audit	ted costs		Target R	ate limitation change		
Field audi	t - interim portion		FRVS C	hange		
Desk audit			7 . a	C.		
	t - Interim Portion it - Prospective portion	X		nester Change [2] as of 11/01/1988		
<u>Distribution:</u>				Thomas Parker		_
Contract Manag	gement / Fiscal Agent		dicaid Cos	st Reimbursement Plan	ning and Finance	
Permanent File		Wie		a remoursement run	ming and I manee	
For inform	mation Only		7	L DE	>	
No Chan	ge in Rate		~_			
Home Office:	1 - No Home Office					



Cross Pointe Care Center		Provider Number:	0 028133-00
440 Phippen-Waiters Road		Date:	1/3/2013
Dania Beach FL 33004		Fiscal Year End:	1/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 251.17	New Rate 254.22	Effective Date 1/1/2013
Migle Level	231.17		1/1/2013
Level H: AIDS	400.38	405.03	1/1/2013
Level U: Fragile Under 21	520.13	526.07	1/1/2013
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	Usual a Target FRVS X Rate So On FR	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 05/01/2000 Thomas Parker ost Reimbursement Plan	n Interim Component
Permanent FileFor information OnlyNo Change in Rate	~	2020	-
Home Office: 1 - No Home Office			



Cross Terrace Rehabi	litation Center			Provider Number:	0 028148-00
1351 San Christopher	Drive	-		Date:	1/3/2013
Dunedin FL 34698		_		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
•			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		219.70	220.37	1/1/2013
	Level H: AIDS	3	368.91	371.18	1/1/2013
	Level U: Fragile Under 21	4	188.66	492.22	1/1/2013
Data Tyma					
Rate Type: X Interim		I	Prospectiv	re	
X	Total Interim		_	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:			
•			Licanoum	a Datina Changa	
Budget Unaudited	costs			e Rating Change d Customary Limitation	on.
Field audit				ate limitation change	JII
	- interim portion		FRVS C	=	
Desk audite	-				
	- Interim Portion	X		nester Change	
	t - Prospective portion		On FRV	[2] as of 10/01/1985	
Distribution:				Thomas Parker	
_	ement / Fiscal Agent	Med	icaid Cos	t Reimbursement Plan	ning and Finance
Permanent File				-7	
No Chang	nation Only		2	L-DE	<i>-</i>
No Chang	ge in Kale				
Home Office:	1 - No Home Office				



Wuesthoff Progressiv	re Care Center			Provider Number:	0 028602-00
8050 Spyglass Rd		=		Date:	1/3/2013
Viera FL 32940		_		Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				rudit Status.	Onadarea [5]
riovider ryper			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u></u>	211.20	211.89	1/1/2013
	Level H: AIDS		360.41	362.70	1/1/2013
	Level U: Fragile Under 21		480.16	483.74	1/1/2013
Rate Type :					
X Interim			Prospectiv	ve .	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	h Interim Component
	Prior Provider Prospective data		•		
Basis:		Changes:]		
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 audit					
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 05/30/1995	
Distribution:			On Ticv	Thomas Parker	
Contract Manag	ement / Fiscal Agent		1: :10		' 15'
Permanent File	-	Med	dicaid Cos	t Reimbursement Plan	ining and Finance
For inform	nation Only		~~	120	2
No Chang	ge in Rate		2	- al	
Home Office:	1 - No Home Office				



The Health Center Of W	indermere			Provider Number:	0 030479-00
4875 Cason Cove Drive				Date:	1/3/2013
Orlando FL 32811				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		222.33	225.20	1/1/2013
	Level H: AIDS		371.54	376.01	1/1/2013
	Level U: Fragile Under 21		491.29	497.05	1/1/2013
Inte		Changes:	Usual an	Total Prospective Prospective Adjusted Total Prospective with Re Rating Change d Customary Limitation change	n Interim Component
Desk audited of Desk audit - In		X		hange nester Change [2] as of 05/20/1997	
Distribution:	,			Thomas Parker	
Contract Managem	ent / Fiscal Agent	Med	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For informati No Change i	•		Z	L DE	2
Home Office:	1 - No Home Office				



The Health Center of	f Plant City		Provider Nu	mber:	0 030484-00
701 North Wilder Ro	oad			Date:	1/3/2013
Plant City FL 33566			Fiscal Year	End:	6/30/2011
			Audit S	tatus:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curre Rate 233.	Rate		Effective Date 1/1/2013
Tursing Home	Single Level		233.04		1/1/2013
	Level H: AIDS	382.	386.45		1/1/2013
	Level U: Fragile Under 21	502	<u>507.49</u>		1/1/2013
Basis: Budget X Unaudited Field audi Desk audi Desk audi Desk Audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data I costs Ited costs	Changes: Lice Usu Tar FR	Total Prospect Prospective Act Total Prospect Total Prospect ensure Rating Change al and Customary L get Rate limitation of VS Change e Semester Change FRV [2] as of 10/01	ljusted for ive with i	Interim Component
Distribution:	gement / Fiscal Agent		Thomas Pa	rker	
Permanent File	•	Medicaio	l Cost Reimburseme	ent Plann	ing and Finance
For infor	mation Only age in Rate		262	20	_
Home Office:	1 - No Home Office				



The Health Center of	Pensacola			Provider Number:	0 030487-00			
8475 University Pkw	у			Date:	1/3/2013			
Pensacola FL 32514				Fiscal Year End:	6/30/2011			
				Audit Status:	Unaudited [3]			
Provider Type:								
			Current	New	Effective			
N	Cinala I aval		Rate	Rate	Date 1/1/2012			
Nursing Home	Single Level	_	224.78	226.54	1/1/2013			
	Level H: AIDS		373.99	377.35	1/1/2013			
	Level U: Fragile Under 21	_	493.74	498.39	1/1/2013			
D (D								
Rate Type :								
Interim		X	Prospectiv					
	Total Interim			Total Prospective	C. N. C.			
	Interim Component			Prospective Adjusted for New Costs Total Prospective with Interim Component				
	Settlement based on costs Prior Provider Prospective data			Total Prospective will	i interim Component			
	Thor Provider Prospective data		1					
Basis:		Changes:						
Budget			Licensur	e Rating Change				
X Unaudited	costs	-	-	d Customary Limitatio	on			
Field audit	ed costs		_	ate limitation change				
Field audit	t - interim portion		FRVS C	hange				
Desk audit			<u>.</u>					
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 05/28/1987				
Distribution:				Thomas Parker				
Contract Manag	ement / Fiscal Agent	Ma	dissid Cos	t Reimbursement Plan	ning and Finance			
Permanent File		IVIE	aicaid Cos	t Reimbursement Plan	ning and rmance			
For inform	nation Only		~	120	>			
No Chang	ge in Rate		2					
Home Office:	1 - No Home Office							



Parkway Health & Rehab		Provider Number:	: 0 030490-00
800 SE Central Pkwy		Date	: 1/3/2013
Stuart FL 34994		Fiscal Year End:	6/30/2011
		Audit Status	: Unaudited [3]
Provider Type:	Curre Rat	e Rate	Effective Date
Nursing Home Single Level	230.	<u>233.26</u>	1/1/2013
Level H: AIDS	379.	53 384.07	1/1/2013
Level U: Fragile Under 21	499.	28 505.11	1/1/2013
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: Lic Usi Tar FR	rotal Prospective Prospective Adjuste Total Prospective Adjuste Total Prospective w rensure Rating Change and Customary Limita rget Rate limitation change VS Change reserved Semester Change FRV [2] as of 03/22/1990	tion
<u>Distribution:</u> Contract Management / Figure A cont		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicai	d Cost Reimbursement Pla	anning and Finance
For information Only No Change in Rate		ZL DE	2_
Home Office: 1 - No Home Office			



The Health Center of Merritt Island		Provider Number:	0 030491-00
500 Crockett Boulevard		Date:	1/3/2013
Merritt Island FL 32953		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 227.77	New Rate	Effective Date 1/1/2013
Nursing Home Single Level		230.22	1/1/2015
Level H: AIDS	376.98	381.03	1/1/2013
Level U: Fragile Under 21	496.73	502.07	1/1/2013
Interim Total Interim 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 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 Ranger FRVS Clanges X Rate Sem On FRV Medicaid Cost	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component on 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:	1/3/2013
Lake City FL 32025				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:		(Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		221.35	223.76	1/1/2013
	Level H: AIDS		370.56	374.57	1/1/2013
	Level U: Fragile Under 21		490.31	495.61	1/1/2013
Rate Type :					
Interim		X	Dragnagtiy	70	
	Γotal Interim		Prospectiv	Total Prospective	
	nterim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			•	•
Basis:		Changes:			
		g	1		
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 05/01/1999	
<u>Distribution:</u>	1100petative portion			Thomas Parker	
Contract Manage	ement / Fiscal Agent	Med	dicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File		IVIC	arcara cos	at Reimoursement I lan	ming and I manee
For inform	nation Only		-	120	?
No Chang	ge in Rate		~		
Home Office:	1 - No Home Office				
Home Office.					



Imperial Health Care	Center			Provider Number:	0 030530-00
900 Imperial Golf Co	urse	<u>.</u>		Date:	1/3/2013
Naples FL 34110		<u>-</u>		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	232.82	234.94	1/1/2013
	Level H: AIDS		382.03	385.75	1/1/2013
	Level U: Fragile Under 21		501.78	506.79	1/1/2013
Rate Type :					
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation at limitation change	n Interim Component
Distribution: Contract Manage	ement / Fiscal Agent	Me	dicaid Cos	Thomas Parker t Reimbursement Plans	ning and Finance
Permanent File For inforn No Chang Home Office:	nation Only ge in Rate 1 - No Home Office			L DE	



The Health Center of	Daytona Beach			Provider Number:	0 030535-00
550 National Healthca				Date:	1/3/2013
Daytona Beach FL 32	114			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		224.54	226.85	1/1/2013
	Level H: AIDS	_	373.75	377.66	1/1/2013
	Level U: Fragile Under 21	_	493.50	498.70	1/1/2013
Rate Type :					
Interim		X	Prospectiv	/e	
	Γotal Interim		•	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data			1	1
	•	CI.	1		
Basis:		Changes:]		
Budget			Licensur	e Rating Change	
X Unaudited	costs	-		d Customary Limitation	nn
Field audit		-		ate limitation change	,11
	- interim portion		FRVS C	_	
Desk audite		-		8-	
	- Interim Portion	X	Rate Sen	nester Change	
	- Prospective portion	-		[2] as of 07/11/1996	
Distribution:				Thomas Parker	
Contract Manag	ement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					8
For inform	nation Only		~	120	2
No Chang	ge in Rate		2	- all	
Hama Office	1 - No Home Office				
Home Office:					



Health Center of Coconut Creek		Provider Number:	0 030537-00
4125 W. Sample Road		Date:	1/3/2013
Coconut Creek FL 33073		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 239.42	New Rate 241.79	Effective Date 1/1/2013
in the same of the same same same same same same same sam			1/1/2013
Level H: AIDS	388.63	392.60	1/1/2013
Level U: Fragile Under 21	508.38	513.64	1/1/2013
Interim Total Interim 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 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 Cl X Rate Sem On FRV Medicaid Cost	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation at limitation change	n Interim Component
Home Office: 1 - No Home Office			



Charlotte Harbor Hea	lthcare			Provider Number:	0 030540-00
4000 Kings Highway				Date:	1/3/2013
Port Charlotte FL 339	980			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				riudit Status.	
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	236.43	239.17	1/1/2013
	Level H: AIDS	_	385.64	389.98	1/1/2013
	Level U: Fragile Under 21	_	505.39	511.02	1/1/2013
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	n Interim Component
				Thomas Parker	
Permanent File	ement / Fiscal Agent nation Only ge in Rate 1 - No Home Office	Mo		t Reimbursement Plan	_



7210 Beacon Woods Drive Hudson FL 34667 Provider Type: Nursing Home Single Level 231.56 Level H: AIDS 380.77 Level U: Fragile Under 21 500.52 Rate Type: Interim X Prospective data Basis: Current Rate 231.56 X Prospective data Changes:	385.24 506.28 ctive Total Prospective Prospective Adjusted	1/3/2013 6/30/2011 Unaudited [3] Effective Date 1/1/2013 1/1/2013 1/1/2013
Provider Type: Nursing Home Single Level 231.56 Level H: AIDS 380.77 Level U: Fragile Under 21 500.52 Rate Type: Interim X Prospective data Total Interim Component X Settlement based on costs Prior Provider Prospective data Changes:	Audit Status: New Rate 234.43 385.24 506.28 Stive Total Prospective Prospective Adjusted	Unaudited [3] Effective Date 1/1/2013 1/1/2013 1/1/2013
Nursing Home Single Level 231.56 Level H: AIDS 380.77 Level U: Fragile Under 21 500.52 Rate Type: Interim X Prospective data Basis: Changes:	New Rate 234.43 385.24 506.28 Stive Total Prospective Prospective Adjusted	Effective
Nursing Home Single Level 231.56 Level H: AIDS 380.77 Level U: Fragile Under 21 500.52 Rate Type: Interim X Prospective data Basis: Changes:	Rate 234.43 385.24 506.28 etive Total Prospective Prospective Adjusted	Date 1/1/2013 1/1/2013 1/1/2013 I for New Costs
Level H: AIDS Level U: Fragile Under 21 Rate Type: Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Changes: Changes:	385.24 506.28 ctive Total Prospective Prospective Adjusted	1/1/2013 1/1/2013
Rate Type: Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Changes: Changes:	506.28 etive Total Prospective Prospective Adjusted	1/1/2013
Rate Type: Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Changes:	ctive Total Prospective Prospective Adjusted	for New Costs
Interim X Prospect Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Changes:	Total Prospective Prospective Adjusted	
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 FRVS Targe FRVS On FR	sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 10/01/2000 Thomas Parker Cost Reimbursement Plan	nning and Finance



The Aristocrat		_		Provider Number:	0 030552-00
10949 Parnu Street				Date:	1/3/2013
Naples FL 34109		_		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 263.08	New Rate 265.52	Effective Date 1/1/2013
ruising Home	Single Level		203.00	205.52	1/1/2013
	Level H: AIDS	_	412.29	416.33	1/1/2013
	Level U: Fragile Under 21	_	532.04	537.37	1/1/2013
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk Audit Desk Audit Desk Audit	ed costs - interim 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	n Interim Component
Permanent File For inform	•			120	_
No Change Home Office:	e in Rate 1 - No Home Office				



North Campus Rehab	oilitation and Health Center			Provider Number:	0 031880-00
700 N Palmetto Stree	t			Date:	1/3/2013
Leesburg FL 34748				Fiscal Year End:	3/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level		Rate 222.55	Rate	Date 1/1/2013
Nursing Home	Single Level	_	<u> </u>		1/1/2015
	Level H: AIDS		371.76	375.30	1/1/2013
	Level U: Fragile Under 21	_	491.51	496.34	1/1/2013
Rate Type:					
X Interim			Prospectiv		
	Total Interim			Total Prospective	6 W 6
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	1 Interim Component
	Prior Provider Prospective data		1		
Basis:		Changes:			
X Budget			Licensur	e Rating Change	
Unaudited	costs	-	Usual an	d Customary Limitation	on
Field audit	ted costs		Target R	ate limitation change	
Field audi	t - interim portion		FRVS C	hange	
Desk audit			· 5	C.	
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 10/11/1988	
Distribution:	= =			Thomas Parker	
Contract Manag	gement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		Wie	arcura cos	t Remioursement Fian	ming and I manee
For inform	nation Only		7	L-DE	>
No Chan	ge in Rate				
Home Office:	1 - No Home Office				



Clyde E. Lassen State	Veterans Nursing Home			Provider Number:	0 032049-00
4650 State Road 16	•	_			1/3/2013
St. Augustine FL 320	92	-		Date: Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				rudit Status.	Onduction [5]
• •			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	220.12	222.52	1/1/2013
	Level H: AIDS		369.33	373.33	1/1/2013
	Level U: Fragile Under 21	·	489.08	494.37	1/1/2013
		•			
Rate Type :					
Interim		X	Prospectiv	re	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
	Prior Provider Prospective data				
Basis:		Changes	::		
D 1			Liconsur	e Rating Change	
Budget X Unaudited	costs	-		d Customary Limitatio	nn.
Field audit		-		ate limitation change)II
	- interim portion	-	FRVS C	_	
Desk audite	-	-			
	- Interim Portion	X		nester Change	
	t - Prospective portion		On FRV	[2] as of 11/16/2010	
Distribution:				Thomas Parker	
_	ement / Fiscal Agent	M	ledicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	nation Only				
No Chang	·		Z	120	<i></i>
Home Office:	Florida Dept. of Veterans A	Affairs			
	Walter Gilchrist 11351 Ulmerton Road, Roo	om 332-I			
	Largo Fl 33778-1630				
	_				



V7.007.1.2:2VJZ8

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Unity Health & Rehab Cer	nter			Provider Number:	0 032482-00	1
1404 NW 22nd Street		r		Date:	1/3/2013	
Miami FL 33142		ı		Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level	-	Current Rate 212.30	New Rate 216.08	Effective Date 1/1/2013	
- (8	-		210.00	1/1/2010	
Le	evel H: AIDS		361.51	366.89	1/1/2013	
Le	evel U: Fragile Under 21		481.26	487.93	1/1/2013	
Basis: Budget X Unaudited costs Field audit - interior Desk audit - Interior	erim portion sts	Change	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 11/01/1988	Interim Componen	t
Contract Managemen	nt / Fiscal Agent			Thomas Parker		_
Permanent FileFor informationNo Change in Home Office:	n Only	agement, LLC		t Reimbursement Plan	-	
	Tampa FL 33610					



V7.007.1.2:2VJZ8

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Seven Hills Health & Reha	nb Center			Provider Number:	0 033175-00
3333 Capital Medical Blvd	l			Date:	1/3/2013
Tallahassee FL 32308				Fiscal Year End:	1/31/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Si	ingle Level	_	212.76	215.48	1/1/2013
Le	evel H: AIDS	_	361.97	366.29	1/1/2013
Le	evel U: Fragile Under 21	_	481.72	487.33	1/1/2013
Basis: Budget X Unaudited costs Field audited co Field audit - interior	sts erim 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 co Desk audit - Inte		X		nester Change [2] as of 12/01/2001	
Distribution:				Thomas Parker	
Contract Managemen	t / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in	•		Z	L DE	
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Circ Tallahassee FL 32308	ele, Ste. D			



Benderson Family Sk	tilled Nuring & Rehab Center			Provider Number:	0 033717-00	
1955 North Honore A	ve.	•		Date:	1/3/2013	
Sarasota FL 34235				Fiscal Year End:	10/31/2011	
				Audit Status:	Unaudited [3]	_
Provider Type:						_
		(Current	New	Effective	
N	Cinala I aval		Rate	Rate	Date	
Nursing Home	Single Level		244.84	245.54	1/1/2013	
	Level H: AIDS		394.05	396.35	1/1/2013	
	Level U: Fragile Under 21		513.80	517.39	1/1/2013	
Rate Type:						
X Interim			Prospectiv	ve .		
	Total Interim			Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	Interim Component	
	Prior Provider Prospective data					
Basis:		Changes:]			
X Budget			Licensur	e Rating Change		
Unaudited	costs			d Customary Limitatio	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 03/22/2011		
Distribution:	= =			Thomas Parker		
Contract Manag	gement / Fiscal Agent	Mar	dicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File		Wick	aicaid Cos	t Reimoursement i ian	ining and Phiance	
For inform	nation Only		-7	120	2	
No Chang	ge in Rate		2_			
Home Office:	1 - No Home Office					
	-					



Grace Healthcare at Lake Wales		Provider Number:	0 034504-00
730 North Scenic Highway		Date:	1/3/2013
Lake Wales FL 33853		Fiscal Year End:	2/29/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 206.83	New Rate 206.99	Effective Date 1/1/2013
Level H: AIDS	356.04	357.80	1/1/2013
Level U: Fragile Under 21	475.79	478.84	1/1/2013
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	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 No Change in Rate Home Office: Grace Healthcare, Inc Randy Martin 7201 Shallowford Rd, STE 200 Chattanooga TN 37421		Thomas Parker t Reimbursement Plan	



NuVista Living at Wellington Green				Provider Number:	0 038640-00
10330 Devonshire Bl	vd.	Date:		1/3/2013	
Wellington FL 33414		<u>-</u>		Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:				Tradit Status.	e naudrica [e]
. 1		(Current	New	Effective
	a		Rate	Rate	Date
Nursing Home	Single Level		240.59		1/1/2013
	Level H: AIDS		389.80	391.38	1/1/2013
	Level U: Fragile Under 21		509.55	512.42	1/1/2013
	-				
Rate Type:					
X Interim			Prospectiv	ve .	
X	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
X Budget			Licensur	e Rating Change	
Unaudited				d Customary Limitation	on
Field audit			_	ate limitation change	
	t - interim portion		FRVS C	hange	
Desk audit	ed costs - Interim Portion	X	Data Can	nester Change	
	t - Prospective portion	A		[2] as of 10/04/2011	
Distribution:				Thomas Parker	
Contract Manag	gement / Fiscal Agent	Mar	dignid Cos	t Reimbursement Plan	ning and Finance
Permanent File		IVIC	aicaid Cos	t Kennoursement i ian	ining and I manec
For inform	nation Only		-7	L-20	>
No Chan	ge in Rate		~		
Home Office:	1 - No Home Office				
1101110 0111001					
	1				



NuVista Living at Hil	llsborough Lakes			Provider Number:	0 041324-00
19091 North Dale Ma	abry Highway			Date:	1/3/2013
Lutz FL 33548				Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	_	241.37		1/1/2013
	Level H: AIDS		390.58	393.53	1/1/2013
	Level U: Fragile Under 21	_	510.33	514.57	1/1/2013
D (D					
Rate Type :					
X Interim			Prospectiv		
	Total Interim			Total Prospective	C. N. G.
	Interim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i interim Component
	Filor Flovider Flospective data		1		
Basis:		Changes:]		
X Budget			Licensur	e Rating Change	
Unaudited	costs	-		d Customary Limitatio	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 09/28/2011	
<u>Distribution:</u>	e Trospective portusir			Thomas Parker	
Contract Manag	ement / Fiscal Agent		1' ' 1 C		
Permanent File		Me	aicaid Cos	t Reimbursement Plan	ning and Finance
For inform	nation Only			120	>
No Chang	ge in Rate		2	- CAC	
Home Office:	1 - No Home Office				



University Center We	est			Provider Number:	0 041685-00
545 West Euclid Avenue		_		Date:	1/3/2013
Deland FL 32720		_		Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				radit Status.	Onadarea [5]
riovider ryper			urrent Rate	New Rate	Effective Date
Nursing Home	Single Level	2	205.90	208.76	1/1/2013
	Level H: AIDS	3	55.11	359.57	1/1/2013
	Level U: Fragile Under 21	4	74.86	480.61	1/1/2013
Rate Type :					
Interim		X P	Prospectiv	re	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
			T	Dating Change	
Budget X Unaudited	agets			e Rating Change d Customary Limitation	on.
Field audit				ate limitation change)II
	- interim portion		FRVS C	=	
Desk audite	-			_	
	- Interim Portion			nester Change	
	t - Prospective portion		On FRV	[2] as of 10/01/1985	
Distribution:				Thomas Parker	
_	ement / Fiscal Agent	Med	icaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
	nation Only		2	L-DE	2
No Chang	ge in Rate		170		
Home Office:	1 - No Home Office				



University Center East		Provider Number:	0 041686-00
991 East New York Ave		Date:	1/3/2013
Deland FL 32724		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 203.48	New Rate 206.96	Effective Date 1/1/2013
Level H: AIDS	352.69	357.77	1/1/2013
Level U: Fragile Under 21	472.44	478.81	1/1/2013
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 of Total Prospective with e Rating Change d Customary Limitation at e limitation change hange hester Change [2] as of 10/01/1985	n Interim Component
Contract Management / Fiscal Agent		Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plan	_



Cross Landings Heal	th & Rehab Center			Provider Number:	0 042138-00
1780 N. Jefferson St.		•		Date:	1/3/2013
Monticello FL 32344		•		Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	e nadarica [e]
<i>.</i> 1		(Current	New	Effective
	a		Rate	Rate	Date
Nursing Home	Single Level		228.79	228.96	1/1/2013
	Level H: AIDS		378.00	379.77	1/1/2013
	Level U: Fragile Under 21		497.75	500.81	1/1/2013
	•	_			
Rate Type:					
X Interim			Prospectiv	ve	
<u> </u>	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
			_		
X Budget			Licensur	e Rating Change	
Unaudited	costs			d Customary Limitatio	on
Field audit	ted costs		. –	ate limitation change	
	t - interim portion		FRVS C	hange	
Desk audit			. D . G	· CI	
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 04/01/2009	
Distribution:				Thomas Parker	
Contract Manag	gement / Fiscal Agent		1: :10		' 17'
Permanent File		Me	dicaid Cos	t Reimbursement Plan	ning and Finance
For inform	nation Only		8473	11-00	>
No Chan	ge in Rate		2	L-DE	
Home Office:	1 - No Home Office				
110					
	1				



Crosswinds Health &	Rehab Center			Provider Number:	0 042140-00
13455 W US 90		<u>.</u>		Date:	1/3/2013
Greenville FL 33231		-		Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:					
		•	Current	New	Effective
N	Circula I amal		Rate	Rate	Date
Nursing Home	Single Level	_	226.01	226.18	1/1/2013
	Level H: AIDS		375.22	376.99	1/1/2013
	Level U: Fragile Under 21	_	494.97	498.03	1/1/2013
Rate Type :					
X Interim			Prospectiv	ve	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
1	Prior Provider Prospective data				
Basis:		Changes:			
X Budget			Licensur	e Rating Change	
Unaudited	costs	-		d Customary Limitation	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 10/01/1985	
Distribution:	r rrospodit o potasii			Thomas Parker	
Contract Manag	ement / Fiscal Agent	Ma	dissid Cos	t Reimbursement Plan	ning and Finance
Permanent File		Me	uicaid Cos	t Kennbursement Pian	ning and rmance
For inform	nation Only			120	>
No Chang	ge in Rate		2		
Home Office:	1 - No Home Office				



Heritage Healthcare Ce	enter			Provider Number:	0 043833-00
3101 Ginger Drive				Date:	1/3/2013
Tallahassee FL 32308				Fiscal Year End:	1/31/2013
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	187.79	<u> 187.94</u> _	1/1/2013
	Level H: AIDS	<u>-</u>	337.00	338.75	1/1/2013
	Level U: Fragile Under 21		456.75	459.79	1/1/2013
Basis: X Budget Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with e Rating Change d Customary Limitation at e limitation change hange nester Change [2] as of 04/26/1997	n Interim Component
	ment / Fiscal Agent			Thomas Parker	
Permanent File For informa No Change	ation Only	Medicaid Cost Reimbursement Planning and Finance			
Home Office:					



Coral Bay Healthcare and Rehabilitation		Provider Number:	0 043851-00	
2939 S. Haverhill Road		Date:	1/3/2013	
West Palm Beach FL 33415		Fiscal Year End:	1/31/2013	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 209.24	New Rate 210.98	Effective Date 1/1/2013	
Level H: AIDS	358.45	361.79	1/1/2013	
Level U: Fragile Under 21	478.20	482.83	1/1/2013	
Rate Type: X Interim X Total 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: Contract Management / Fiscal Agent Permanent File For information Only	Changes: Licensure Usual and Target R. FRVS Cl. X Rate Sen On FRV Medicaid Cos	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 05/04/1993 Thomas Parker t Reimbursement Plan	n Interim Component on ning and Finance	_
No Change in Rate Home Office: 1 - No Home Office		L-DC		



Bradenton Health Car	re			Provider Number:	0 043859-00
6305 Cortez Road West		•		Date:	1/3/2013
Bradenton FL 34210				Fiscal Year End:	1/31/2013
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
.		_	Rate	Rate	Date
Nursing Home	Single Level	_	212.38		1/1/2013
	Level H: AIDS		361.59	364.84	1/1/2013
	Level U: Fragile Under 21	_	481.34	485.88	1/1/2013
Rate Type:					
X Interim		-	Prospectiv	/e	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	1 Interim Component
1	Prior Provider Prospective data				
Basis:		Changes:	_		
X Budget			Licensur	e Rating Change	
Unaudited	costs	-	-	d Customary Limitation	on
Field audit	ed costs		_	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 12/09/1999	
Distribution:				Thomas Parker	
Contract Manag	ement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		IVIC	uicaiu Cos	a Reimoursement i ian	ining and i manec
For inform	nation Only		-7	120	2
No Chang	ge in Rate		~_		
Home Office:	1 - No Home Office				



Grand Oaks Health and Rehab. Center			Provider Number:	0 043864-00	
3001 Palm Coast Parkway SE			Date:	1/3/2013	
Palm Coast FL 32137			Fiscal Year End:	1/31/2013	
			Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level		Surrent Rate 97.74	New Rate 197.92	Effective Date 1/1/2013	
Level H: AIDS	_3	46.95	348.73	1/1/2013	
Level U: Fragile Under 21		66.70	469.77	1/1/2013	
Rate Type: X Interim X Total 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: Contract Management / Fiscal Agent	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 05/16/1997 Thomas Parker	n Interim Component	_
Permanent FileFor information OnlyNo Change in Rate	Med		t Reimbursement Plan		
Home Office: 1 - No Home Office					



Harts Harbor Health Care Center			Provider Number:	0 043865-00
11565 Harts Road			Date:	1/3/2013
Jacksonville FL 32218			Fiscal Year End:	1/31/2013
			Audit Status:	Unaudited [3]
Provider Type:			Tadit Status	
V 1		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level	-	167.05	167.18	1/1/2013
Level H: AIDS		316.26	317.99	1/1/2013
Level U: Fragile Und	er 21	436.01	439.03	1/1/2013
Rate Type :				
X Interim		Prospectiv	ve	
X Total Interim			Total Prospective	
Interim Component			Prospective Adjusted	for New Costs
Settlement based on cost	S		Total Prospective with	
Prior Provider Prospective	ve data			
Basis:	Change	s:		
X Budget		Licensur	e Rating Change	
Unaudited costs			d Customary Limitation	on
Field audited costs			ate limitation change	
Field audit - interim portion		FRVS C	hange	
Desk audited costs Desk audit - Interim Portion	 X	— Pata San	nester Change	
Desk Audit - Prospective portion			[2] as of 12/01/2001	
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent	<u></u>	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File				_
For information Only		7	L-20	?
No Change in Rate		_	- EL	
Home Office: 1 - No Home Office	ffice			



Deltona Health Care 1851 Elkcam Boulevard				Provider Number:	0 043868-00
		- -		1/3/2013	
Deltona FL 32725	Date: Fiscal Year End:		1/31/2013		
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Onaudica [5]
riovider Type.		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	202.85	203.02	1/1/2013
	Level H: AIDS		352.06	353.83	1/1/2013
	Level U: Fragile Under 21	_	471.81	474.87	1/1/2013
Rate Type :					
X Interim			Prospectiv	e	
X	Total Interim			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	:		
X Budget			Licensure	e Rating Change	
Unaudited	costs	-	_	d Customary Limitation	on
Field audit				ate limitation change	
Field audit	t - interim portion		FRVS Cl	nange	
Desk audit	red costs		_		
	- Interim Portion	X		nester Change	
	t - Prospective portion		On FRV	[2] as of 05/01/1998	
Distribution:	gement / Fiscal Agent			Thomas Parker	
Permanent File	gement / Fiscai Agent	M	edicaid Cost	t Reimbursement Plan	nning and Finance
	mation Only			. 7	
	ge in Rate		2	L-20	
	_				
Home Office:	1 - No Home Office				



	Provider Number:	0 043875-00
	Date:	1/3/2013
		1/31/2013
		Unaudited [3]
Current Rate	New Rate	Effective Date
203.66	203.81	1/1/2013
352.87	354.62	1/1/2013
472.62	475.66	1/1/2013
Changes: Licensure Usual and Target Ra FRVS Ch X Rate Sem On FRV Medicaid Cost	Total Prospective Prospective Adjusted Total Prospective with Rating Change d Customary Limitation ate limitation change hange Rester Change [2] as of 01/01/1997 Thomas Parker t Reimbursement Plan	on Interim Component
	Rate 203.66 352.87 472.62 Prospectiv Changes: Licensure Usual and Target Rate FRVS Clause X Rate Sem On FRV Medicaid Cost	Fiscal Year End: Audit Status: Current New Rate Rate 203.66 203.81 352.87 354.62 472.62 475.66 Prospective Prospective Adjusted Total Prospective with Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 01/01/1997



Crestview Rehabilitation Center 1849 First Avenue, East				Provider Number:	0 044886-00
				Date:	1/3/2013
Crestview FL 32539		_		Fiscal Year End:	1/31/2013
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NI II	C' 1 . T 1	_	Rate	Rate	Date
Nursing Home	Single Level	-	214.74		1/1/2013
	Level H: AIDS		363.95	365.61	1/1/2013
	Level U: Fragile Under 21	- -	483.70	486.65	1/1/2013
Rate Type :					
X Interim			Prospectiv	<i>r</i> e	
	otal Interim			Total Prospective	
	nterim Component			Prospective Adjusted	
	ettlement based on costs			Total Prospective with	Interim Component
P1	rior Provider Prospective data	1			
Basis:		Changes	5:		
X Budget			Licensur	e Rating Change	
Unaudited co	osts			d Customary Limitation	on
Field audited		-		ate limitation change	
Field audit -	· interim portion		FRVS C	hange	
Desk audited	d costs				
	Interim Portion	X		nester Change	
	- Prospective portion		On FRV	[2] as of 10/30/1987	
Distribution:	(T) 1 A			Thomas Parker	
_	ment / Fiscal Agent	M	ledicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For informa	otion Only				22
No Change	•		2	L-20)
Home Office:	Southern HealthCare Man	agement, LLC			
	R. Mark Cronquist 5887 Glenridge Drive, Suit	te 150			
	Atlanta GA 30328	150			



Fort Walton Rehabilitati	ion Center			Provider Number:	0 044888-00
1 LBJ Sr. Drive				Date:	1/3/2013
Ft. Walton Beach FL 32	548			Fiscal Year End:	1/31/2013
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	219.81	219.56	1/1/2013
	Level H: AIDS		369.02	370.37	1/1/2013
	Level U: Fragile Under 21		488.77	491.41	1/1/2013
Rate Type: X Interim X To	tal Interim		Prospectiv	ve Total Prospective	
	erim Component			Prospective Adjusted	for New Costs
	tlement based on costs			Total Prospective with	
Pri	or Provider Prospective data				
Basis: X Budget		Changes		e Rating Change	
Unaudited co	sts			d Customary Limitatio	n
Field audited		-		ate limitation change	
	interim portion		FRVS C	hange	
Desk audited Desk audit - I	nterim Portion	<u> X</u>	Rate Sen	nester Change	
Desk Audit -	Prospective portion			[2] as of 12/08/1987	
Distribution:				Thomas Parker	
Contract Managem	nent / Fiscal Agent	N	Iedicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For informat No Change	•		Z	120	>
	Southern HealthCare Mana	gamant IIC			
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



River Valley Rehabilita				Provider Number:	0 044889-00
17884 N.E. Crozier Street				Date:	1/3/2013
Blountstown FL 32424		·		Fiscal Year End:	1/31/2013
				Audit Status:	Unaudited [3]
Provider Type:	Single Level	-	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	216.91	216.67	1/1/2013
	Level H: AIDS		366.12	367.48	1/1/2013
	Level U: Fragile Under 21		485.87	488.52	1/1/2013
Basis: X Budget Unaudited co Field audited Field audit - Desk audited Desk audit -	d costs interim portion	ChangeX	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component
Distribution:				Thomas Parker	
_	ment / Fiscal Agent	N	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For informa No Change	•		Z	L DE	>
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Plantation Key Nursing Center				Provider Number:	0 044975-00
48 High Point Road		Date: 1/3/2			1/3/2013
Tavernier FL 33070		-		Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NI II	C' 1 . T 1		Rate	Rate	Date
Nursing Home	Single Level		243.25	246.60	1/1/2013
	Level H: AIDS		392.46	397.41	1/1/2013
	Level U: Fragile Under 21	_	512.21	518.45	1/1/2013
Rate Type :					
X Interim			Prospectiv	/e	
	Total Interim		1	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	Interim Component
1	Prior Provider Prospective data				
Basis:		Changes:			
X Budget			Licensur	e Rating Change	
Unaudited	costs		-	d Customary Limitatio	on
Field audit	ed costs		_	ate limitation change	
Field audit	z - interim portion		FRVS C	hange	
Desk audite			.		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 12/19/2011	
Distribution:				Thomas Parker	
Contract Manag	ement / Fiscal Agent		dissid Cos	t Reimbursement Plan	ning and Finance
Permanent File		IVIC	uicaiu Cos	a Reimoursement i ian	ining and i manec
For inform	nation Only		7	120	2
No Chang	ge in Rate		2_		
Home Office:	1 - No Home Office				



V7.007.1.2:2VJZ8

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Homestead Manor A Palac	ce Community			Provider Number:	0 046017-00
1330 NW First Avenue Homestead FL 33030				Date:	1/3/2013
Homestead FE 33030				Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level	_	Current Rate 248.01	New Rate 248.21	Effective Date 1/1/2013
	mgre zever	_	210.01		1/1/2010
Le	evel H: AIDS	_	397.22	399.02	1/1/2013
Le	evel U: Fragile Under 21	_	516.97	520.06	1/1/2013
Interi Settle Prior Basis: X Budget Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Interior	erim portion ests	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 11/01/2011	n Interim Component
	-t / E:1 At			Thomas Parker	
Contract Managemer Permanent File	n / Fiscai Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
For informatio No Change in	•		2	LDE	>
Home Office:	Professional Care I, Inc. Oscar Roiz 11355 SW 84th St Miami FL 33173				



Victoria Nursing and R	ehabilitation Center			Provider Number:	0 046128-00
955 NW 3rd Street				Date:	1/3/2013
Miami Fl 33128				Fiscal Year End:	2/29/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 229.66	New Rate 232.39	Effective Date 1/1/2013
	Level H: AIDS	_	378.87	383.20	1/1/2013
	Level U: Fragile Under 21	_	498.62	504.24	1/1/2013
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit -	d costs interim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted at Total Prospective with Re Rating Change d Customary Limitation ate limitation change	n Interim Component
<u>Distribution:</u>	one / Eine 1 Annu			Thomas Parker	
Contract Manager Permanent File	ment / Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
For informa No Change	•		Z	120	>
Home Office:	1 - No Home Office				



Crossbreeze Care Center				Provider Number:	0 046233-00
1755 18th Street		Date: 1/3		1/3/2013	
Sarasota FL 34234		_		Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
Provider Type:				Tauti Statusi	
. 1			Current	New	Effective
		<u> </u>	Rate	Rate	Date
Nursing Home	Single Level	_	229.74	230.31	1/1/2013
	Level H: AIDS		378.95	381.12	1/1/2013
	Level U: Fragile Under 21	-	498.70	502.16	1/1/2013
Rate Type:					
X Interim			Prospectiv		
	Total Interim			Total Prospective	
	Interim Component	Prospective Adjusted for New Costs			
	Settlement based on costs			Total Prospective with	Interim Component
	Prior Provider Prospective data				
Basis:		Changes	:		
X Budget			Licensur	e Rating Change	
Unaudited	costs	-	_	d Customary Limitatio	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 10/01/1985	
Distribution:	1 Trospective portion		OHTRV	Thomas Parker	
Contract Manag	ement / Fiscal Agent		. 1 1 C		
Permanent File		IVI	edicald Cos	t Reimbursement Plan	ining and rinance
For inform	nation Only			120	>
No Chang	ge in Rate		2		
Home Office:	1 - No Home Office				



Riverside Care Center				Provider Number:	0 046758-00)
899 NW 4th Street				Date:	1/3/2013	
Miami FL 33128				Fiscal Year End:	2/29/2012	
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level	_	Current Rate	New Rate 233.31	Effective Date 1/1/2013	
- (_			1/1/2010	
Le	evel H: AIDS	<u>-</u>	379.18	384.12	1/1/2013	
Le	evel U: Fragile Under 21	-	498.93	505.16	1/1/2013	
Basis: Budget X Unaudited costs Field audited co Field audit - interior Desk audit - Interior Desk Audit - Pre	erim portion sts	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 hange	Interim Componen	t
Distribution: Contract Management Permanent File For information No Change in	n Only	M		Thomas Parker t Reimbursement Plan		_
Home Office:	Stacey Enterprises, Inc Richard E. Stacey 421 Garrard Street Covington KY 41011					



Renaissance Health a	nd Rehabilitation			Provider Number:	0 047787-00
5065 Wallis Road		•	Date: 1/3/2		
West Palm Beach FL	33415			Fiscal Year End:	1/31/2013
				Audit Status:	Unaudited [3]
Provider Type:					
		•	Current	New	Effective
NI II	C' l . T l		Rate	Rate	Date
Nursing Home	Single Level	_	229.44		1/1/2013
	Level H: AIDS		378.65	383.28	1/1/2013
	Level U: Fragile Under 21	_	498.40	504.32	1/1/2013
Rate Type :					
X Interim			Prospectiv	re	
X	Γotal Interim			Total Prospective	
	nterim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
I	Prior Provider Prospective data				
Basis:		Changes:]		
X Budget			Licensur	e Rating Change	
Unaudited	costs		Usual an	d Customary Limitatio	on
Field audit	ed costs		_	ate limitation change	
	- interim portion		FRVS C	hange	
Desk audite		<u> X</u>	D. C.	Clares	
	- Interim Portion - Prospective portion			nester Change [2] as of 07/09/1986	
<u>Distribution:</u>				Thomas Parker	
Contract Manag	ement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		1,10	arcara cos		ming und I munee
	nation Only		7	L-20	>
No Chang	ge in Rate				
Home Office:	1 - No Home Office				



Wood Lake Nursing & Rehabilitation Center				Provider Number:	0 047788-00	
6414 13th Road South	1			Date:	1/3/2013	
West Palm Beach FL	33415	_		Fiscal Year End:	1/31/2013	
				Audit Status:	Unaudited [3]	
Provider Type:				radit Status.	Onadarea [5]	
riovider ryper			urrent Rate	New Rate	Effective Date	
Nursing Home	Single Level		25.91	226.47	1/1/2013	
	Level H: AIDS	_ 3	75.12	377.28	1/1/2013	
	Level U: Fragile Under 21	4	94.87	498.32	1/1/2013	
Rate Type :						
X Interim		F	Prospectiv	re		
	Total Interim			Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	h Interim Component	
'	Prior Provider Prospective data	, <u> </u>				
Basis:		Changes:				
			T	Dating Change		
Budget Unaudited	acata			e Rating Change d Customary Limitation		
Field audit				ate limitation change)II	
	- interim portion		FRVS C	=		
Desk audite	*					
	- Interim Portion	X		nester Change		
	t - Prospective portion		On FRV	[2] as of 07/11/1988		
Distribution:				Thomas Parker		
_	ement / Fiscal Agent	Med	icaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File				C 2024		
	nation Only		2	L-DE	2	
No Chang	ge in Rate					
Home Office:	1 - No Home Office					



Hillcrest Nursing and Rehabilitation Center				Provider Number:	0 047795-00
4200 Washington Str	eet	Date:		1/3/2013	
Hollywood FL 33021				Fiscal Year End:	1/31/2013
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_ 	Current Rate 203.24	New Rate 204.91	Effective Date 1/1/2013
	Level H: AIDS		352.45	355.72	1/1/2013
	Level U: Fragile Under 21	-	472.20	476.76	1/1/2013
Basis: X Budget Unaudited Field audit Field audit Desk audit Desk Audit Desk Audit Contract Manag Permanent File	ed costs - interim 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 Limitatio ate limitation change	n Interim Component on ning and Finance
No Chang	ge in Kate				



Health Central Park		_		Provider Number:	0 048441-00
411 North Dillard Str	111 North Dillard Street			Date:	1/3/2013
Winter Garden FL 34	1787	_		Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				110010 2000051	
JI			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		221.77	224.76	1/1/2013
	Level H: AIDS		370.98	375.57	1/1/2013
	Level U: Fragile Under 21		490.73	496.61	1/1/2013
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	Interim Component
	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensur	e Rating Change	
X Unaudited	costs		Usual an	d Customary Limitatio	on
Field audit	ted costs			ate limitation change	
	t - interim portion		FRVS C	hange	
Desk audit			p	. (1	
	t - Interim Portion t - Prospective portion	X		nester Change [2] as of 10/01/1985	
<u>Distribution:</u>				Thomas Parker	
Contract Manag	gement / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		•			
	mation Only		7	L-DE	>
No Chang	ge in Rate				
Home Office:	1 - No Home Office				
1101110 0111101					
	_	-	-		



Ocala Oaks Rehabilitation Center				Provider Number:	0 048611-00
3930 E Silver Springs	Blvd				1/3/2013
Ocala FL 34470		<u> </u>		Fiscal Year End:	5/31/2013
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NI II.	C' 1 . T 1	_	Rate	Rate	Date
Nursing Home	Single Level	_	222.49		1/1/2013
	Level H: AIDS		371.70	383.03	1/1/2013
	Level U: Fragile Under 21	·	491.45	504.07	1/1/2013
Rate Type :					
X Interim			_ Prospectiv		
	Total Interim			Total Prospective	0 N G
	nterim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i interim Component
	Tioi Flovidei Flospective data		_		
Basis:		Changes	S:		
X Budget			Licensur	e Rating Change	
Unaudited	costs			d Customary Limitation	on
Field audit		-	_	tate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite	ed costs				
	- Interim Portion	X		mester Change	
Desk Audit	- Prospective portion		On FR v	[2] as of 04/18/1991	
· · · · · · · · · · · · · · · · · · ·	ament / Eigeal Agent			Thomas Parker	
Permanent File	ement / Fiscal Agent	M	ledicaid Cos	st Reimbursement Plan	ning and Finance
	nation Only			. 1	
No Chang	•		2	L-DE	
Home Office:	Southern HealthCare Ma	nagement, LLC			
Home Office.	R. Mark Cronquist				
	5887 Glenridge Drive, Su	ite 150			
	Atlanta GA 30328				



New Riviera Nursing and Rehabilitation Center				Provider Number:	0 048807-00
6901 Yumuri Street		_		Date:	1/3/2013
Coral Gables FL 3314	16	_	Fiscal Year End:		11/30/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	249.09	250.77	1/1/2013
	Level H: AIDS	_	398.30	401.58	1/1/2013
	Level U: Fragile Under 21	_	518.05	522.62	1/1/2013
Rate Type :					
X Interim			Prospectiv	e	
X	Total Interim			Total Prospective	
]	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
]	Prior Provider Prospective data				
Basis:		Changes:			
X Budget			Licensure	e Rating Change	
Budget Unaudited	costs		-	d Customary Limitatio	on
Field audit		-	_	ate limitation change	···
Field audit	- interim portion		FRVS CI	hange	
Desk audite			_		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 06/14/2012	
Distribution:	Trospective portion		OHTICV	Thomas Parker	
Contract Manag	ement / Fiscal Agent		dissid Cost	t Reimbursement Plan	ning and Einanga
Permanent File		IVIE	culcalu Cosi	i Kennbursement Flan	imig and rmance
For inform	nation Only		-7	120	2
No Chang	ge in Rate		_		
Home Office:	1 - No Home Office				



South Dade Nursing and Rehabilitation Center				Provider Number:	0 054789-00
17475 S. Dixie Highw	vay	Date:		1/3/2013	
Miami FL 33157		•		Fiscal Year End:	5/31/2013
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	e naudrica [e]
71		(Current	New	Effective
	a		Rate	Rate	Date
Nursing Home	Single Level		200.33	200.50	1/1/2013
	Level H: AIDS		349.54	351.31	1/1/2013
	Level U: Fragile Under 21		469.29	472.35	1/1/2013
	•	_			
Rate Type:					
X Interim			Prospectiv	ve .	
X	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:			
			1		
X Budget			Licensur	e Rating Change	
Unaudited	costs			d Customary Limitatio	on
Field audit	ed costs		_	ate limitation change	
	z - interim portion		FRVS C	hange	
Desk audit			D . C	. CI	
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 04/01/2004	
Distribution:				Thomas Parker	
Contract Manag	ement / Fiscal Agent		1: :10		· 1E'
Permanent File	-	Med	dicaid Cos	t Reimbursement Plan	ning and Finance
For inform	nation Only			1000	2
No Chang	ge in Rate		2	L-DE	
Home Office:	1 - No Home Office				
1101110 0111001					
	<u> </u>				



Golden Glades Nursing and R	ehabilitation Center		Provider Number:	0 054790-00
220 Sierra Drive			Date:	1/3/2013
Miami FL 33179			Fiscal Year End:	5/31/2013
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sing	le Level	Current Rate 228.70	New Rate	Effective Date 1/1/2013
Nursing frome Sing	ie Levei			1/1/2015
Level	H: AIDS	377.91	379.71	1/1/2013
Level	U: Fragile Under 21	497.66	500.75	1/1/2013
Basis: X Budget 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	Changes: Licensure Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with Read Rating Change I Customary Limitation ate limitation change	n Interim Component
<u>Distribution:</u>	7' 1 A		Thomas Parker	
Contract Management / I Permanent File For information O No Change in Rat Home Office:	nly		Reimbursement Plan	_



Englewood Healthcare & Rehab. Center				Provider Number:	0 059855-00
1111 Drury Lane		•	Date: 1/		1/3/2013
Englewood FL 34224	<u> </u>			Fiscal Year End:	1/31/2013
				Audit Status:	Unaudited [3]
Provider Type:					
• •		(Current	New	Effective
.,			Rate	Rate	Date
Nursing Home	Single Level	_	192.03	192.18	1/1/2013
	Level H: AIDS		341.24	342.99	1/1/2013
	Level U: Fragile Under 21		460.99	464.03	1/1/2013
		_			
Rate Type:					
X Interim			Prospectiv	ve .	
_ X	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
			_		
X Budget				e Rating Change	
Unaudited				d Customary Limitatio	on
Field audit		-	_	ate limitation change	
	t - interim portion		FRVS C	nange	
Desk audit	ed costs - Interim Portion	<u> X</u>	Rate Sen	nester Change	
	t - Prospective portion			[2] as of 05/01/1993	
Distribution:				Thomas Parker	
Contract Manag	gement / Fiscal Agent	Med	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		1710	areara cos		ming and I manee
For inform	nation Only		-7	120	>
No Chang	ge in Rate		2_		
Home Office:	1 - No Home Office				
nome office.					



Bon Secours Maria Manor				Provider Number:	0 200107-00
10300 4th Street North				Date:	1/3/2013
St. Petersburg FL 33716	_			Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 222.64	New Rate 224.86	Effective Date 1/1/2013
	ingle Devel		122.07		1/1/2013
Lev	vel H: AIDS	3	71.85	375.67	1/1/2013
Lev	vel U: Fragile Under 21		91.60	496.71	1/1/2013
Interin Settlen	rim portion ts rim 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 Permanent File	/ Fiscal Agent	Med	icaid Cos	Thomas Parker t Reimbursement Plan	ning and Finance
For information No Change in R	•		Z	L DE	
Home Office:	Bon Secours Health System, I Keith Braganza 1505 Marriottsville Road Marriottsville MD 21104-1399				



Westminster Oaks				Provider Number:	0 200409-00	
4449 Meandering Way				Date:	1/3/2013	
Tallahassee FL 32308				Fiscal Year End:	3/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home S	ingle Level	_	Current Rate	New Rate 188.10	Effective Date 1/1/2013	
	ingle Level	_	172.00	100.10	1/1/2013	
L	evel H: AIDS	_	342.07	338.91	1/1/2013	
L	evel U: Fragile Under 21	-	461.82	459.95	1/1/2013	
Basis: Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int	eerim portion osts	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Contract Managemen	nt / Fiscal Agent		- 4:: 1 C		ning and Einang	
Permanent File For informatio No Change in Home Office:	n Only	M		t Reimbursement Plan	-	
Tionic office.	80 West Lucerne Circle Orlando FL 32801					



Floridean Nursing & Rehab				Provider Number:	0 200425-00
47 NW 32nd Place				Date:	1/3/2013
Miami FL 33125				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			urrent Rate	New Rate	Effective Date
Nursing Home Single Lev	rel		233.73	237.95	1/1/2013
Level H: AID	os	_3	82.94	388.76	1/1/2013
Level U: Fraș	gile Under 21		502.69	509.80	1/1/2013
Interim Total Interim Interim Compon Settlement based Prior Provider Pr Basis: Budget X Unaudited costs Field audited costs Field audit - interim portio Desk audited costs Desk Audit - Prospective p	on costs cospective data	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective wit e Rating Change d Customary Limitation change	h Interim Component
<u>Distribution:</u> Contract Management / Fiscal A	gent			Thomas Parker	
Permanent File For information Only No Change in Rate	gom	Med		t Reimbursement Plar	
Home Office: 1 - No 1	Home Office				



Miami Jewish Health	Systems			Provider Number:	0 200506-00
5200 N.E. 2nd Avenu	ne			Date:	1/3/2013
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		226.20	228.64	1/1/2013
	Level H: AIDS		375.41	379.45	1/1/2013
	Level U: Fragile Under 21		495.16	500.49	1/1/2013
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	ted costs t - interim portion ed costs - Interim Portion t - 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 hange mester Change	n Interim Component
·	ement / Fiscal Agent			Thomas Parker	
Permanent File	ement / 1 bout 1 gont	Med	licaid Cos	t Reimbursement Plan	ning and Finance
For inform	nation Only ge in Rate		Z	l De	-
Home Office:	1 - No Home Office				



Pines Nursing Home		Provider Number:	0 200620-00
301 NE 141st Street North		Date:	1/3/2013
North Miami Beach FL 33161		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 247.99	New Rate 251.05	Effective Date 1/1/2013
Level H: AIDS	397.20	401.86	1/1/2013
Level U: Fragile Under 21	516.95	522.90	1/1/2013
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 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			. 15:
Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plan	-



All Saints Catholic Nursing Home & R.C. Inc.		Provider Number:	0 200735-00
5888 Blanding Boulevard		Date:	1/3/2013
Jacksonville FL 32244		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 215.41	New Rate 216.49	Effective Date 1/1/2013
Single Devel		210.47	1/1/2015
Level H: AIDS	364.62	367.30	1/1/2013
Level U: Fragile Under 21	484.37	488.34	1/1/2013
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 R: FRVS Cl X Rate Sem On FRV Medicaid Cost	Total Prospective Prospective Adjusted of Total Prospective with Total Prospective with Rating Change d Customary Limitation at limitation change hange hange Thomas Parker t Reimbursement Plant	n Interim Component on ning and Finance
For information Only No Change in Rate Home Office: 1 - No Home Office	2	L-20	>



River Garden Hebrew H	Iome		Provider Number:	0 200859-00
11401 Old St. Augustine	e Rd.		Date:	1/3/2013
Jacksonville FL 32258			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 231.98	New Rate	Effective Date 1/1/2013
	Level H: AIDS	381.19	383.86	1/1/2013
				
	Level U: Fragile Under 21	500.94	504.90	1/1/2013
Basis: Budget X Unaudited con Field audited Field audit - i Desk audited Desk audit - I	sts costs interim portion	Licensure Usual and Target R FRVS CI	Total Prospective Prospective Adjusted of Total Prospective with Rating Change d Customary Limitation at elimitation change hange mester Change [2] as of 10/01/1985	Interim Component
Contract Managem	nent / Fiscal Agent		Thomas Parker	
Permanent File For informat No Change	tion Only		t Reimbursement Plan	_
Home Office:	River Garden Holding Company Betty Parker 11401 Old St. Augustine Road Jacksonville FL 32258			



Avante at Jacksonville Beach		Provider Number:	0 200913-00
1504 Seabreeze Avenue		Date:	1/3/2013
Jacksonville Beach FL 32250-3369		Fiscal Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	215.81	219.22	1/1/2013
Level H: AIDS	365.02	370.03	1/1/2013
Level U: Fragile Under 21	484.77	491.07	1/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes: 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		Thomas Parker t Reimbursement Plan	
Home Office: Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 5 Hollywood FL 33021-6744	40-N		



COMPREHENSIVE HEALTHCARE OF CLEARWAT		Provider Number:	0 200956-00	
2055 PALMETTO STREET		Date:	1/3/2013	
Clearwater FL 34625		Fiscal Year End:	8/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 236.67	New Rate 240.08	Effective Date 1/1/2013	
Level H: AIDS	385.88	390.89	1/1/2013	
Level U: Fragile Under 21	505.63	511.93	1/1/2013	
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 if Total Prospective with e Rating Change d Customary Limitation ate limitation change	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	2	Thomas Parker t Reimbursement Plans		



V7.007.1.2:2VJZ8

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Memorial Manor Nursing Home	_		Provider Number:	0 201006-0)0
777 South Douglas Road	<u> </u>		Date:	1/3/2013	
Pembroke Pines FL 33025	<u> </u>		Fiscal Year End:	4/30/2011	1
			Audit Status:	Unaudited	[3]
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home Single Level	_	220.20	222.54	1/1/2013	
Level H: AIDS		369.41	373.35	1/1/2013	
Level U: Fragile Under 21	_ _	489.16	494.39	1/1/2013	
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 if Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Compone	nt
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Memorial Healthcare Systems			Thomas Parker t Reimbursement Plans		_
James Ziebarth, Dir. Rein 3501 Johnson Street Hollywood FL 33021	nburs.				



V7.007.1.2:2VJZ8

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Gulf Coast Village Ca	are Center			Provider Number:	0 201120-00
1333 Santa Barbara B				Date:	1/3/2013
Cape Coral FL 33991		•		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nuusina Homo	Cingle I aval	_	Rate	Rate	Date
Nursing Home	Single Level	_	215.98		1/1/2013
	Level H: AIDS	_	365.19	369.51	1/1/2013
	Level U: Fragile Under 21	-	484.94	490.55	1/1/2013
Rate Type :					
Interim		X	Prospectiv	/e	
	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	:		
Budget			Licensur	e Rating Change	
X Unaudited	costs		_	d Customary Limitatio	on
Field audit	ed costs		_	ate limitation change	
	- interim portion		FRVS C	hange	
Desk audite			-	CI.	
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 08/28/1989	
Distribution:	J			Thomas Parker	
Contract Manag	ement / Fiscal Agent		adiasid Cos	t Reimbursement Plan	ning and Finance
Permanent File		IVI	edicald Cos	a Kennoursement Flan	imig and rmance
For inform	nation Only		-7	120	2
No Chang	ge in Rate		2_		
Home Office:	1 - No Home Office				



Hobe Sound Geriatri				Provider Number:	0 201545-00
9555 SE Federal Hig				Date:	1/3/2013
Hobe Sound FL 334	55			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 209.62	Effective Date 1/1/2013
S	C				
	Level H: AIDS	<u></u>	360.84	360.43	1/1/2013
	Level U: Fragile Under 21	_	480.59	481.47	1/1/2013
Desk audi Desk audi Desk Aud	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data d costs it - interim portion ited costs it - Interim Portion lit - Prospective portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted a Total Prospective with The Rating Change and Customary Limitation and Change	n Interim Component
<u>Distribution</u>	_			Thomas Parker	
	gement / Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
	rmation Only nge in Rate		Z	l De	<u>-</u>
Home Office:	1 - No Home Office				



The Gardens at DePugh Nursing Center	<u>-</u>		Provider Number:	0 201588-00	
559 West Morse Boulevard	_		Date:	1/3/2013	
Winter Park FL 32789	_		Fiscal Year End:	12/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	-	Current Rate 202.92	New Rate	Effective Date 1/1/2013	
Nursing Home Single Level	_	202.92		1/1/2013	
Level H: AIDS		352.13	356.81	1/1/2013	
Level U: Fragile Under 21		471.88	477.85	1/1/2013	
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	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	
Permanent FileFor information OnlyNo Change in Rate		Z	L DE	· 	
Home Office: 1 - No Home Office					



Guardian Care Nursing & Rehabilitation Center				Provider Number:	0 201651-00	
2500 West Church St	treet	•		Date:	1/3/2013	
Orlando FL 32805				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
N . II	C' I I I	_	Rate	Rate	Date	
Nursing Home	Single Level		225.37		1/1/2013	
	Level H: AIDS		374.58	379.25	1/1/2013	
	Level U: Fragile Under 21		494.33	500.29	1/1/2013	
Rate Type:						
Interim		X	Prospectiv			
	Total Interim		<u>X</u>	Total Prospective	C. N. G.	
	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 Limitatio	on	
Field audit	ted costs	Target Rate limitation change				
Field audi	t - interim portion		FRVS C	hange		
Desk audit			_			
	t - Interim Portion t - Prospective portion	X	_	nester Change [2] as of 10/01/1985		
Distribution:	• •			Thomas Parker		
Contract Manag	gement / Fiscal Agent		diasid Cos	t Reimbursement Plan	ning and Finance	
Permanent File		IVIC	uicaiu Cos	a Reimoursement i ian	ming and I manee	
For inform	mation Only		-7	120	2	
No Chan	ge in Rate		~			
Home Office:	1 - No Home Office					
	-					



V7.007.1.2:2VJZ8

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	nabilitation & Care Center			Provider Number:	0 202011-00
3301 McMullen Booth R	oad			Date:	1/3/2013
Clearwater FL 33761				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 226.59	New Rate 228.78	Effective Date 1/1/2013
,	8	_			
I	Level H: AIDS		375.80	379.59	1/1/2013
I	Level U: Fragile Under 21		495.55	500.63	1/1/2013
Basis: Budget X Unaudited cost Field audit - in Desk audited cost Desk audit - In	costs nterim portion costs	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with 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 The Prospective Adjusted The Prospective With The Rating Change The Rating Ch	n Interim Component
Contract Manageme	ant / Fiscal Agant			Thomas Parker	
Permanent File	om / 1 iscai Agein	N	Iedicaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in	•		Z	l Re	<u> </u>
Home Office:	The Goodman Group, LLC 1107 Hazeltine Blvd Chaska MN 55318				



The Rohr Home		Provider Number:	0 202533-00
2120 Marshall Edwards Drive		Date:	1/3/2013
Bartow FL 33830		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 237.99	New Rate 241.31	Effective Date 1/1/2013
ruising frome Single Level			1/1/2013
Level H: AIDS	387.20	392.12	1/1/2013
Level U: Fragile Under 21	506.95	513.16	1/1/2013
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	- M. II. :10		' 15'
Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plan	



SAMANTHA R. WILSON AT BAYVIEW		Provider Number:	0 202606-00	
161 Marine Street		Date:	1/3/2013	
St. Augustine FL 32084		Fiscal Year End:	9/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	220.68		1/1/2013	
Level H: AIDS	369.89	372.73	1/1/2013	
Level U: Fragile Under 21	489.64	493.77	1/1/2013	
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 For information Only No Change in Rate Home Office: 1 - No Home Office	Changes: Licensure Usual and Target R. FRVS Cl. X Rate Sen On FRV Medicaid Cos	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component on ning and Finance	



Pines of Sarasota		Provider Number:	0 202703-00
1501 North Orange Avenue		Date:	1/3/2013
Sarasota FL 34236		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 248.95	New Rate 251.29	Effective Date 1/1/2013
indising frome single zever			1/1/2013
Level H: AIDS	398.16	402.10	1/1/2013
Level U: Fragile Under 21	517.91	523.14	1/1/2013
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 - Prospective portion Distribution:	Changes: Licensure Usual and Target R FRVS C	Total Prospective Prospective Adjusted if Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Contract Management / Fiscal Agent	- W 1: :1G		' 15'
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plan	



V7.007.1.2:2VJZ8

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

SUNNYSIDE NURSING	НОМЕ			Provider Number:	0 202711-0	0
5201 BAHIA VISTA ST				Date:	1/3/2013	
Sarasota FL 34232				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ingle Level	_	Current Rate	New Rate 260.83	Effective Date 1/1/2013	
3	0	_				
Le	evel H: AIDS	_	410.11	411.64	1/1/2013	
Le	evel U: Fragile Under 21	_	529.86	532.68	1/1/2013	
Interior Settle	erim portion sts erim 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 hange nester Change [2] as of 10/01/1985	Interim Compone	nt
Contract Managemen	t / Fiscal Agent			Thomas Parker		
Permanent File For information No Change in I Home Office:	n Only			t Reimbursement Plan	_	



Center for Health Care	e of The Alliance Community			Provider Number:	0 202789-00	
130 West Armstrong Avenue				Date:	1/3/2013	
Deland FL 32720				Fiscal Year End:	6/30/2012	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
.	C' I T I		Rate	Rate	Date	
Nursing Home	Single Level		177.59	<u> 181.45</u> _	1/1/2013	
	Level H: AIDS		326.80	332.26	1/1/2013	
	Level U: Fragile Under 21	_	446.55	453.30	1/1/2013	
Rate Type :						
Interim		X	Prospectiv			
	Total Interim		<u>X</u>	Total Prospective	C. M. G.	
	nterim Component			Prospective Adjusted		
	ettlement based on costs Prior Provider Prospective data			Total Prospective with	i interim Component	
	noi i tovidei i tospective data	<u> </u>	1			
Basis:		Changes:				
Budget			Licensur	e Rating Change		
X Unaudited of	costs	-	•	d Customary Limitation	on	
Field audite	ed costs	Target Rate 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:				Thomas Parker		
Contract Manage	ement / Fiscal Agent		digaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File		IVIC	dicaid Cos	t Kennoursement i ian	imig and i mance	
For inform	nation Only		-7	120	?	
No Chang	e in Rate		2_			
Home Office:	1 - No Home Office					



	ND NURSING AND REHABILITA			Provider Number:	0 202941-00
1329 ABRAHAM S				Date:	1/3/2013
Tallahassee FL 3230)4			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 195.70	New Rate	Effective Date 1/1/2013
Tursing Home	Single Level		175.70	<u> 197.78</u> _	1/1/2013
	Level H: AIDS		344.91	348.59	1/1/2013
	Level U: Fragile Under 21		464.66	469.63	1/1/2013
Desk audi	ited costs it - interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted a Total Prospective with Re Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1985	n Interim Component
<u>Distribution</u>	<u>:</u>			Thomas Parker	
	gement / Fiscal Agent	·	Medicaid Cos	t Reimbursement Plan	ning and Finance
	ermation Only Inge in Rate			LDE	
Home Office:	1 - No Home Office				



Avante at Leesburg		Provider Number:	0 203122-00
2000 Edgewood Avenue		Date:	1/3/2013
Leesburg FL 34748		Fiscal Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 230.68	New Rate 225.37	Effective Date 1/1/2013
Single Devel			1/1/2013
Level H: AIDS	379.89	376.18	1/1/2013
Level U: Fragile Under 21	499.64	497.22	1/1/2013
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 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		Thomas Parker t Reimbursement Plan	
Home Office: Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite 5 Hollywood FL 33021-6744	40-N		



V7.007.1.2:2VJZ8

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Villa Maria Nursing & Rehabilitation		Provider Number:	0 203165-00	
1050 NE 125th Street		Date:	1/3/2013	
North Miami FL 33161		Fiscal Year End:	9/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 243.95	New Rate 246.26	Effective Date 1/1/2013	
Single Zever			1/1/2013	
Level H: AIDS	393.16	397.07	1/1/2013	
Level U: Fragile Under 21	512.91	518.11	1/1/2013	
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 07/01/2010	Interim Component	
Contract Management / Fiscal Agent		Thomas Parker		
Permanent FileFor information OnlyNo Change in Rate Home Office: Catholic Health Services Mary Jo Frick 4790 N. State Road 7 Lauderdale Lakes FL 33319		t Reimbursement Plan		



Glades Health Care Center	_			Provider Number:	0 203203-	00
230 S. Barfield Highway				Date:	1/3/2013	}
Pahokee FL 33476				Fiscal Year End:	2/28/2011	2
				Audit Status:	Unaudited	[3]
Provider Type: Nursing Home Single I	evel		Current Rate 226.53	New Rate 229.66	Effective Date 1/1/2013	
~ · · · · · · · · · · · · · · · · · · ·					1/1/2010	
Level H: A	AIDS	_	375.74	380.47	1/1/2013	
Level U: F	Tragile Under 21	_	495.49	501.51	1/1/2013	
Interim Total Interim Interim Comp Settlement ba Prior Provide Basis: Budget X Unaudited costs Field audited costs Field audit - interim por Desk audited costs Desk audit - Interim Por Desk Audit - Prospectiv Distribution:	respective data tion	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 RV [1]	Interim Compone	ent
<u> </u>	l A cont			Thomas Parker		
Contract Management / Fisca Permanent File For information Only No Change in Rate	ı Ageill	Me		t Reimbursement Plan	_	
1311	ncil on Aging of Florida SW 16th Street esville FL 32608	, Inc.				



V7.007.1.2:2VJZ8

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Avante at Inverness				Provider Number:	0 203220-00
304 South Citrus Ave	enue	_		Date:	1/3/2013
Inverness FL 34452-4	1753	_		Fiscal Year End:	5/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
		(Current	New	Effective
.			Rate	Rate	Date
Nursing Home	Single Level	<u> </u>	211.16	214.14	1/1/2013
	Level H: AIDS	:	360.37	364.95	1/1/2013
	Level U: Fragile Under 21	_	480.12	485.99	1/1/2013
Data Tyma a					
Rate Type :			_		
Interim	m . 1x	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 intermi Component
<u> </u>		Chaman	1		
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 01/01/1991	
Distribution:	<u> </u>			Thomas Parker	
Contract Manag	gement / Fiscal Agent	Mar	lingid Con	t Reimbursement Plan	ning and Einanga
Permanent File		Med	ncaid Cos	t Reimbursement Plan	ming and rinance
For inform	nation Only		7	L DE	>
No Chang	ge in Rate		2		
Home Office:	Avante Group, Inc.				
	Janan Mitchell				
	4000 Hollywood Blvd, Su				
	Hollywood FL 33021-674	''			
	-				



Avante at Lake Worth	1			Provider Number:	0 203238-00
2501 North A Street				Date:	1/3/2013
Lake Worth FL 33460)			Fiscal Year End:	5/31/2012
				Audit Status:	Unaudited [3]
Provider Type:		R	rent ate	New Rate	Effective Date
Nursing Home	Single Level		6.03	244.39	1/1/2013
	Level H: AIDS	38	5.24	395.20	1/1/2013
	Level U: Fragile Under 21	50	4.99	516.24	1/1/2013
Basis: Budget X Unaudited Field audit Field audit Desk audite Desk audit	ed costs - interim portion	Changes: L U T F	icensur sual an arget R RVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/01/1991	n Interim Component
	ement / Fiscal Agent			Thomas Parker	
Permanent File	nation Only	Medic		t Reimbursement Plan	-
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	540-N			



The Palace at Kendall Nursing and Rehab Center		Provider Number:	0 203327-00	
11215 SW 84th Street		Date:	1/3/2013	
Miami FL 33173		Fiscal Year End:	7/31/2012	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 225.42	New Rate 224.73	Effective Date 1/1/2013	
Single Bever			1/1/2015	
Level H: AIDS	374.63	375.54	1/1/2013	
Level U: Fragile Under 21	494.38	496.58	1/1/2013	
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	
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		Thomas Parker t Reimbursement Plan		



TimberRidge Nursing & Rehab Center		Provider Number:	0 203335-00
9848 SW 110th Street		Date:	1/3/2013
Ocala FL 34481		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 217.60	New Rate 219.12	Effective Date 1/1/2013
Level H: AIDS	366.81	369.93	1/1/2013
Level U: Fragile Under 21	486.56	490.97	1/1/2013
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 - Prospective portion	Usual ar Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted at Total Prospective with The Rating Change and Customary Limitation at limitation change	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker	-
Home Office: 1 - No Home Office			



Marianna Health & Rehabilitation			Provider Number:	0 203475-00)
4295 5th Avenue	<u>—</u>		Date:	1/3/2013	
Marianna FL 32446			Fiscal Year End:	9/30/2011	
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 206.53	New Rate 208.74	Effective Date 1/1/2013	
Single Level		100.55	200.74	1/1/2013	
Level H: AIDS	<u>3</u>	355.74	359.55	1/1/2013	
Level U: Fragile Under 21		175.49	480.59	1/1/2013	
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: Contract Management / Fiscal Agent	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 Componen	t
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Med		t Reimbursement Plan	_	
Home Office: 1 - No Home Office					



Manor at Carpenter's		Provider Number:	0 203599-00
1001 Carpenter's Way		Date:	1/3/2013
Lakeland FL 33809		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.09	212.74	1/1/2013
Level H: AIDS	359.30	363.55	1/1/2013
Level U: Fragile Under 21	479.05	484.59	1/1/2013
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 of Total Prospective with e Rating Change d Customary Limitation at e limitation change hange hester Change [2] as of 06/01/1991	Interim Component
Contract Management / Fiscal Agent		Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plan	_



Perdue Medical Cente	er			Provider Number:	0 203670-00
19590 Old Cutler Roa	ad	_		Date:	1/3/2013
Miami FL 33157		_		Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				Tadit Status	
• •			Current	New	Effective
	a	_	Rate	Rate	Date
Nursing Home	Single Level	_	225.33		1/1/2013
	Level H: AIDS		374.54	378.47	1/1/2013
	Level U: Fragile Under 21	-	494.29	499.51	1/1/2013
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
1	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	л
Field audit	t - interim portion		FRVS C	hange	
Desk audit	_				
	- Interim Portion	X		nester Change [2] as of 10/01/1985	
Distribution:	t - Prospective portion		Oll TKV		
·	gement / Fiscal Agent			Thomas Parker	
Permanent File	(vinem) 1 10 vin 1 18 vin	M	edicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only		A-13	11-01	>
	ge in Rate		2	L DE	
Home Office:	1 - No Home Office				



John Knox Village Of Florida		Provider Number:	0 203769-00	
651 S.W. 6TH STREET		Date:	1/3/2013	
Pompano Beach FL 33060		Fiscal Year End:	12/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 210.33	New Rate 213.18	Effective Date 1/1/2013	
Level H: AIDS	359.54	363.99	1/1/2013	
Level U: Fragile Under 21	479.29	485.03	1/1/2013	
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 Desk audit - Interim portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only	Changes: Licensure Usual and Target R: FRVS Cl X Rate Sem On FRV Medicaid Cost	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 Thomas Parker t Reimbursement Plan	n Interim Component	
Mo Change in Rate Home Office: 1 - No Home Office		L-200		



Westminster Asbury Tow	vers			Provider Number:	0 203815-00
1533 4th Avenue West				Date:	1/3/2013
Bradenton FL 34205				Fiscal Year End:	3/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level]	urrent Rate 98.06	New Rate 197.00	Effective Date 1/1/2013
Truising Trome			70.00	177.00	1/1/2010
I	Level H: AIDS	3	47.27	347.81	1/1/2013
I	Level U: Fragile Under 21	4	67.02	468.85	1/1/2013
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 of Total Prospective with e Rating Change d Customary Limitation at e limitation change hange hester Change [2] as of 08/01/1991	Interim Component
Contract Manageme	ent / Fiscal Agent			Thomas Parker	
Permanent File	on / 1 iscai Agont	Medi	icaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in	•		Z	L DE	> —
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801				



Oak Bluffs Health C	Center Center			Provider Number:	0 203823-00
420 Bay Avenue				Date:	1/3/2013
Clearwater FL 3461	6			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 198.15	New Rate 189.74	Effective Date 1/1/2013
runsing nome	Single Level	-	170.13	109.74	1/1/2013
	Level H: AIDS		347.36	340.55	1/1/2013
	Level U: Fragile Under 21		467.11	461.59	1/1/2013
Desk audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data d costs it - interim portion ited costs it - Interim Portion lited respective portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with The Rating Change and Customary Limitation Late limitation change	n Interim Component
Contract Mana	gement / Fiscal Agent	N	Medicaid Cos	st Reimbursement Plan	ning and Finance
	rmation Only nge in Rate 1 - No Home Office			L DE	



Lisenby on Lake Caroline		Provider Number:	0 203980-00
1400 West Eleventh Street		Date:	1/3/2013
Panama City FL 32401		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 164.60	New Rate 166.46	Effective Date 1/1/2013
g			
Level H: AIDS	313.81	317.27	1/1/2013
Level U: Fragile Under 21	433.56	438.31	1/1/2013
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 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 10/08/1991 Thomas Parker	n Interim Component
Permanent FileFor information OnlyNo Change in Rate		t Reimbursement Plan	-
Home Office: 1 - No Home Office			



Mease Continuing Care		Provider Number:	0 204072-00
910 New York Avenue		Date:	1/3/2013
Dunedin FL 34698		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 207.40	New Rate 210.69	Effective Date 1/1/2013
Level H: AIDS	356.61	361.50	1/1/2013
Level U: Fragile Under 21	476.36	482.54	1/1/2013
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
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		Thomas Parker t Reimbursement Plan	_



Jackson Memorial Long Term Care Cente	er		Provider Number:	0 204161-00	
2500 NW 22nd Avenue			Date:	1/3/2013	
Miami FL 33142			Fiscal Year End:	9/30/2011	
			Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level		Current Rate 221.50	New Rate 223.82	Effective Date 1/1/2013	
Level H: AIDS		370.71	374.63	1/1/2013	
Level U: Fragile	Under 21	490.46	495.67	1/1/2013	
Interim Total Interim Interim Component Settlement based on Prior Provider Prosp Basis: Budget X Unaudited costs Field audit - interim portion Desk audited costs Desk Audit - Prospective portion	CI	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted: Fotal Prospective with Rating Change I Customary Limitation Ite limitation change	Interim Component	
Distribution: Contract Management / Fiscal Agen Permanent File		Medicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance	_
For information Only No Change in Rate		Z	120	· —	
Eric Rodrigo	12th Avenue	y			



Regents Park Of Boca Raton		Provider Number:	0 204170-00
6363 Verde Trail		Date:	1/3/2013
Boca Raton FL 33433		Fiscal Year End:	2/29/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 239.74	New Rate 242.06	Effective Date 1/1/2013
Level H: AIDS	388.95	392.87	1/1/2013
Level U: Fragile Under 21	508.70	513.91	1/1/2013
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		Thomas Parker t Reimbursement Plan	



Olds Hall Good Samaritan				Provider Number:	0 204391-00
327 Orange Avenue				Date:	1/3/2013
Daytona Beach FL 32114				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:		-	Current Rate	New Rate	Effective Date
Nursing Home Si	ingle Level	-	222.81		1/1/2013
Le	evel H: AIDS		372.02	375.79	1/1/2013
Le	evel U: Fragile Under 21		491.77	496.83	1/1/2013
Basis: Budget X Unaudited costs Field audit - inte Desk audited co Desk audit - Inte	erim portion sts erim Portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation The Limitation change Change The Rating Change The	n Interim Component
Distribution:	ospective portion		OHTKV	[2] as of 10/01/1985	
Contract Managemen	t / Fiscal Agent		<u> </u>	Thomas Parker	
Permanent File For information No Change in 1	n Only	N		st Reimbursement Plan	
Home Office:	Evangelical Lutheran Good Kim Kouri 4800 West 57th Street Sioux Falls SD 57117	Samaritan			



TAYLOR HOME FOR THE AGED, INC.		Provider Number:	0 204536-00	
3937 Spring Park Road		Date:	1/3/2013	
Jacksonville FL 32207		Fiscal Year End:	8/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 212.61	New Rate 214.16	Effective Date 1/1/2013	
Level H: AIDS	261.02	264.07	1/1/0012	
	361.82	364.97	1/1/2013	
Level U: Fragile Under 21	481.57	486.01	1/1/2013	
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 a Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component	
<u>Distribution:</u> Contract Management / Fiscal Agent		Thomas Parker		i
Permanent FileFor information OnlyNo Change in Rate Home Office: Taylor Foundation Services, I James T. Price 6601 Chester Avenue Jacksonville FL 32217	Z	t Reimbursement Plan	_	



Tri-County Nursing I	Home			Provider Number:	0 204625-00	
7280 S.W. SR 26		_		Date:	1/3/2013	
Trenton FL 32693		_		Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:				rudit Status.	Chadated [3]	
Trovider Types			Current	New	Effective	
		_	Rate	Rate	Date	
Nursing Home	Single Level	_	196.41	198.56	1/1/2013	
	Level H: AIDS	_	345.62	349.37	1/1/2013	
	Level U: Fragile Under 21	_	465.37	470.41	1/1/2013	
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					
Basis:		Changes	<u>:</u>]			
Budget			Licensur	e Rating Change		
X Unaudited	costs	-	_	d Customary Limitation	on	
Field audit			Target Rate limitation change			
Field audit	: - interim portion		FRVS C	hange		
Desk audit			_			
	- Interim Portion	X		nester Change		
	t - Prospective portion		Oll FRV	[2] as of 05/18/1992		
Distribution:				Thomas Parker		
_	ement / Fiscal Agent	Me	edicaid Cos	st Reimbursement Plan	ning and Finance	
Permanent File						
	nation Only		2	L-20	?	
No Chang	ge in Kate					
Home Office:	1 - No Home Office					



St. Catherine Laboure M	anor		Provider Number:	0 205150-00
1750 Stockton Street			Date:	1/3/2013
Jacksonville FL 32204			Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	217.69		1/1/2013
]	Level H: AIDS	366.90	371.49	1/1/2013
1	Level U: Fragile Under 21	486.65	492.53	1/1/2013
Basis: Budget X Unaudited cos Field audit - in Desk audited of Desk audit - In	costs nterim portion costs	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective wit Sure Rating Change and Customary Limitative Rate limitation change Change Emester Change Ev [2] as of 07/01/1993	h Interim Component
Contract Manageme	ent / Fiscal Agent		Thomas Parker	
Permanent File	ent / 1 iseai Agent	Medicaid C	Cost Reimbursement Plan	nning and Finance
For informati No Change i	•	3	el Re	2_
Home Office:	St. Vincent Health System Mike Duclos 1 Shircliff Way Jacksonville FL 32204			



KISSIMMEE GOOD SA	AMARITAN			Provider Number:	0 205303-00
1550 Aldersgate Drive				Date:	1/3/2013
Kissimmee FL 34746				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		202.33	204.14	1/1/2013
	Level H: AIDS		351.54	354.95	1/1/2013
	Level U: Fragile Under 21		471.29	475.99	1/1/2013
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	costs nterim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
	ant / Eigeal A gant			Thomas Parker	
Contract Managem Permanent File	iciit / Fiscai Ageilt	1	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information No Change i	•		Z	L DE	
Home Office:	Evangelical Lutheran Good Kim Kouri 4800 West 57th Street Sioux Falls SD 57117	Samaritan			



American Finnish Nursing Home	_		Provider Number:	0 205460-00	
1800 South Drive	_		Date:	1/3/2013	
Lake Worth FL 33461	_		Fiscal Year End:	6/30/2011	
			Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	_	Current Rate 231.09	New Rate 234.24	Effective Date 1/1/2013	
2					
Level H: AIDS	_	380.30	385.05	1/1/2013	
Level U: Fragile Under 21	_	500.05	506.09	1/1/2013	
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	Licensur Usual an Target R FRVS C Rate Sen On FRV	Total Prospective Prospective Adjusted in Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 10/01/1985 Thomas Parker	Interim Component	
Permanent FileFor information OnlyNo Change in Rate	Me		t Reimbursement Plan	_	
Home Office: 1 - No Home Office					



Health Center at Abbey D	Delray		Provider Nu	nber:	0 205745-00
2000 Lawson Blvd.	·			Date:	1/3/2013
Delray Beach FL 33445			Fiscal Year	End:	12/31/2011
			Audit S	tatus:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curre Rate 223.	Rate		Effective Date 1/1/2013
		·		_	
I	Level H: AIDS	372.0	385.80		1/1/2013
Ι	Level U: Fragile Under 21	492.4	506.84		1/1/2013
Basis: Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Changes: Lice Usu Tar; FR' X Rate	Prospective Prospective Ada Total Prospective Ada Total Prospective Ada Total Prospective Ada Rensure Rating Chang al and Customary Laget Rate limitation of VS Change Respective Semester Change FRV [2] as of 07/01/	ljusted fove with	Interim Component
Distribution: Contract Manageme	ant / Fiscal Agent		Thomas Pa		
Permanent File	on / 1 iscai Agein	Medicaio	l Cost Reimburseme	nt Plann	ing and Finance
For information No Change in	•		262	20	_
Home Office:	LifeSpace Communities, Inc. 100 East Grand Ave. Des Moines IA 50309				



The Commons at Orlando l	Luthern Towers			Provider Number:	0 205796-00	
300 East Church Street		_		Date:	1/3/2013	
Orlando FL 32801		_		Fiscal Year End:	8/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
• •			Current	New	Effective	
		_	Rate	Rate	Date	
Nursing Home Si	ngle Level	_	197.26	199.93	1/1/2013	
Le	vel H: AIDS		346.47	350.74	1/1/2013	
Le	vel U: Fragile Under 21		466.22	471.78	1/1/2013	
Rate Type :						
		V	D			
Interim	Interim	X	Prospectiv X	Total Prospective		
	n Component			Prospective Adjusted	for New Costs	
	ment based on costs			Total Prospective with		
	Provider Prospective data			1	1	
Basis:		Changes	,.			
Dasis.		Changes	<u>'`</u>			
Budget			Licensur	e Rating Change		
X Unaudited costs		-		d Customary Limitatio	on	
Field audited cos	sts		Target Rate limitation change			
Field audit - inte	erim portion		FRVS C	hange		
Desk audited cos			_			
Desk audit - Inte		X		nester Change [2] as of 10/01/1985		
Desk Audit - Pro	spective portion		Oli PRV			
Contract Managemen	t / Fiscal Agent			Thomas Parker		
Permanent File	t / Tisour rigont	M	ledicaid Cos	t Reimbursement Plan	ning and Finance	
For information	Only		ومعاون	11-00	2	
No Change in I	-		2	L-DE		
Home Office:	1 - No Home Office					
monte office.						



V7.007.1.2:2VJZ8

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

St John's Nursing Home		Provider Number:	0 205800-00	
3075 NW 35th Avenue		Date:	1/3/2013	
Lauderdale Lakes FL 33311		Fiscal Year End:	9/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 242.66	New Rate 245.66	Effective Date 1/1/2013	
Level H: AIDS	391.87	396.47	1/1/2013	
Level U: Fragile Under 21	511.62	517.51	1/1/2013	
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 of Total Prospective with e Rating Change d Customary Limitation ate limitation change hange	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		Thomas Parker t Reimbursement Plans	_	



Lourdes-Noreen McKeen Residence		Provider Number:	0 205923-00	
315 South Flagler Drive		Date:	1/3/2013	
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	244.76		1/1/2013	
Level H: AIDS	393.97	397.65	1/1/2013	
Level U: Fragile Under 21	513.72	518.69	1/1/2013	
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 Permanent File	Medicaid Cost	t Reimbursement Plan	ning and Finance	
For information Only No Change in Rate	Z	l-De		
Home Office: 1 - No Home Office				



Suwannee Valley Nursing Center		Provider Number:	0 206300-00	
427 N W 15th Ave.		Date:	1/3/2013	
Jasper FL 32052		Fiscal Year End:	8/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 222.10	New Rate 225.48	Effective Date 1/1/2013	
Level H: AIDS	371.31	376.29	1/1/2013	
Level U: Fragile Under 21	491.06	497.33	1/1/2013	
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 at Total Prospective with e Rating Change d Customary Limitation at 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		Thomas Parker t Reimbursement Plan	_	



Morton Plant Rehabilitat	tion Center			Provider Number:	0 206431-00	
400 Corbett Street				Date:	1/3/2013	
Clearwater FL 33756				Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	-	Current Rate 220.85	New Rate 227.68	Effective Date 1/1/2013	
	. . .	-				
	Level H: AIDS		370.06	378.49	1/1/2013	
	Level U: Fragile Under 21		489.81	499.53	1/1/2013	
Rate Type :						
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited	costs nterim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with The Rating Change of Customary Limitation change of thange of the transfer of thange of the transfer	n Interim Component	
	Prospective portion	Rate Semester Change On FRV [2] as of 10/01/1985				
Distribution:				Thomas Parker		
Contract Managem	nent / Fiscal Agent	N	Medicaid Cos	st Reimbursement Plan	ning and Finance	
Permanent File For informat No Change i	•		Z	l De	·	
Home Office:	Baycare Health System 16331 Bay Vista Drive Clearwater Fl 33760					



V7.007.1.2:2VJZ8

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Saint Andrews Estates	North			Provider Number:	0 206521-00			
6152 North Verde Trail Boca Raton FL 33433		-		Date:	1/3/2013			
		_		Fiscal Year End:	12/31/2011			
				Audit Status:	Unaudited [3]			
Provider Type:								
••			Current	New	Effective			
.		_	Rate	Rate	Date			
Nursing Home	Single Level	_	224.10		1/1/2013			
	Level H: AIDS		373.31	378.13	1/1/2013			
	Level U: Fragile Under 21	_ _	493.06	499.17	1/1/2013			
Rate Type :								
Interim		X	Prospectiv	/e				
Total Interim			X Total Prospective					
	nterim Component	Prospective Adjusted for New Costs						
	ettlement based on costs			Total Prospective with	n Interim Component			
	Prior Provider Prospective data							
Basis:		Changes	:					
Pudget			Licensur	e Rating Change				
Budget X Unaudited of	rosts		_	d Customary Limitation	าท			
Field audite			Target Rate limitation change					
Field audit	- interim portion	FRVS Change						
Desk audite	_							
	- Interim Portion	X Rate Semester Change						
	- Prospective portion		On FRV	[2] as of 10/01/1985				
Distribution:				Thomas Parker				
ē	ement / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance			
Permanent File				. 103 4 0				
	nation Only		2	L DE	?			
No Chang	e in Kate		100					
Home Office:	Acts, Inc							
	Karen Beasley							
	375 Morris Road							
	West Point PA 19486							



The Waterford				Provider Number:	0 206610-00
601 Universe Blvd.				Date:	1/3/2013
Juno Beach FL 33408				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 242.01	New <u>Rate</u> 244.47	Effective Date 1/1/2013
	- 9	_			
	Level H: AIDS	_	391.22	395.28	1/1/2013
	Level U: Fragile Under 21	_	510.97	516.32	1/1/2013
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 of Total Prospective with e Rating Change d Customary Limitation at e limitation change hange hester Change [2] as of 01/01/1986	n Interim Component
	nent / Fiscal Agent			Thomas Parker	
Permanent File	nent / Piscai Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
For informa No Change	•		Z	L DE	
Home Office:	Life Care Retirement Comm.,I John Kaduce 200 East Grand Avenue Des Moines IA 50309-1800	nc.			



Abbey Delray South 1717 Homewood Blvd. Delray Beach FL 33445				Provider Number:	0 206865-00
				Date:	1/3/2013
				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 251.26	New Rate 252.46	Effective Date 1/1/2013
- · · · · · · · · · · · · · · · · · · ·	· g ·				
L	evel H: AIDS		00.47	403.27	1/1/2013
L	evel U: Fragile Under 21		520.22	524.31	1/1/2013
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 and Target R FRVS CI	Total Prospective Prospective Adjusted of Total Prospective with Rating Change d Customary Limitation at limitation change hange nester Change [2] as of 04/01/1986	Interim Component
Contract Manageme	ent / Fiscal Agant	-		Thomas Parker	
Permanent File	an / Piscai Agoni	Med	icaid Cos	t Reimbursement Plans	ning and Finance
For information No Change in	•		Z	120	> —
Home Office:	LifeSpace Communities, Inc. 100 East Grand Ave. Des Moines IA 50309				



Joseph L. Morse Geriatric Center, Inc		Provider Number:	0 207381-00
4847 FRED GLADSTONE DRIVE		Date:	1/3/2013
West Palm Beach FL 33417		Fiscal Year End:	5/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 225.89	New Rate 228.21	Effective Date 1/1/2013
Level H: AIDS	375.10	379.02	1/1/2013
Level U: Fragile Under 21	494.85	500.06	1/1/2013
Total Interim Interim Component Settlement 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 in Total Prospective with Total Prospective with the Rating Change de 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		Thomas Parker t Reimbursement Plans	-



V7.007.1.2:2VJZ8

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

TAYLOR CARE CENT	ER, INC.			Provider Number:	0 207446-00
6635 CHESTER AVE.				Date:	1/3/2013
Jacksonville FL 32217				Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			urrent Rate	New Rate	Effective Date
Nursing Home	Single Level		19.83		1/1/2013
	Level H: AIDS	_3	69.04	373.71	1/1/2013
	Level U: Fragile Under 21	_ 4	88.79	494.75	1/1/2013
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	costs nterim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with Total Prospective Total Prospecti	n Interim Component
Contract Managem	ent / Fiscal Agent			Thomas Parker	
Permanent File	ont, i iscai agont	Med	icaid Cos	t Reimbursement Plan	ning and Finance
For informat No Change i	•		Z	l De	-
Home Office:	Taylor Foundation Services James T. Price 6601 Chester Avenue Jacksonville FL 32217	Inc.			



Sunrise Health & Rehabilit	ration Center			Provider Number:	0 207497-00
4800 Nob Hill Road				Date:	1/3/2013
Sunrise FL 33351				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:	ingle Level		Current Rate	New Rate	Effective Date
Nursing Home Si	ingle Level		231.69		1/1/2013
Le	evel H: AIDS	_	380.90	385.08	1/1/2013
Le	evel U: Fragile Under 21		500.65	506.12	1/1/2013
Interior Settle	Interim m Component ment based on costs Provider Prospective data	Changes:	Usual an Target R	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Field audit - inte Desk audited cos Desk audit - Inte Desk Audit - Pro	sts	X		hange nester Change [2] as of 10/01/1985	
Distribution:				Thomas Parker	
Contract Managemen	t / Fiscal Agent	Mee	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in l	•		2	L DE	-
Home Office:	Subacute Services, Inc. Doris Peterson 4800 Nob Hill Road Sunrise FL 33351				



AUBURNDALE OAKS HEALTHCARE CENTER				Provider Number:	0 207527-00
Auburndale FL 33823	919 Old Winter Haven Road			Date:	1/3/2013
Auburndale FL 53625				Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 205.49	New Rate 208.81	Effective Date 1/1/2013
	Level H: AIDS		354.70	359.62	1/1/2013
	Level U: Fragile Under 21		474.45	480.66	1/1/2013
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - Desk audit -	costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation at limitation change	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate				Thomas Parker t Reimbursement Plan	
Home Office:	Lyric Health Care Timothy J Trybus 7150 Columbia Gateway Dr Columbia MD 21046	ive Suite J			



Lakeside Health Center				Provider Number:	0 207683-00	
2501 Australian Avenue				Date:	1/3/2013	
West Palm Beach FL 33407	'			Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ngle Level		Current Rate 219.72	New Rate 222.20	Effective Date 1/1/2013	
	iigie Devei		117,72		1/1/2013	
Lev	vel H: AIDS	3	68.93	373.01	1/1/2013	
Lev	vel U: Fragile Under 21	4	88.68	494.05	1/1/2013	
Settlen	ts	Changes:	Licensure Usual and	Total Prospective Prospective Adjusted Total Prospective with Read Rating Change Country Limitation Total Prospective with	n Interim Component	
Desk audit - Inter Desk Audit - Pros	rim Portion	X		nester Change [2] as of 10/01/1985		
Distribution: Contract Management Permanent File For information No Change in R	Only	Med		Thomas Parker t Reimbursement Plan	_	
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320					



V7.007.1.2:2VJZ8

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

The Ponce Therapy Care	Center			Provider Number:	0 207799-00		
1999 Old Moultrie Road				Date:	1/3/2013		
St. Augustine FL 32806				Fiscal Year End:	7/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:				Taudat Status			
			Current	New	Effective		
		_	Rate	Rate	Date		
Nursing Home S	Single Level	_	232.33		1/1/2013		
I	Level H: AIDS	_	381.54	385.08	1/1/2013		
I	evel U: Fragile Under 21	<u>-</u>	501.29	506.12	1/1/2013		
Rate Type :							
Interim		X	Prospectiv	re			
Tota	ıl Interim	•	X	Total Prospective			
Interim Component		Prospective Adjusted for New Costs					
	ement based on costs			Total Prospective with	Interim Component		
Prior	r Provider Prospective data						
Basis:		Changes	:				
Budget			Licensure	e Rating Change			
X Unaudited cost	S	Usual and Customary Limitation					
Field audited c	osts	Target Rate limitation change					
Field audit - in	_		FRVS Cl	hange			
Desk audited co			_ D.+- C	a a sta u Clasura			
Desk audit - In Desk Audit - P	rospective portion	X		nester Change [2] as of 03/01/2004			
Distribution:				Thomas Parker			
Contract Manageme	ent / Fiscal Agent	M	edicaid Cost	t Reimbursement Plan	ning and Finance		
Permanent File					_		
For information Only			7	L-DE	>		
No Change in	n Rate						
Home Office:	HPSA, Inc.						
	Eric Thomas						
	210 25th Ave North, Suite 508 Nashville TN 37203						
	1 N 3 / 2 U 3						



BERNARD L. SAMSON NURSING CENTER 255 - 59 STREET NORTH				Provider Number:	0 208442-00			
				Date:	1/3/2013			
St. Petersburg FL 33710				Fiscal Year End:	6/30/2011			
				Audit Status:	Unaudited [3]			
Provider Type:								
			Current	New	Effective			
Nuusina Hama	Cingle Level	_	Rate	Rate	Date			
Nursing Home	Single Level	_	235.51		1/1/2013			
	Level H: AIDS		384.72	389.18	1/1/2013			
	Level U: Fragile Under 21	_	504.47	510.22	1/1/2013			
						_		
Rate Type :								
Interim		X	Prospectiv					
Total Interim			X Total Prospective					
	Interim Component	Prospective Adjusted for New Costs Total Prospective with Interim Component						
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i interim Component			
	Thoi Flovidei Flospective data		<u> </u>			_		
Basis:		Changes	:					
Budget			Licensur	e Rating Change				
X Unaudited	costs		Usual and Customary Limitation					
Field audit	ted costs		Target Rate limitation change					
Field audi	t - interim portion		FRVS C	hange				
Desk audit			_ _					
	t - Interim Portion t - Prospective portion	X	Rate Sen	nester Change				
Distribution:	= =			Thomas Parker		_		
Contract Manag	gement / Fiscal Agent		dicaid Cos	st Reimbursement Plan	ning and Finance			
Permanent File		1410	cuicaiu Cos	t Reimoursement i ian	ining and I manee			
For information Only			7	120	2			
No Chan	ge in Rate		~					
Home Office:	1 - No Home Office							
	-							



Jupiter Medical Cente	er Pavilion, Inc.			Provider Number:	0 208485-00
1230 South Old Dixie	e Highway			Date:	1/3/2013
Jupiter FL 33458				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Cingle I aval	_	Rate	Rate	Date 1/1/2012
Nursing Home	Single Level	_	223.17		1/1/2013
	Level H: AIDS	_	372.38	376.16	1/1/2013
	Level U: Fragile Under 21	_	492.13	497.20	1/1/2013
	-	_			
Rate Type :					
Interim		X	Prospectiv	70	
	Total Interim		Prospectiv X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Prospective with	i intermi Component
	Thor Frovider Frospective data		<u> </u>		
Basis:		Changes:			
_ ,			T :	Detine Change	
Budget		-	-	e Rating Change	
XUnaudited Field audit			_	d Customary Limitation ate limitation change	on
		-	FRVS C	_	
	t - interim portion	-	- FRVSC	nange	
Desk audit	- Interim Portion	X	Rate Ser	nester Change	
	t - Prospective portion		_	[2] as of 10/01/1985	
Distribution:				Thomas Parker	
Contract Manag	ement / Fiscal Agent		1: :10		' 1E'
Permanent File		ME	edicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only		W-13	11-01	2
No Chang	ge in Rate		4	L DE	
	1 - No Home Office				
Home Office:	1 - IVO HOME OTHEC				



Claridge House		Provider Number:	0 208507-00	
13900 NE 3rd Court		Date:	1/3/2013	
North Miami FL 33161		Fiscal Year End:	8/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	202.84		1/1/2013	
Level H: AIDS	352.05	356.07	1/1/2013	
Level U: Fragile Under 21	471.80	477.11	1/1/2013	
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 at Total Prospective with e Rating Change d Customary Limitation at limitation change	n Interim Component	_
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		- Dec	_	



Westminster Towers				Provider Number:	0 208540-00
70 West Lucerne Circle				Date:	1/3/2013
Orlando FL 32801				Fiscal Year End:	3/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 191.37	New Rate	Effective Date 1/1/2013
I	Level H: AIDS		340.58	342.14	1/1/2013
I	Level U: Fragile Under 21		460.33	463.18	1/1/2013
Basis: Budget X Unaudited cost Field audit - in Desk audited cost Desk audit - In	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Permanent FileFor information	Contract Management / Fiscal Agent Permanent File Medicaid Cost Rei		Thomas Parker t Reimbursement Plan		
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801				



Baptist Manor		Provider Number:	0 208809-00
10095 Hillview Road		Date:	1/3/2013
Pensacola FL 32514		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 208.43	New Rate 211.76	Effective Date 1/1/2013
Single Zever			1/1/2013
Level H: AIDS	357.64	362.57	1/1/2013
Level U: Fragile Under 21	477.39	483.61	1/1/2013
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 nester Change [2] as of 02/01/2009	n Interim Component
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File For information Only No Change in Rate Home Office: Baptist Health Care Corporation Timothy M. Owens 1717 North E Street Pensacola FL 32501	Z	t Reimbursement Plan	



Courtenay Springs Villag				Provider Number:	0 209325-00
1100 S. Courtenay Parkway				Date:	1/3/2013
Merritt Island FL 32952				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	R	rrent ate 4.38	New Rate 207.10	Effective Date 1/1/2013
G	O				
1	Level H: AIDS	35.	3.59	357.91	1/1/2013
]	Level U: Fragile Under 21	47	3.34	478.95	1/1/2013
Basis: Budget X Unaudited cos Field audit - in Desk audited of Desk audit - In	costs nterim portion costs	Changes:	icensure Isual and arget Ra	Prospective Adjusted Prospective Adjusted Prospective Adjusted Prospective with Prospective	n Interim Component
Contract Manageme	ant / Fiscal Agant			Thomas Parker	
Permanent File	em / Piscai Agem	Medic	aid Cost	Reimbursement Plan	ning and Finance
For informati No Change i	*		Z	L-DE	-
Home Office:	Retirement Housing Foundatio Robin Padilla 911 N. Studebaker Rd Long Beach CA 90815-4900	n			



Westminster Asbury Mano	or			Provider Number:	0 209422-00
1700 21st Avenue West				Date:	1/3/2013
Bradenton FL 34205				Fiscal Year End:	3/31/2012
				Audit Status:	Unaudited [3]
Provider Type:		•	Current Rate	New Rate	Effective Date
Nursing Home S	ingle Level		206.51	202.64	1/1/2013
Le	evel H: AIDS	_	355.72	353.45	1/1/2013
Le	evel U: Fragile Under 21		475.47	474.49	1/1/2013
Interi Settle	erim portion sts	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:	ospective portion		On FR v	[2] as of 03/11/1987	
Contract Management Permanent File For information No Change in	n Only	Med		Thomas Parker It Reimbursement Plan	_
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801				



St Anne's Nursing Center 11855 Quail Roost Drive				Provider Number:	0 209473-00	
				Date:	1/3/2013	
Miami FL 33177				Fiscal Year End:	9/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
• •			Current	New	Effective	
	a	_	Rate	Rate	Date	
Nursing Home	Single Level	_	229.43		1/1/2013	
	Level H: AIDS		378.64	384.14	1/1/2013	
	Level U: Fragile Under 21	-	498.39	505.18	1/1/2013	
Rate Type :						
		•				
Interim	and Toronton	X	Prospectiv			
	otal Interim nterim Component			Total Prospective Prospective Adjusted to	for New Costs	
	ettlement based on costs			Total Prospective with		
	rior Provider Prospective data			Total Prospective with	Timerim Component	
		CI				
Basis:		Changes	<u>:</u>]			
Budget			Licensur	e Rating Change		
X Unaudited co	osts	-	_	d Customary Limitatio	on	
Field audited	d costs	Target Rate limitation change				
Field audit -	interim portion		FRVS C	hange		
Desk audited			_			
	Interim Portion - Prospective portion	X	Rate Sen	nester Change		
Distribution:	Trospective portion			Thomas Parker		
Contract Manager	ment / Fiscal Agent		1: :10		' 17'	
Permanent File	-	IVI	edicaid Cos	t Reimbursement Plan	ning and Finance	
For information	ation Only			L-De	>	
No Change	e in Rate		2	- al		
Home Office:	Catholic Health Services					
	Mary Jo Frick					
	4790 N. State Road 7 Lauderdale Lakes FL 33319					
	Lauderdale Lakes FL 33319					



Bishop's Glen Health Care (Center			Provider Number:	0 209511-00	l
900 LPGA Blvd				Date:	1/3/2013	
Holly Hill FL 32117				Fiscal Year End:	9/30/2011	
				Audit Status:	Unaudited [3]]
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home Sin	ngle Level		228.90		1/1/2013	
Lev	vel H: AIDS		378.11	382.56	1/1/2013	
Lev	vel U: Fragile Under 21	_	497.86	503.60	1/1/2013	
Interin Settlen	rim portion ts rim 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			Thomas Parker		
Permanent FileFor informationNo Change in R	Only			t Reimbursement Plan	_	
Home Office:	Retirement Housing Foundation Robin Padilla 911 N. Studebaker Rd Long Beach CA 90815-4900)II				



Winter Park Towers				Provider Number:	0 209848-00	
1111 South Lakemou	nt Avenue ,M.S. #101			Date:	1/3/2013	
Winter Park FL 32792	2	<u>.</u>		Fiscal Year End:	3/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:						
• •		Cu	rrent	New	Effective	
			ate	Rate	Date	
Nursing Home	Single Level	18	8.09	187.70	1/1/2013	
	Level H: AIDS	_ 33	7.30	338.51	1/1/2013	
	Level U: Fragile Under 21	45	7.05	459.55	1/1/2013	
Rate Type :						
Interim		X Pr	ospectiv	ve .		
	Total Interim	_	X	Total Prospective		
	Interim Component	_		Prospective Adjusted		
	Settlement based on costs	-		Total Prospective with	Interim Component	
I	Prior Provider Prospective data					
Basis:		Changes:				
D. 1		Ţ	icensur	e Rating Change		
Budget X Unaudited	costs				nn.	
Field audit		Usual and Customary Limitation Target Rate limitation change				
	- interim portion		RVS C	=		
Desk audite	-			C		
	- Interim Portion			nester Change		
Desk Audit	t - Prospective portion		n FRV	[2] as of 10/01/1987		
Distribution:				Thomas Parker		
Contract Manag	ement / Fiscal Agent	Medic	aid Cos	t Reimbursement Plan	ning and Finance	
Permanent File					8	
For inform	nation Only		7	L-20	>	
No Chang	ge in Rate		~			
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:	1/3/2013
Sun City Center FL	33570	_		Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 214.19	New Rate 217.71	Effective Date 1/1/2013
Truising Home	Single Level	_	214,17	217.71	1/1/2013
	Level H: AIDS		363.40	368.52	1/1/2013
	Level U: Fragile Under 21		483.15	489.56	1/1/2013
Desk audi Desk audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data I costs ited costs it - interim portion ted costs t - Interim Portion 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	n Interim Component
Contract Manag	gement / Fiscal Agent		Madigaid Cos	t Reimbursement Plan	ning and Finance
	rmation Only age in Rate 1 - No Home Office	ıv		L DC	_



Life Care Center of Altamonte Springs		Provider Number:	0 210137-00
989 Orienta Avenue		Date:	1/3/2013
Altamonte Springs FL 32701		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.92	New Rate 208.21	Effective Date 1/1/2013
ruising frome Single Level	203.72	200.21	1/1/2013
Level H: AIDS	355.13	359.02	1/1/2013
Level U: Fragile Under 21	474.88	480.06	1/1/2013
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	Total Prospective Prospective Adjusted in Total Prospective with e Rating Change d Customary Limitation ate limitation change hange mester Change [2] as of 10/01/1985 Thomas Parker	n Interim Component
Permanent FileFor information Only		t Reimbursement Plan	-
No Change in Rate	2		
Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Covenant Village Center				Provider Number:	0 210188-00
9201 West Broward Blvd.				Date:	1/3/2013
Plantation FL 33324				Fiscal Year End:	1/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 230.01	New Rate 232.38	Effective Date 1/1/2013
- · · · · · · · · · · · · · · · · · · ·		•			
I	Level H: AIDS		379.22	383.19	1/1/2013
I	Level U: Fragile Under 21		498.97	504.23	1/1/2013
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk audit - In	osts terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with e Rating Change d Customary Limitation at e limitation change hange hange [2] as of 03/15/1988	n Interim Component
Contract Manageme	ent / Fiscal Agent			Thomas Parker	
Permanent File For information No Change in	on Only	N		t Reimbursement Plan	
Home Office:	Covenant Retirement Comn Elizabeth Buikema 5700 Old Orchard Road Skokie IL 60077	nunities			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

John Knox Village of Tam				Provider Number:	0 210285-00	
4100 E. FLETCHER AVE	NUE			Date:	1/3/2013	
Tampa FL 33613				Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ingle Level	_	Current Rate	New Rate 213.09	Effective Date 1/1/2013	
	ingle Devel	_	200.	213.07	1/1/2013	
Le	evel H: AIDS	_	356.20	363.90	1/1/2013	
Le	vel U: Fragile Under 21	_	475.95	484.94	1/1/2013	
Basis: Budget X Unaudited costs Field audited co Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion sts erim Portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation at limitation change	n Interim Component	
<u>Distribution:</u>	t / Figural A gent			Thomas Parker		
Contract Managemen Permanent File	t / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance	
For information No Change in I	•		2	L DE	· 	
Home Office:	Baycare Health System 16331 Bay Vista Drive Clearwater Fl 33760					



Azalea Trace				Provider Number:	0 210374-00	
10100 Hillview Road		_		Date:	1/3/2013	
Pensacola FL 32504		_		Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
Name a Home	Cinala Laval		Rate	Rate	Date 1/1/2012	
Nursing Home	Single Level	_	213.25	211.55	1/1/2013	
	Level H: AIDS		362.46	362.36	1/1/2013	
	Level U: Fragile Under 21	_	482.21	483.40	1/1/2013	
Rate Type:						
Interim		X	Prospectiv			
	Total Interim		<u>X</u>	Total Prospective	C. N. C.	
Interim Component		Prospective Adjusted for New Costs Total Prospective with Interim Component				
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i interim Component	
	Thoi Provider Prospective data		7			
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 audite			_			
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 09/01/1988		
Distribution:	110speed to position			Thomas Parker		
Contract Manag	ement / Fiscal Agent		11 1			
Permanent File		IVIE	caicaia Cos	t Reimbursement Plan	ning and Finance	
For inform	nation Only			120	2	
No Chang	ge in Rate		2	- XC		
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:	1/3/2013
Venice FL 34285		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 242.56	New Rate 249.39	Effective Date 1/1/2013
Level H: AIDS	391.77	400.20	1/1/2013
Level U: Fragile Under 21	511.52	521.24	1/1/2013
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 at 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		Thomas Parker It Reimbursement Plans	-



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

HealthPark Care Center				Provider Number:	0 210587-00
16131 Rose Rush Court				Date:	1/3/2013
Ft. Myers FL 33908				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 232.65	New Rate 234.97	Effective Date 1/1/2013
- (,g.v = 0 , v.	_		204.77	1/1/2010
L	evel H: AIDS	_	381.86	385.78	1/1/2013
L	evel U: Fragile Under 21	-	501.61	506.82	1/1/2013
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 12/18/1992	Interim Component
Contract Manageme	nt / Fiscal Agent			Thomas Parker	
Permanent File	11. / 1 150th / 150th	M	edicaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in			Z	120) —
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:	1/3/2013
North Miami FL 33170		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 245.05	New Rate 249.01	Effective Date 1/1/2013
Level H: AIDS	394.26	399.82	1/1/2013
Level U: Fragile Under 21	514.01	520.86	1/1/2013
Total Interim Interim Component Settlement 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 at Total Prospective with e Rating Change d Customary Limitation ate limitation change hange	Interim Component
Desk Audit - Interim Portion Desk Audit - Prospective portion		[2] as of 03/11/1992	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		Thomas Parker t Reimbursement Plan	_



Avante at Boca Raton				Provider Number:	0 210676-00	
1130 NORTHWEST 15TH	H STREET			Date:	1/3/2013	
Boca Raton FL 33486				Fiscal Year End:	5/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home S	ingle Level	_	Current Rate	New Rate	Effective Date 1/1/2013	
ruising Home 5	mgie Levei	_	240.00		1/1/2013	
Le	evel H: AIDS	_	390.09	391.09	1/1/2013	
Le	evel U: Fragile Under 21	-	509.84	512.13	1/1/2013	
Basis: Budget X Unaudited costs Field audit - int Desk audit - Interior	erim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted to Total Prospective with e Rating Change d Customary Limitation at limitation change	Interim Component	
Distribution: Contract Managemer Permanent File For informatio	-	M		Thomas Parker t Reimbursement Plant		_
No Change in Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suit Hollywood FL 33021-6744	e 540-N	<u></u>			



The Edgewater at Wa	terman Village			Provider Number:	0 210684-00
300 Brookfield Ave				Date:	1/3/2013
Mount Dora FL 3275	7			Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:		<u>I</u>	ırrent Rate	New Rate	Effective Date
Nursing Home	Single Level		20.08	222.82	1/1/2013
	Level H: AIDS		59.29	373.63	1/1/2013
	Level U: Fragile Under 21	4	89.04	494.67	1/1/2013
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim 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 lester Change [2] as of 05/03/1993	n Interim Component
	ement / Fiscal Agent			Thomas Parker	
Permanent File	nation Only	Medi		Reimbursement Plan	_
Home Office:	1 - No Home Office				



Brighton Gardens of Port S	St. Lucie			Provider Number:	0 210781-00
1699 E. Lyngate Drive				Date:	1/3/2013
Port St. Lucie FL 34952				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home S	ingle Level	_	224.79		1/1/2013
Le	evel H: AIDS	_	374.00	379.26	1/1/2013
Le	evel U: Fragile Under 21	_	493.75	500.30	1/1/2013
Rate Type :					
Interim		X	Drospostiv		
	Interim		Prospectiv X	Total Prospective	
	m Component			Prospective Adjusted 1	for New Costs
	ment based on costs			Total Prospective with	
	Provider Prospective data				
	1	Changes			
Basis:		Changes	<u>:</u>		
Budget			Licensure	e Rating Change	
X Unaudited costs		-	_	d Customary Limitatio	on
Field audited co			_	ate limitation change	
Field audit - into	erim portion		FRVS CI	hange	
Desk audited co	_	-	_		
Desk audit - Inte		X		nester Change	
	ospective portion		On FRV	[2] as of 10/18/1993	
Distribution:				Thomas Parker	
Contract Managemen	nt / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	0.1				
For information	•		2	L DE	>
No Change in	Kate		- 538		
Home Office:	Sunrise Senior Living				
	Tony Harris				
	7900 W. Park Drive, STE T900 McLean VA 22102				
	WICLEAN VA 22102				



Emory L. Bennett Memorial Veterans Nursing Home		Provider Number:	0 210889-00
1920 Mason Avenue		Date:	1/3/2013
Daytona Beach FL 32117		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 226.47	New Rate 227.96	Effective Date 1/1/2013
Level H: AIDS	375.68	378.77	1/1/2013
Level U: Fragile Under 21	495.43	499.81	1/1/2013
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 a Total Prospective with Read Prospective Adjusted Read Prospective With Read Prospective Adjusted Read Prospective With Read Prospective	Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Z	Thomas Parker Reimbursement Plans	
Home Office: Florida Dept. of Veterans Affair Walter Gilchrist 11351 Ulmerton Road, Room 33 Largo Fl 33778-1630			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Stratford Court at Palm Ha	rbor			Provider Number:	0 210943-00
45 Katherine Blvd				Date:	1/3/2013
Palm Harbor FL 34684				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ingle Level		Eurrent Rate 231.24	New Rate	Effective Date 1/1/2013
Nutsing Home Si	ingle Level		31.24		1/1/2015
Le	evel H: AIDS	_3	80.45	385.53	1/1/2013
Le	evel U: Fragile Under 21		500.20	506.57	1/1/2013
Interior Settle	erim portion sts	Changes:	Licensure Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with Prospective Adjusted Prospective With Pros	h Interim Component
	ospective portion			[2] as of 02/12/1992	
Distribution: Contract Managemen Permanent File For information No Change in 1	n Only	Med		Thomas Parker Reimbursement Plan	
Home Office:	Sunrise Senior Living Tony Harris 7900 W. Park Drive, STE T900 McLean VA 22102				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Sabal Palms Health C	are Center			Provider Number:	0 210951-00
499 Alternate Keene l				Date:	1/3/2013
Largo FL 33771-1652	<u>. </u>			Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NI II	C' l. T l	_	Rate	Rate	Date
Nursing Home	Single Level	_	186.17	<u>193.50</u>	1/1/2013
	Level H: AIDS		335.38	344.31	1/1/2013
	Level U: Fragile Under 21	-	455.13	465.35	1/1/2013
Rate Type :					
Interim		X	Prospectiv	/e	
	Total Interim	_	X	Total Prospective	
	nterim 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		Target R	ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite			-	C1	
	- Interim Portion - Prospective portion	X		nester Change [2] as of 05/18/1990	
<u>Distribution:</u>				Thomas Parker	
Contract Manage	ement / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		171	carcura cos	t remoursement run	ming and I manee
For inform	nation Only		7	L DE	>
No Chang	ge in Rate		~ _	- all	
Home Office:	The Goodman Group, LLC				
	1107 Hazeltine Blvd				
	Chaska MN 55318				



Stratford Court at Bo	ca Pointe			Provider Number:	0 211010-00	
6343 Via Sonrisa De	Sur	-	Date:		1/3/2013	
Boca Raton FL 33433		_		Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
N	Cinala I and	_	Rate	Rate	Date	
Nursing Home	Single Level	_	230.36		1/1/2013	
	Level H: AIDS		379.57	383.93	1/1/2013	
	Level U: Fragile Under 21	•	499.32	504.97	1/1/2013	
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	7	_			
Basis:		Changes	S:			
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 03/17/1994		
Distribution:	<u> </u>		On Tity	Thomas Parker		
Contract Manag	gement / Fiscal Agent				· 17'	
Permanent File	•	IV	ledicaid Cos	t Reimbursement Plan	ning and Finance	
For inform	nation Only			1000	2	
No Chang	ge in Rate		2	LDE		
Home Office:	Sunrise Senior Living					
	Tony Harris					
	7900 W. Park Drive, STE	T900				
	McLean VA 22102					



W FRANK WELLS NURSING FACILITY		Provider Number:	0 211052-00	
159 NORTH THIRD STREET		Date:	1/3/2013	
Macclenny FL 32063		Fiscal Year End:	9/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 237.39	New Rate 239.28	Effective Date 1/1/2013	
Level H: AIDS	386.60	390.09	1/1/2013	
Level U: Fragile Under 21	506.35	511.13	1/1/2013	
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		Thomas Parker t Reimbursement Plan		



Huntington Place Care &	Rehabilitation Center		Provide	er Number:	0 211281-00	
1775 Huntington Lane				Date:	1/3/2013	
Rockledge FL 32955			Fiscal	Year End:	7/31/2011	
			A	udit Status:	Unaudited [3]	
Provider Type:	3	Curro Rat	<u> </u>	Vew Rate	Effective Date	
Nursing Home S	Single Level	185.	<u>59</u> <u>18</u>	<u> </u>	1/1/2013	
L	Level H: AIDS	334.	80 33	88.48	1/1/2013	
Ι	Level U: Fragile Under 21	454.	55 45	59.52	1/1/2013	
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk audit - In	osts terim portion osts	Changes: Lice Use Tar FR		Change ary Limitation change	for New Costs h Interim Component on	
Contract Manageme	ant / Fiscal Agent	Thomas Parker				
Permanent File	mi / 1 iscai Agent	Medicaid Cost Reimbursement Planning and Finance				
For information No Change in	•		20	DE	-	
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Hardee Manor Healthcare Cen	ter			Provider Number:	0 211435-00	
401 Orange Place				Date:	1/3/2013	
Wauchula FL 33873				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Sing	le Level		Current Rate 191.79	New Rate	Effective Date 1/1/2013	
Nutsing Home Sing	ie Levei		191./9	<u> 194.52</u> _	1/1/2015	
Level	H: AIDS	<u> </u>	341.00	345.33	1/1/2013	
Level	U: Fragile Under 21		160.75	466.37	1/1/2013	
Basis: Budget X Unaudited costs Field audited costs Field audit - interim Desk audit - Interim Desk Audit - Prospe	component at based on costs vider Prospective data a portion Portion	Changes:	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted if Fotal Prospective with Read Prospective with	Interim Component	
<u>Distribution:</u> Contract Management / F	Gecal Agant			Thomas Parker		
Permanent File For information Or No Change in Rate	ıly	Мес		Reimbursement Plan	_	
v 1	Advocat Inc. & Subsidiaries Valt McCullough 621 Galleria Blvd Brentwood TN 37027					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

LAUREL POINTE HEALTH AND REHABILITATIO		Provider Number	:: 0 211516-00
703 South 26th Street		Date	2: 1/3/2013
Ft. Pierce FL 34947		Fiscal Year End:	8/31/2011
		Audit Status	: Unaudited [3]
Provider Type: Nursing Home Single Level	Curre Rat 208.	e Rate	Effective Date 1/1/2013
Single Level		211.00	1/1/2013
Level H: AIDS	357.	362.47	1/1/2013
Level U: Fragile Under 21	477.	483.51	1/1/2013
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: Lic Usu Tar FR	ensure Rating Change nal and Customary Limita get Rate limitation chang VS Change e Semester Change FRV [2] as of 05/01/199	ation ge
Contract Management / Fiscal Agent		Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate Home Office: Lyric Health Care Timothy J Trybus 7150 Columbia Gateway Dri Columbia MD 21046		d Cost Reimbursement Pl	_



Life Care Center of C	itrus County			Provider Number:	0 211532-00		
3325 Jerwayne Lane		-		Date:	1/3/2013		
Lecanto FL 34461		<u>-</u>		Fiscal Year End:	7/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:				rudit Status.	Chadated [3]		
Trovider Types			Current	New	Effective		
			Rate	Rate	Date		
Nursing Home	Single Level		207.14	210.15	1/1/2013		
	Level H: AIDS		356.35	360.96	1/1/2013		
	Level U: Fragile Under 21		476.10	482.00	1/1/2013		
Rate Type :		X	Prospectiv	ve			
Total Interim				Total Prospective			
Interim Component				Prospective Adjusted			
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	Interim Component		
	Tioi Flovidei Flospective data						
Basis:		Change	s:				
Budget X Unaudited	costs			e Rating Change d Customary Limitatio	on		
Field audit	ed costs		Target R	ate limitation change			
	- interim portion		FRVS C	hange			
	ed costs - Interim Portion - Prospective portion	<u> </u>		nester Change [2] as of 11/15/1994			
Distribution:				Thomas Parker			
Contract Manag	ement / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance				
Permanent File		-	reareara Cos		ming und I manee		
	nation Only		7	L-20	>		
No Chang	ge in Rate						
Home Office:	Life Care Centers Of Amer	rica					
	Doug Ruth 3570 NW Keith Street Cleveland TN 37320						



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Plaza West			Provider N	ımber:	0 211885-00	
912 American Eagle Blv				Date:	1/3/2013	
Sun City Center FL 3357	73		Fiscal Year	r End:	12/31/2011	
			Audit	Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	Curre Rate 205.	Rate		Effective Date 1/1/2013	
- · · · · · · · · · · · · · · · · · · ·	~ g		20017	<u> </u>		
1	Level H: AIDS	355.	20 360.60	<u> </u>	1/1/2013	
]	Level U: Fragile Under 21	474.	95 481.64	<u>4</u>	1/1/2013	
Basis: Budget X Unaudited cos Field audit - in Desk audited co	its costs nterim portion costs	Changes: Lice Usu Tar FR	ensure Rating Chan lal and Customary I get Rate limitation VS Change e Semester Change FRV [2] as of 06/1	djusted f tive with	Interim Component	
Contract Manageme	ent / Fiscal Agent		Thomas P	arker		_
Permanent File	ent / 1 iseai rigent	Medicaid Cost Reimbursement Planning and Finance				
For informati No Change is	·		212	ee		
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 111 Westwood Place, Suite 200 Brentwood TN 37027					



Lake Park of Madisor	1			Provider Number:	0 211923-00
259 SW Captain Brov	vn Road	- -		Date:	1/3/2013
Madison FL 32340		_		Fiscal Year End:	8/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Cingle Level	_	Rate	Rate	Date
Nursing nome	Single Level	_	180.83	<u> 183.04</u> _	1/1/2013
	Level H: AIDS		330.04	333.85	1/1/2013
	Level U: Fragile Under 21	-	449.79	454.89	1/1/2013
Doto Truno					
Rate Type :		v	D		
Interim	Γotal 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			•	•
Basis:		Changes	:		
2 400 200		o manges			
Budget			Licensur	e Rating Change	
X Unaudited	costs		_	d Customary Limitatio	on
Field audit	ed costs		_	ate limitation change	
	- interim portion		FRVS C	hange	
Desk audite	ed costs - Interim Portion	<u> X</u>	- Data San	nester Change	
	- Prospective portion	A		[2] as of 08/25/1995	
Distribution:				Thomas Parker	
Contract Manag	ement / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		171	carcara cos	e remoursement ran	ming and I manee
	nation Only		7	120	>
No Chang	ge in Rate		2_		
Home Office:	CNH, LLC				
	46 Third Street NW				
	Hickory NC 28601				



West Palm Beach FL 33401 Fiscal Year End: 9/30/2011 Audit Status: Unaudited [3]	Edward J Healey Reh	abilitation and Nursing Center			Provider Number:	0 212032-00		
Provider Type: Current New Effective Date	1200 45th Street				Date:	1/3/2013		
Current Rate Rate Date	West Palm Beach FL	33401			Fiscal Year End:	9/30/2011		
Nursing Home Single Level Level H: AIDS Level U: Fragile Under 21 Level U: Fragile Under 21 Interim Total Interim Interim Component Interim Component Interim Orbitor Prospective data Basis: Changes: Changes:					Audit Status:	Unaudited [3]		
Rate Type: Level H: AIDS Level U: Fragile Under 21 Rate Type: Interim Total Interim Interim Component Interim Component Interim Settlement based on costs Prior Provider Prospective data Basis: Changes: Changes	Provider Type:							
Level H: AIDS 376.46 380.40 1/1/2013 Level U: Fragile Under 21 496.21 501.44 1/1/2013 Rate Type:								
Level H: AIDS Level U: Fragile Under 21 Age	Nursing Home	Single I evel	_					
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Licensure Rating Change Usual and Customary Limitation Field audite costs Field audite 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 Interim X Prospective X Prospective 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 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	runsing Home	Single Level	_	221.23		1/1/2013		
Interim X Prospective Total Interim AX Total Prospective Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes:		Level H: AIDS		376.46	380.40	1/1/2013		
Interim Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Changes:		Level U: Fragile Under 21	_ _	496.21	501.44	1/1/2013		
Interim Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Changes:								
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Rate Type :							
Interim Component Settlement based on costs Prior Provider Prospective data Basis:			<u>X</u>					
Budget Variable Changes: Budget Variable Changes: Budget Variable Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Total Prospective with Interim Component Target Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Variable Change Usual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change Variable Change Wedicaid Cost Reimbursement Planning and Finance				<u>X</u>	•	for Naw Costs		
Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [2] as of 10/01/1985 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		-						
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [2] as of 10/01/1985 Thomas Parker Medicaid Cost Reimbursement Planning and Finance					Total Prospective with	i internii Component		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Licensure Rating Change Usual and Customary Limitation FRVS Change Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [2] as of 10/01/1985 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		Thorrison Prospective data	CI	1				
Variable of Costs Usual and Customary Limitation	Basis:		Changes					
Variable of Costs Usual and Customary Limitation	Rudget			Licensur	e Rating Change			
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Target Rate limitation change FRVS Change Mate Semester Change On FRV [2] as of 10/01/1985 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		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 Thomas Parker 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 X Rate Semester Change On FRV [2] as of 10/01/1985 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	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 On FRV [2] as of 10/01/1985 Thomas Parker Medicaid Cost Reimbursement Planning and Finance				_				
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Thomas Parker Medicaid Cost Reimbursement Planning and Finance			<u> </u>	_	<u> </u>			
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Medicaid Cost Reimbursement Planning and Finance								
Permanent File For information OnlyNo Change in Rate	Contract Manag	ement / Fiscal Agent		dissid Cos		ning and Finance		
No Change in Rate	Permanent File		IVI	cuicaiu Cos	a Kelliloursellielit Flaii	ining and rinance		
	For inform	nation Only		-7	1000	>		
Home Office: 1 - No Home Office	No Chang	ge in Rate		2				
	Home Office:	1 - No Home Office						



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Westminster Woods on Jul				Provider Number:	0 212083-00	
25 William Bartram Scenic	Highway			Date:	1/3/2013	
Jacksonville FL 32259				Fiscal Year End:	3/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ingle Level	_	Current Rate	New Rate 193.34	Effective Date 1/1/2013	
Le	evel H: AIDS	_	344.52	344.15	1/1/2013	
Le	evel U: Fragile Under 21	- -	464.27	465.19	1/1/2013	
Interior Settle	erim portion sts erim Portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component	
Distribution: Contract Managemen Permanent File For information No Change in 1	n Only	M		Thomas Parker t Reimbursement Plans	_	
Home Office:	Westminster Services 80 West Lucerne Circle Orlando FL 32801					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Ybor City Healthcare	and Rehabilitation Center			Provider Number:	0 212164-00		
1709 Taliaferro Ave.		_		Date:	1/3/2013		
Tampa FL 33602		_		Fiscal Year End:	7/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
			Rate	Rate	Date		
Nursing Home	Single Level		210.18		1/1/2013		
	Level H: AIDS		359.39	363.35	1/1/2013		
	Level U: Fragile Under 21		479.14	484.39	1/1/2013		
Rate Type :							
Interim		X	Prospectiv	ve			
	Total Interim		X	Total Prospective			
		Prospective Adjusted for New Costs					
	Settlement based on costs			Total Prospective with	Interim Component		
]	Prior Provider Prospective data						
Basis:		Change	es:				
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	ed costs						
	- Interim Portion	X		nester Change			
	t - Prospective portion		On FRV	[2] as of 10/01/1985			
Distribution:				Thomas Parker			
_	gement / Fiscal Agent	N	Medicaid Cos	st Reimbursement Plan	ning and Finance		
Permanent File				5 10 29 55 50			
	mation Only		2	L-DC	2		
No Chang	ge in Rate						
Home Office:	Summit Care II, Inc						
	Guy Farmer						
	2851 Remington Green Ci	rcle, Ste. D					
	Tallahassee FL 32308						



The Fountains Nursing Hon	ne	_		Provider Number:	0 212393-00	
3800 North Federal Hwy.		_		Date:	1/3/2013	
Boca Raton FL 33431		-		Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ngle Level	-	Current Rate 212.81	New Rate	Effective Date 1/1/2013	
Nursing frome Si	igie Levei	_	212.01		1/1/2015	
Lev	vel H: AIDS		362.02	355.84	1/1/2013	
Lev	vel U: Fragile Under 21		481.77	476.88	1/1/2013	
Basis: Budget X Unaudited costs Field audited cos Field audit - inter Desk audit - Inter Desk Audit - Pros	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	
Distribution: Contract Management Permanent File For information No Change in R	Only	N		Thomas Parker t Reimbursement Plan	-	_
Home Office:	Rohm Service Corp 740 East Avenue Rochester NY 14607					



Woodland Terrace				Provider Number:	0 212636-00	
120 Chipola Avenue				Date:	1/3/2013	
Deland FL 32720				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:	glo I ovol		Current Rate	New Rate	Effective Date	
Nursing Home Sing	gle Level		169.93	<u> 171.85</u>	1/1/2013	
Leve	l H: AIDS		319.14	322.66	1/1/2013	
Leve	l U: Fragile Under 21		438.89	443.70	1/1/2013	
Budget X Unaudited costs Field audited costs Field audit - interin Desk audit - Interin Desk Audit - Prosp	Component ent based on costs ovider Prospective data m portion m Portion	Changes:	Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted a Total Prospective with Read Prospective Adjusted Read Prospective With Read Prospective Adjusted Read Prospective With Read Prospective	n Interim Component	
Distribution: Contract Management / Permanent File For information C No Change in Ra	Only	Med		Thomas Parker Reimbursement Plan		
Home Office:	SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circle Daytona Beach FL 32114					



Suncoast Manor		Provider Number:	0 212709-00
6909 9th Street South		Date:	1/3/2013
St. Petersburg FL 33705-6272		Fiscal Year End:	3/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 183.14	New Rate	Effective Date 1/1/2013
Level H: AIDS	332.35	329.17	1/1/2013
Level U: Fragile Under 21	452.10	450.21	1/1/2013
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	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Westminster Services 80 West Lucerne Circle Orlando FL 32801		Thomas Parker st Reimbursement Plan	-



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Oceanside Extended Care Co	enter			Provider Number:	0 212733-00
550 9th Street				Date:	1/3/2013
Miami Beach FL 33139				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
• •		(Current	New	Effective
			Rate	Rate	Date
Nursing Home Sin	ngle Level		153.22	151.39	1/1/2013
Lev	el H: AIDS		302.43	302.20	1/1/2013
Leve	el U: Fragile Under 21	_	422.18	423.24	1/1/2013
Rate Type :					
Interim		X	Prospectiv	م م	
Total In	nterim		•	Γotal Prospective	
	n Component			Prospective Adjusted to	for New Costs
	nent based on costs			Γotal Prospective with	
Prior Pr	rovider Prospective data				
Basis:		Changes:			
			-		
Budget				Rating Change	
X Unaudited costs				Customary Limitatio	on
Field audited cost			FRVS Cl	ate limitation change	
Field audit - interior	_		TRVSCI	ialige	
Desk audit - Interi		X	Rate Sem	ester Change	
Desk Audit - Pros	spective portion			[2] as of 10/01/1985	
Distribution:				Thomas Parker	
Contract Management	/ Fiscal Agent	Mee	dicaid Cost	Reimbursement Plan	ning and Finance
Permanent File					
For information			7	L-20	>
No Change in Ra	ate				
Home Office:	SMJ Enterprises, LLC				
	Donna Marsh				
	1704 Huntington Village Circle				
	Daytona Beach FL 32114				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Florida Lutheran Retireme	nt Center			Provider Number:	0 212792-00
450 NORTH MCDONALI	O AVENUE			Date:	1/3/2013
DeLand FL 32724				Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:					
		1	Current	New	Effective
Nursing Home Si	ingle Level	_	Rate 188.88	Rate	Date 1/1/2012
Nutsing Home Si	ingle Level	_	100.00	<u> 193.55</u>	1/1/2013
Le	vel H: AIDS		338.09	344.36	1/1/2013
Le	vel U: Fragile Under 21		457.84	465.40	1/1/2013
		_			
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	n Interim Component
Distribution:	sopetive portion				
Contract Managemen	t / Fiscal Agent			Thomas Parker	
Permanent File		Me	dicaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in 1	•		Z	120	>
Home Office:	Evangelical Lutheran Good Kim Kouri 4800 West 57th Street Sioux Falls SD 57117	Samaritan			



Palmetto Subacute Ca	re Center			Provider Number:	0 212806-00
7600 S.W. 8th Street			Date:	1/3/2013	
Miami FL 33144		_		Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
	~	-	Rate	Rate	Date
Nursing Home	Single Level	-	250.63		1/1/2013
	Level H: AIDS		399.84	405.48	1/1/2013
	Level U: Fragile Under 21		519.59	526.52	1/1/2013
Rate Type :					
Interim		X	Prospectiv	⁄/e	
	Total Interim		_ X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	Interim Component
l	Prior Provider Prospective data				
Basis:		Change	s:		
D. 1			Licensur	e Rating Change	
Budget X Unaudited	rosts	<u> </u>	_	d Customary Limitation	nn
Field audit		<u> </u>		ate limitation change)II
Field audit	- interim portion	-	FRVS C	hange	
Desk audite	ed costs				
	- Interim Portion	X		nester Change	
	t - Prospective portion		On FRV	[2] as of 01/24/1997	
Distribution:				Thomas Parker	
_	ement / Fiscal Agent	N	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
No Chang	nation Only		2	L-20	>
No Chang					
Home Office:	1 - No Home Office				



Tarpon Bayou Cente	er			Provider Number:	0 212849-00
515 Chesapeake Dri				Date:	1/3/2013
Tarpon Springs FL 3	34689			Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 196.39	New Rate 198.52	Effective Date 1/1/2013
8	8				
	Level H: AIDS		345.60	349.33	1/1/2013
	Level U: Fragile Under 21		465.35	470.37	1/1/2013
Rate Type :					
Interin Basis:	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Change	Prospectiv X	Total Prospective Prospective Adjusted to Total Prospective with	
Desk audi	ited costs it - interim portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/1985	on
Distribution	<u>:</u>			Thomas Parker	
	gement / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
	ermation Only nge in Rate			LDE	
Home Office:	1 - No Home Office				



Lakeland Hills Center				Provider Number:	0 212865-00
610 East Bella Vista 🛭	Orive			Date:	1/3/2013
Lakeland FL 33805				Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			rrent ate	New Rate	Effective Date
Nursing Home	Single Level	18	88.78	190.88	1/1/2013
	Level H: AIDS	33	7.99	341.69	1/1/2013
	Level U: Fragile Under 21	45	7.74	462.73	1/1/2013
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk Audit	ed costs - interim portion	Changes:	icensure Jsual 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:	ement / Fiscal Agent			Thomas Parker	
Permanent File	ement / Piscai Agent	Medio	aid Cost	Reimbursement Plan	ning and Finance
For inform No Chang			Z	L DE	
Home Office:	1 - No Home Office				



The Groves Center		Provider Number:	0 212881-00
512 South 11th Street		Date:	1/3/2013
Lake Wales FL 33853		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 179.32	New Rate 181.31	Effective Date 1/1/2013
Level H: AIDS	328.53	332.12	1/1/2013
Level U: Fragile Under 21	448.28	453.16	1/1/2013
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 Distribution:	Usual an Target R FRVS C X Rate Sen	Total Prospective Prospective Adjusted of Total Prospective with Total Prospective Adjusted of Total Prospective with Total Prospective Adjusted of Total Prospective With Total Prospe	Interim Component
<u> </u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plan	_



Egret Cove Center				Provider Number:	0 212890-00
550 62nd Street South	1	Date:		1/3/2013	
St. Petersburg FL 337	707	_		Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				radit Status.	Onadarea [5]
riovider ryper			urrent Rate	New Rate	Effective Date
Nursing Home	Single Level	_1	94.58	196.76	1/1/2013
	Level H: AIDS	3	43.79	347.57	1/1/2013
	Level U: Fragile Under 21	4	63.54	468.61	1/1/2013
Rate Type :					
Interim		X P	Prospectiv	re	
	Total Interim			Total Prospective	
	Interim Component Settlement based on costs			Prospective Adjusted Total Prospective with	
	Prior Provider Prospective data			Total Flospective with	n mtermi Component
	Thor Provider Prospective data	CI.			
Basis:		Changes:			
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 audite					
	- Interim Portion			nester Change [2] as of 10/01/1985	
Distribution:	t - Prospective portion		OnTRV		
	ement / Fiscal Agent			Thomas Parker	
Permanent File	omone / 1 isour 1 igone	Med	icaid Cos	t Reimbursement Plan	ning and Finance
	nation Only		2000	11-00)
No Chang			2	L-DE	
Home Office:	1 - No Home Office				



Emerald Coast Center	•			Provider Number:	0 212903-00
114 Third Street South East		_		Date:	1/3/2013
Ft. Walton Beach FL	32548	_		Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				riddit Status.	enautica [5]
			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	185.74	<u> 187.79</u>	1/1/2013
	Level H: AIDS	_	334.95	338.60	1/1/2013
	Level U: Fragile Under 21	-	454.70	459.64	1/1/2013
Rate Type :					
Interim		X	Prospectiv	ve	
	Γotal Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
I	Prior Provider Prospective data				
Basis:		Changes	<u>:</u>		
Budget			Licensur	e Rating Change	
X Unaudited	costs	· ·	_	d Customary Limitatio	on
Field audit				ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite			_		
	- Interim Portion - Prospective portion	X		nester Change [2] as of 10/01/1985	
Distribution:	- Frospective portion		On Trk v		
·	ement / Fiscal Agent			Thomas Parker	
Permanent File	•···•·································	M	edicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only		Service Control	11-00	,
No Chang	· · · · · · · · · · · · · · · · · · ·		2	L-DE	
Home Office:	1 - No Home Office				



Clearwater Center		Provider Number:	0 212911-00
1270 Turner Street		Date:	1/3/2013
Clearwater FL 34616		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	199.45		1/1/2013
Level H: AIDS	348.66	352.48	1/1/2013
Level U: Fragile Under 21	468.41	473.52	1/1/2013
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 - Interim Portion Desk Audit - Prospective portion Distribution:	Usual a Target I FRVS C X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change The Prospective with The Rating Change The Rating Ch	n Interim Component
Contract Management / Fiscal Agent		Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate		est Reimbursement Plan	-
Home Office: 1 - No Home Office			



Florida Presbyterian Homes, Inc.		Provider Number:	0 212971-00
16 Lake Hunter Drive		Date:	1/3/2013
Lakeland FL 33803		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.36	New Rate 200.99	Effective Date 1/1/2013
Level H: AIDS	354.57	351.80	1/1/2013
Level U: Fragile Under 21	474.32	472.84	1/1/2013
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 at 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		Thomas Parker It Reimbursement Plans	-



Bay Center		Provider Number:	0 212989-00
1336 St. Andrews Blvd		Date:	1/3/2013
Panama City FL 32405		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 194.47	New Rate 196.61	Effective Date 1/1/2013
			1/1/2015
Level H: AIDS	343.68	347.42	1/1/2013
Level U: Fragile Under 21	463.43	468.46	1/1/2013
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 Gemester 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		Thomas Parker Cost Reimbursement Plan	
Home Office: 1 - No Home Office			



Bartow Center		Provider Number:	0 212997-00
2055 East Georgia Street		Date:	1/3/2013
Bartow FL 33830		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 196.15	New Rate 198.35	Effective Date 1/1/2013
Level H: AIDS	345.36	349.16	1/1/2013
Level U: Fragile Under 21	465.11	470.20	1/1/2013
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 10/01/1985	n Interim Component
		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plan	



Boca Ciega Center		Provider Number	: 0 213004-00
1414 59th Street South		Date	: 1/3/2013
Gulfport FL 33707		Fiscal Year End:	8/31/2011
		Audit Status	: Unaudited [3]
Provider Type: Nursing Home Single Level	Curre Rate 196.	e Rate	Effective Date 1/1/2013
Nursing frome Single Level		<u>198.62</u>	1/1/2015
Level H: AIDS	345.	349.43	1/1/2013
Level U: Fragile Under 21	465.	470.47	1/1/2013
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: Lic Usu Tar FR	Total Prospective Prospective Adjusted Total Prospective Adjusted Total Prospective we ensure Rating Change all and Customary Limital get Rate limitation change VS Change e Semester Change FRV [2] as of 10/01/1983 Thomas Parker	ntion e
Contract Management / Fiscal Agent	Medicaio	l Cost Reimbursement Pl	anning and Finance
Permanent FileFor information OnlyNo Change in Rate		2l De	2_
Home Office: 1 - No Home Office			



22 31	urrent Rate 25.04	Date: Fiscal Year End: Audit Status: New Rate 226.87	1/3/2013 1/31/2012 Unaudited [3 Effective Date 1/1/2013]
22 31	25.04	Audit Status: New Rate	Unaudited [3 Effective Date]
22 31	25.04	New Rate	Effective Date]
22 31	25.04	Rate	Date	
35			_, _, _ , _ ,	
	74.25			
1 49		377.68	1/1/2013	
<u> </u>	94.00	498.72	1/1/2013	
Changes: X	X 7 F F F F F F F F F F F F F F F F F F F	Prospective Adjusted of Prospective Adjusted of Prospective Adjusted of Prospective with Pr	n Interim Componen	t
		Thomas Parker		
ystems ue				
	Changes: X	Changes: Licensure Usual and Target Ra FRVS Ch X Rate Semon On FRV [Medicaid Cost Systems Target Ra T	Total Prospective Prospective Adjusted Total Prospective with Total Prospective Adjusted Total Prospective With Total Prospective Total	X Total Prospective



Water's Edge Extend	ed Care			Provider Number:	0 213152-00		
1500 S.W. Capri		Date: 1/3/2013			1/3/2013		
Palm City FL 34990		_		Fiscal Year End:	12/31/2011	_	
				Audit Status:	Unaudited [3]	_	
Provider Type:				rudit Status.	enautrea [5]	_	
			Current	New	Effective		
		<u> </u>	Rate	Rate	Date		
Nursing Home	Single Level	_	255.54		1/1/2013		
	Level H: AIDS	_	404.75	407.52	1/1/2013		
	Level U: Fragile Under 21	-	524.50	528.56	1/1/2013		
Rate Type :							
		v	Dunamantin				
Interim	Total Interim	X	Prospectiv	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 audi	ted costs		_	ate limitation change			
	t - interim portion		FRVS C	hange			
Desk audit	ted costs t - Interim Portion	<u> X</u>	- Doto Com	nester Change			
	it - Prospective portion			[2] as of 04/21/1997			
Distribution:				Thomas Parker			
Contract Manag	gement / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance		
Permanent File		111	carcara con		ming and I manee		
	mation Only		7	L DE	>		
No Chan	ge in Rate						
Home Office:	1 - No Home Office						



Life Care Center at Wel	ls Crossing		Provider Number	: 0 213161-00
355 Crossing Boulevard			Date	: 1/3/2013
Orange Park FL 32073			Fiscal Year End:	7/31/2011
			Audit Status	: Unaudited [3]
Provider Type: Nursing Home	Single Level	Currer Rate 200. 4	Rate	Effective Date 1/1/2013
	Level H: AIDS	349.6	354.17	1/1/2013
	Level U: Fragile Under 21	469.4	475.21	1/1/2013
Basis: Budget X Unaudited completed audited Field audited Desk audited Desk audited Desk audited	costs interim portion	Changes: Lice Usu Targ FRV X Rate	Prospective Adjusted Total Prospective we will an and Customary Limitate the Rate limitation change of Semester Change FRV [2] as of 07/23/199	with Interim Component Attion Germany
Contract Managem	nent / Fiscal Agent		Thomas Parker	•
Permanent File	iciti / Fiscai Ageitt	Medicaid	Cost Reimbursement Pl	anning and Finance
For informat No Change	•		2120	2_
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Harborchase of Venic	ce			Provider Number:	0 213322-00
950 Pinebrook Road				Date:	1/3/2013
Venice FL 34292				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:		Curr Ra		New Rate	Effective Date
Nursing Home	Single Level	208	.23	211.53	1/1/2013
	Level H: AIDS	357	.44_	362.34	1/1/2013
	Level U: Fragile Under 21	477	.19	483.38	1/1/2013
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: Lio Us Ta FF	censure ual and rget Ra RVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Prospective with	n Interim Component
Distribution:				Thomas Parker	
Permanent File	gement / Fiscal Agent	Medica	id Cost	Reimbursement Plan	ning and Finance
	nation Only ge in Rate		Z	L-DE	
Home Office:	1 - No Home Office				



Life Care Center Of Orl	lando		Provider Numbe	r: 0 213403-00
3211 Rouse Road			Date	e: 1/3/2013
Orlando FL 32817			Fiscal Year End	: 7/31/2011
			Audit Statu	s: Unaudited [3]
Provider Type: Nursing Home	Single Level	Curre Rate 206.	Rate	Effective Date 1/1/2013
runging nome	Single Devel		<u> </u>	1/1/2013
	Level H: AIDS	355.7	75 360.24	1/1/2013
	Level U: Fragile Under 21	475.	481.28	1/1/2013
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - Desk audit -	costs interim portion	Changes: Lice Usu Tary FRV	ensure Rating Change al and Customary Limit get Rate limitation chang VS Change e Semester Change FRV [2] as of 10/02/199	ation
	nent / Fiscal Agent	-	Thomas Parke	r
Permanent File	none, i isoui rigone	Medicaio	Cost Reimbursement P	lanning and Finance
For informa No Change	•		ZL DE	2_
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Madison Nursing Cer	nter			Provider Number:	0 213462-00	
2481 West US 90		_		Date:	1/3/2013	
Madison FL 32340		_		Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
• •			Current	New	Effective	
		_	Rate	Rate	Date	
Nursing Home	Single Level	-	222.63		1/1/2013	
	Level H: AIDS		371.84	377.08	1/1/2013	
	Level U: Fragile Under 21	•	491.59	498.12	1/1/2013	
Rate Type :						
Interim		X	_ Prospectiv			
	Total Interim		<u>X</u>	Total Prospective	C. N. C.	
	Interim Component Settlement based on costs			Prospective Adjusted Total Prospective with		
	Prior Provider Prospective data			Total Prospective with	i internii Component	
	Thoi i tovidei i tospective data					
Basis:		Change	S:			
Budget			Licensur	e Rating Change		
X Unaudited	costs			d Customary Limitation	on	
Field audit				ate limitation change		
Field audi	t - interim portion		FRVS C	hange		
Desk audit						
	t - Interim Portion t - Prospective portion	X		nester Change [2] as of 09/01/1996		
Distribution:	* *		OnTRV			
·	gement / Fiscal Agent			Thomas Parker		
Permanent File	<i>6</i>	N	ledicaid Cos	t Reimbursement Plan	ning and Finance	
	nation Only		A-1	11-01	2	
No Chan	ge in Rate		2	LDE		
Home Office:	Summit Care II, Inc					
1101110 011100.	Guy Farmer					
	2851 Remington Green Cir	rcle, Ste. D				
	Tallahassee FL 32308					
	L					



VI at Lakeside Village		Provider Number:	0 213837-00
2792 Donnelly Drive		Date:	1/3/2013
Lantana FL 33462		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 243.35	New Rate 239.58	Effective Date 1/1/2013
ruising frome Single Level	<u> </u>		1/1/2013
Level H: AIDS	392.56	390.39	1/1/2013
Level U: Fragile Under 21	512.31	511.43	1/1/2013
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: 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 08/01/1998	Interim Component
Contract Management / Fiscal Agent		Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plans	



Page Rehabilitation and Healthcare Center		Provider Number:	0 213900-00	
2310 North Airport Road		Date:	1/3/2013	
Fort Myers FL 33907		Fiscal Year End:	9/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 233.54	New Rate 236.29	Effective Date 1/1/2013	
Level H: AIDS	382.75	387.10	1/1/2013	
Level U: Fragile Under 21	502.50	508.14	1/1/2013	
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 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 The Rating Change The R	n Interim Component	
Contract Management / Fiscal Agent		Thomas Parker		
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plan	_	



TMH Skilled Nursing Facility	<u></u>		Provider Number:	0 213934-00	
1609 Medical Drive	<u>—</u>		Date:	1/3/2013	
Tallahassee FL 32308			Fiscal Year End:	9/30/2011	
			Audit Status:	Unaudited [3]	
Provider Type:		urrent Rate	New Rate	Effective Date	
Nursing Home Single Level		208.56	210.02	1/1/2013	
Level H: AIDS	3	57.77	360.83	1/1/2013	
Level U: Fragile Under 21		77.52	481.87	1/1/2013	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs 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	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component	
Permanent FileFor information Only	Med		t Reimbursement Plan	-	_
No Change in Rate Home Office: 1 - No Home Office					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

MIAMI SHORES NURSING AND REHAB CENTER		Provider Nu	mber:	0 214035-00)
9380 N.E 7TH AVENUE			Date:	1/3/2013	
Miami FL 33150		Fiscal Year	End:	7/31/2011	
		Audit S	Status:	Unaudited [3	3]
Provider Type: Nursing Home Single Level	Curr Rai 250	e Rate		ffective Date 1/2013	
				1/2015	
Level H: AIDS	399	.97 405.07	1/1	/2013	
Level U: Fragile Under 21	519	.72 526.11	1/1	1/2013	
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 For information Only	Changes: Lio Us Ta FR X Ra Or	censure Rating Changual and Customary Larget Rate limitation of the Semester Change as FRV [2] as of 10/01 Thomas Parid Cost Reimbursements	djusted for Nive with Integer description with	and Finance	nt
No Change in Rate Home Office: DOS Health Care, Inc Jorge Hernando 300 71st Street, Suite 400 Miami FL 33141		262			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Life Care Center of Hilliard		Provider Number:	0 214060-00
US 1 & 3rd Street		Date:	1/3/2013
Hilliard FL 32046		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 197.72	New Rate 200.00	Effective Date 1/1/2013
ruising frome Single Level		200.00	1/1/2013
Level H: AIDS	346.93	350.81	1/1/2013
Level U: Fragile Under 21	466.68	471.85	1/1/2013
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 Read Rating Change Country Limitation Total Prospective with	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		Reimbursement Plan	



Baldomero Lopez State Veterans Nursing Home		Provider Number:	0 214914-00
6919 Parkway Blvd.		Date:	1/3/2013
Land O Lakes FL 34639		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 220.75	New Rate 222.28	Effective Date 1/1/2013
Level H: AIDS	369.96	373.09	1/1/2013
Level U: Fragile Under 21	489.71	494.13	1/1/2013
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 - Prospective portion	Changes: Licensure Usual and Target Ra FRVS CR	Total Prospective Prospective Adjusted a Total Prospective with Read Prospective with Read Rating Change Country Limitation Read Customary Limitation Read Change	Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker Reimbursement Plans	_
Home Office: Florida Dept. of Veterans Affair Walter Gilchrist 11351 Ulmerton Road, Room 33 Largo Fl 33778-1630			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Osprey Point Nursing Center	r			Provider Number:	0 215597-00
1104 South Main Street				Date:	1/3/2013
Bushnell FL 33513				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
		(Current	New	Effective
N			Rate	Rate	Date
Nursing Home Sin	ngle Level		200.28		1/1/2013
Lev	el H: AIDS		349.49	347.84	1/1/2013
Lev	el U: Fragile Under 21		469.24	468.88	1/1/2013
D (T					
Rate Type :					
Interim		X	Prospectiv		
Total I				Total Prospective	
	Component			Prospective Adjusted	
	nent based on costs			Total Prospective with	i Interim Component
	rovider Prospective data		1		
Basis:		Changes:			
Budget			Licensur	e Rating Change	
X Unaudited costs				d Customary Limitatio	on
Field audited cost	ts			ate limitation change	···
Field audit - inter	im portion		FRVS C	hange	
Desk audited cost					
Desk audit - Interi Desk Audit - Pros		X		nester Change [2] as of 07/02/1999	
Distribution:	spective portion		OnTity		
Contract Management	/ Fiscal Agent			Thomas Parker	
Permanent File	, 1 190m 1 1 9 0m	Med	dicaid Cos	t Reimbursement Plan	ning and Finance
For information	Only		Service Control	11-00	2
No Change in R	-		2	L-DE	
Home Office:	Health Care Managers, Inc				
	Ivonne Burrell				
	2380 Sadler Road Suite 201				
	Fernandina Beach FL 32034				



Harbour's Edge				Provider Number:	0 216399-00
401 E. Linton Boulevard				Date:	1/3/2013
Delray Beach FL 33483				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 247.92	New Rate 248.88	Effective Date 1/1/2013
	Single Devel		247.22	240.00	1/1/2013
I	Level H: AIDS		397.13	399.69	1/1/2013
I	Level U: Fragile Under 21	_	516.88	520.73	1/1/2013
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 of Total Prospective with e Rating Change d Customary Limitation at e limitation change hange hester Change [2] as of 01/01/1999	Interim Component
Contract Manageme	ent / Fiscal Agent			Thomas Parker	
Permanent File	ent / 1 iseat Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
For informati No Change in	•		Z	120) —
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 A		- -		Date:	1/3/2013
Crystal River FL 344	29	_		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
.	C' I I I	_	Rate	Rate	Date
Nursing Home	Single Level		209.67		1/1/2013
	Level H: AIDS		358.88	362.76	1/1/2013
	Level U: Fragile Under 21	_	478.63	483.80	1/1/2013
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	1	_		
Basis:		Changes:	_		
Budget			Licensur	e Rating Change	
X Unaudited	costs		-	d Customary Limitatio	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 07/01/1999	
Distribution:				Thomas Parker	
Contract Manag	gement / Fiscal Agent		4:: 4 C		ning and Einenen
Permanent File		IVIE	dicaid Cos	t Reimbursement Plan	ning and rmance
For inform	nation Only		~~	120	>
No Chan	ge in Rate		2		
Home Office:	NHS Management				
Tiome Office.	Claude Lee				
	931 Fairfax Park				
	Tuscaloosa AL 35406				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Ocala Health & Rehabilitati	on Center			Provider Number:	0 217395-00
1201 Southeast 24th Road				Date:	1/3/2013
Ocala FL 34471				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Sin	ngle Level	_	193.90	195.97	1/1/2013
Lev	vel H: AIDS	_	343.11	346.78	1/1/2013
Lev	vel U: Fragile Under 21	-	462.86	467.82	1/1/2013
Interin Settlen	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
Desk Audit - Pro	spective portion		On FRV	[2] as of 07/01/1999	
Distribution: Contract Management Permanent File For information No Change in R	Only	M		Thomas Parker t Reimbursement Plan	
Home Office:	NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406				



West Melbourne Heal	lth & Rehabilitation Center			Provider Number:	0 217727-00
2125 West New Have		- -		Date:	1/3/2013
West Melbourne FL 3	32904	_		Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Cinale Level		Rate	Rate	Date
Nursing nome	Single Level	_	198.41	200.36	1/1/2013
	Level H: AIDS		347.62	351.17	1/1/2013
	Level U: Fragile Under 21		467.37	472.21	1/1/2013
Rate Type :					
Interim		<u>X</u>	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 trospective data	GI.	1		
Basis:		Changes:	_		
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 01/01/2011	
Distribution:	t - 1 rospective portion		OHTIKV		
	ement / Fiscal Agent			Thomas Parker	
Permanent File	6.	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only		~~~	11-01	2
No Chang	ge in Rate		4	LDE	
Home Office:	NHS Management				
Home Office.	Claude Lee				
	931 Fairfax Park				
	Tuscaloosa AL 35406				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

St. Augustine Health & Rehabilitation Center		Provider Number:	0 217735-00
51 Sunrise Boulevard		Date:	1/3/2013
St. Augustine FL 32086		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 213.10	New Rate 216.91	Effective Date 1/1/2013
Level H: AIDS	362.31	367.72	1/1/2013
Level U: Fragile Under 21	482.06	488.76	1/1/2013
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 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: Contract Management / Fiscal Agent	OHTKV	Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate Home Office: NHS Management Claude Lee 931 Fairfax Park Tuscaloosa AL 35406		t Reimbursement Plan	



Daytona Beach Health and Rehabilitation Center		Provider Number:	0 217743-00
1055 Third Avenue		Date:	1/3/2013
Daytona Beach FL 32117		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.04	New Rate 207.74	Effective Date 1/1/2013
Level H: AIDS	354.25	358.55	1/1/2013
Level U: Fragile Under 21	474.00	479.59	1/1/2013
Total Interim Interim Component Settlement 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 a Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/01/1999	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		Thomas Parker t Reimbursement Plant	



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Life Care Center of Port St	. Lucie			Provider Number:	0 217824-00	
3720 South Jennings Road				Date:	1/3/2013	
Port St Lucie FL 34952	_			Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	_
Provider Type:		R	rrent ate	New Rate	Effective Date	
Nursing Home Si	ingle Level		8.13	221.34	1/1/2013	
Le	vel H: AIDS	36	7.34	372.15	1/1/2013	
Le	vel U: Fragile Under 21	48	7.09	493.19	1/1/2013	
Basis: Budget X Unaudited costs Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion sts rim Portion	Changes: I I I I I I I I I I I I I I I I I I	Licensure Usual and Farget Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation change	h Interim Component	_
<u>Distribution:</u> Contract Managemen	t / Fiscal Agent	Medic	aid Cost	Thomas Parker Reimbursement Plan	ning and Finance	
Permanent File For information No Change in l	•	Modic		L-DEC	-	
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Lakeshore Villas Health	Care Center			Provider Number:	0 218057-00
16002 Lakeshore Villas I	Drive			Date:	1/3/2013
Tampa FL 33613				Fiscal Year End:	1/31/2012
				Audit Status:	Unaudited [3]
Provider Type:	Simala Lawal		Current Rate	New Rate	Effective Date
Nursing Home	Single Level		208.08	196.35	1/1/2013
I	Level H: AIDS		357.29	347.16	1/1/2013
I	Level U: Fragile Under 21		477.04	468.20	1/1/2013
Basis: Budget X Unaudited cos Field audit - ir Desk audited c Desk audit - Ir	nterim portion costs	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 Manageme Permanent File For informati No Change in Home Office:	on Only	Med		Thomas Parker t Reimbursement Plan	
	1240 Marbella Plaza Drive Tampa FL 33619				



W. JACKSONVILLE HEALTH AND REHAB CENTE		Provider Number:	0 218171-00
1650 Fouraker Road		Date:	1/3/2013
Jacksonville FL 32221		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 199.95	New Rate	Effective Date 1/1/2013
Level H: AIDS	349.16	354.08	1/1/2013
Level U: Fragile Under 21	468.91	475.12	1/1/2013
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 X Rate Sei	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: Lyric Health Care Timothy J Trybus 7150 Columbia Gateway Driv Columbia MD 21046	2	Thomas Parker st Reimbursement Plans	



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Life Care Center of Winter Haven		Provider Number:	0 219380-00
1510 Cypress Gardens Boulevard		Date:	1/3/2013
Winter Haven FL 33884		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.85	New Rate	Effective Date 1/1/2013
Nursing Home Single Level	205.85		1/1/2015
Level H: AIDS	355.06	359.64	1/1/2013
Level U: Fragile Under 21	474.81	480.68	1/1/2013
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	Fotal Prospective Prospective Adjusted: Fotal Prospective with Read Rating Change Country Limitation Read Customary Limitation Read Customary Limitation	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker Reimbursement Plan	
Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Century Care Center.				Provider Number:	0 220604-00
6020 Industrial Blvd.				Date:	1/3/2013
Century FL 32535		•		Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				Taudat Status	
. 1			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home S	ingle Level	_	220.02	223.69	1/1/2013
Le	evel H: AIDS	_	369.23	374.50	1/1/2013
Le	evel U: Fragile Under 21	-	488.98	495.54	1/1/2013
Basis: Budget X Unaudited costs Field audited co Field audit - int Desk audited co	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 hange	n Interim Component
Desk audit - Into	ospective portion	<u> </u>		nester Change [2] as of 08/12/1994	
Distribution:				Thomas Parker	
Contract Managemer	nt / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					_
For information	•		2	L-DE	>
No Change in	Kate				
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Circ Tallahassee FL 32308	ele, Ste. D			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Santa Rosa Health & 1	Rehabilitation Center			Provider Number:	0 220612-00		
5386 Broad Steeet		-		Date:	1/3/2013		
Milton FL 32570		_		Fiscal Year End:	7/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
		_	Rate	Rate	Date		
Nursing Home	Single Level	_	210.05	213.39	1/1/2013		
	Level H: AIDS		359.26	364.20	1/1/2013		
	Level U: Fragile Under 21	_	479.01	485.24	1/1/2013		
Rate Type :							
Interim		X	Prospectiv	<i>r</i> e			
	Γotal 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	:				
Budget			Licensur	e Rating Change			
X Unaudited	costs		_	d Customary Limitation	on		
Field audite	ed costs		Target Rate 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:	Trospective position			Thomas Parker			
Contract Manage	ement / Fiscal Agent		- 4:: 1 C		ning and Discours		
Permanent File		IVI	edicaid Cos	t Reimbursement Plan	ning and Finance		
For inform	nation Only			1000	2		
No Chang	ge in Rate		2	L-DE			
Home Office:	Summit Care II, Inc						
	Guy Farmer						
	2851 Remington Green Cir Tallahassee FL 32308	cle, Ste. D					
	Tananassee FL 32308						



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Sandy Ridge Care Cer	nter			Provider Number:	0 220621-00
5360 Glover Lane		•		Date:	1/3/2013
Milton FL 32570				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	- Chaudited [5]
			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	_	224.96	228.64	1/1/2013
	Level H: AIDS	_	374.17	379.45	1/1/2013
	Level U: Fragile Under 21	_	493.92	500.49	1/1/2013
	Cotal Interim nterim Component	X	Prospectiv X	ve Total Prospective Prospective Adjusted	for New Costs
S	ettlement based on costs			Total Prospective with	Interim Component
P	Prior Provider Prospective data				
Basis:		Changes:			
Desk audite Desk audite Desk Audit	ed costs - interim portion	X	Usual an Target R FRVS C	re Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 02/29/2000	on
Distribution:				Thomas Parker	
Contract Manage	ement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For inform No Chang	•			L DE	_
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Circ Tallahassee FL 32308	cle, Ste. D			



Clermont Health and	Rehabilitation Center			Provider Number:	0 221465-00
151 East Minnehaha	Avenue			Date:	1/3/2013
Clermont FL 34711				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
		•	Current	New	Effective
Nursing Home	Single Level		Rate	Rate	Date
Nutsing Home	Single Level		181.37		1/1/2013
	Level H: AIDS		330.58	331.65	1/1/2013
	Level U: Fragile Under 21	_	450.33	452.69	1/1/2013
	-	_			
Rate Type :					
Interim		X	Prospectiv	70	
	Total Interim		X	Total Prospective	
	Interim Component		21	Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Trospositive with	
	1	Cl			
Basis:		Changes:	J		
D. 1			Licensur	e Rating Change	
Budget X Unaudited	costs	-		d Customary Limitatio	on.
Field audit				ate limitation change	Л
	: - interim portion	-	FRVS C	_	
Desk audit	_				
	- Interim Portion	<u> X</u>	Rate Ser	nester Change	
Desk Audi	t - Prospective portion			[2] as of 03/01/1987	
Distribution:				Thomas Parker	
Contract Manag	ement / Fiscal Agent		1:: 1 C		-incomplete
Permanent File		Me	ilcald Cos	st Reimbursement Plan	ming and rinance
For inform	nation Only		No.	11-00	2
No Chang	ge in Rate		2	L DE	
	1 - No Home Office				
Home Office:	1 - Ivo Home Office				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Calusa Harbour				Provider Number:	0 221473-00
2525 East First Street				Date:	1/3/2013
Ft. Myers FL 33901				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	_	242.58	245.07	1/1/2013
L	evel H: AIDS	_	391.79	395.88	1/1/2013
L	evel U: Fragile Under 21	_	511.54	516.92	1/1/2013
Inter Settl Prior Basis: Budget	Il Interim rim Component ement based on costs r Provider Prospective data	Changes	Licensur	Total Prospective Prospective Adjusted Total Prospective with	n Interim Component
XUnaudited costField audited c	osts		Target R	d Customary Limitation at limitation change	on
Field audit - in Desk audited co Desk audit - In Desk Audit - P	osts	X	FRVS C Rate Sen	hange nester Change	
Distribution:				Thomas Parker	
Contract Manageme	nt / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in	•		Z	l De	<u>-</u>
Home Office:	Sunrise Senior Living Tony Harris 7900 W. Park Drive, STE T90 McLean VA 22102	0			



Delaney Park Health	and Rehabilitation Center			Provider Number:	0 221589-00	
215 Annie Street	215 Annie Street			Date:	1/3/2013	
Orlando FL 32806				Fiscal Year End:	12/31/2011	_
				Audit Status:	Unaudited [3]	_
Provider Type:						_
			Current	New	Effective	
N	Cinale Level	_	Rate	Rate	Date	
Nursing Home	Single Level	_	202.63	<u> 188.11</u> _	1/1/2013	
	Level H: AIDS		351.84	338.92	1/1/2013	
	Level U: Fragile Under 21	-	471.59	459.96	1/1/2013	
Rate Type :						
Interim		X	Prospectiv			
	Total Interim		<u>X</u>	Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i interiii Component	
	Thor i tovider i tospective data		1			_
Basis:		Changes	:			
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			_			
	t - Interim Portion t - Prospective portion	X		nester Change [2] as of 03/30/1993		
Distribution:	• •			Thomas Parker		
Contract Manag	gement / Fiscal Agent		. 1' ' 1 C			
Permanent File		IVI	edicaid Cos	t Reimbursement Plan	ning and Finance	
For inform	mation Only			120	2	
No Chan	ge in Rate		2	- al		
Home Office:	1 - No Home Office					
1101110 0111101						
	-					



Regents Park at Aventura		Provider Number:	0 223239-00
18905 NE 25th Avenue		Date:	1/3/2013
North Miami Beach FL 33180		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	214.56		1/1/2013
Level H: AIDS	363.77	368.54	1/1/2013
Level U: Fragile Under 21	483.52	489.58	1/1/2013
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 mester Change [2] as of 11/21/1988 Thomas Parker	n Interim Component
Permanent File For information Only No Change in Rate		t Reimbursement Plan	_
Home Office: 1 - No Home Office			



Orlando Health and Rehabilitation Center		Provider Number:	0 223654-00
830 29th Street		Date:	1/3/2013
Orlando FL 32805		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 174.43	New Rate 176.48	Effective Date 1/1/2013
Level H: AIDS	323.64	327.29	1/1/2013
Level U: Fragile Under 21	443.39	448.33	1/1/2013
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 Bure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 10/01/1985	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		Thomas Parker Ost Reimbursement Plan	_



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Life Care Center of Sarasota		Provider Number:	0 223786-00	
8104 North Tuttle Avenue		Date:	1/3/2013	
Sarasota Fl 34243		Fiscal Year End:	1/31/2012	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	223.99		1/1/2013	
Level H: AIDS	373.20	377.39	1/1/2013	
Level U: Fragile Under 21	492.95	498.43	1/1/2013	
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 if Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Contract Management / Fiscal Agent		Thomas Parker	_	
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		Reimbursement Plan		



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Avante at Orlando				Provider Number:	0 223808-00
2000 North Semoran Boulevard		-		Date:	1/3/2013
Orlando FL 32807		_		Fiscal Year End:	5/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	226.91		1/1/2013
	Level H: AIDS		376.12	381.48	1/1/2013
	Level U: Fragile Under 21	-	495.87	502.52	1/1/2013
Rate Type :					
Interim		X	Prospectiv	⁄/e	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Changes	:		
Dudget			Licensur	e Rating Change	
Budget X Unaudited	costs		_	d Customary Limitation	on
Field audit		-	_	ate limitation change	···
Field audit	t - interim portion		FRVS C	hange	
Desk audit	ed costs		_		
	- Interim Portion	X		nester Change [2] as of 11/01/1990	
Distribution:	t - Prospective portion		Oli FK V		
	gement / Fiscal Agent			Thomas Parker	
Permanent File	gement / Piscai Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only		(med	, 1 2	2
	ge in Rate		2	L DE	
Home Office:	Avante Group, Inc.				
1101110 011100.	Janan Mitchell				
	4000 Hollywood Blvd, Su				
	Hollywood FL 33021-674	4			



Doctors Lake of Orange P	ark			Provider Number:	0 223883-00
833 Kingsley Avenue				Date:	1/3/2013
Orange Park FL 32073				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	Single Level	_	Current Rate 209.25	New Rate 212.10	Effective Date 1/1/2013
		_			
L	evel H: AIDS	_	358.46	362.91	1/1/2013
L	evel U: Fragile Under 21	_	478.21	483.95	1/1/2013
Basis: Budget X Unaudited costs Field audit - int Desk audit - Int Desk Audit - Pr	terim portion osts	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Management	nt / Fiscal Agent			Thomas Parker	
Permanent File For information No Change in	on Only	Me		t Reimbursement Plan	_
Home Office:	SV / Home Office, Inc. 4178 Malbeth Ct Winston-Salem NC 27104				



Pensacola Health Care Facility		Provider Number:	0 224243-00
1717 West Avery Street		Date:	1/3/2013
Pensacola FL 32501		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 209.46	New Rate 212.51	Effective Date 1/1/2013
Level H: AIDS	358.67	363.32	1/1/2013
Level U: Fragile Under 21	478.42	484.36	1/1/2013
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	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 hange	Interim Component
Desk Audit - Prospective portion Distribution:	On FRV	[2] as of 06/30/1987 Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate		LRE	-
Home Office: 1 - No Home Office			



MK of Haines City LLC			Provider Number:	0 22434	11-00
409 10TH STREET			Date:	1/3/20	013
Haines City FL 33844			Fiscal Year End:	11/30/2	2011
			Audit Status:	Unaudite	ed [3]
Provider Type: Nursing Home Single Level	Cur Ra	ite	New Rate	Effective Date	_
Nursing Home Single Level		5.70	207.99	1/1/2013	_
Level H: AIDS	354	l.91_	358.80	1/1/2013	
Level U: Fragile Under 21	474	1.66	479.84	1/1/2013	_
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: L U T F X R	censure sual and arget Rat RVS Cha	otal Prospective rospective Adjusted otal Prospective with Rating Change Customary Limital re limitation change	ith Interim Composition	onent
Contract Management / Fiscal Agent					
Permanent FileFor information OnlyNo Change in Rate Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 20 Cordova TN 38016-0633			Reimbursement Pla	_	ce



South Tampa Health and Rehabilitation Center			Provider Number:	0 224910-00	
4610 S. Manhattan Avenue			Date:	1/3/2013	
Tampa FL 33611			Fiscal Year End:	6/30/2011	
			Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level		Current Rate 209.18	New	Effective Date 1/1/2013	
Nursing Home Single Level		209.10	212.00	1/1/2013	
Level H: AIDS		358.39	362.81	1/1/2013	
Level U: Fragile Under 21		478.14	483.85	1/1/2013	
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:	Usual an Target R FRVS C Rate Sen On FRV	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation at limitation change	n Interim Component	
Permanent FileFor information OnlyNo Change in Rate		Z	L-DE	> —	
Home Office: 1 - No Home Office					



MK of North Port LLC			Provider Num	ber: 0 2250	053-00
6940 Outreach Way			Б	Pate: 1/3/2	2013
North Port FL 34287			Fiscal Year E	nd: 2/29/2	2012
			Audit Sta	itus: Unaudi	ted [3]
Provider Type:		Curre Rate	Rate	Effective Date	
Nursing Home	Single Level	216.9	224.54	1/1/2013	_
]	Level H: AIDS	366.	375.35	1/1/2013	_
]	Level U: Fragile Under 21	485.3	496.39	1/1/2013	
Basis: Budget X Unaudited cos Field audit - in Desk audited cos Desk audit - In	costs nterim portion costs	Changes: Lice Usu Tar FR' X Rate	Total Prospective	usted for New Costs e with Interim Comp nitation ange	
Contract Manageme	ent / Fiscal Agent		Thomas Par	ker	
Permanent File	cht / Piscai Agent	Medicaio	Cost Reimbursemen	t Planning and Finar	ıce
For informati No Change i	•		ZLX	e	
Home Office:	M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 Cordova TN 38016-0633				



MK of Fernandina Beach LL	C			Provider Number:	0 225274-00	
1625 Lime St				Date:	1/3/2013	
Fernandina Beach FL 32034				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Sing	gle Level		Current Rate 204.17	New Rate 207.48	Effective Date 1/1/2013	
ruising frome Sing	gic Level		204.17		1/1/2013	
Leve	1 H: AIDS		353.38	358.29	1/1/2013	
Leve	l U: Fragile Under 21	_	473.13	479.33	1/1/2013	
Budget X Unaudited costs Field audited costs Field audit - interin Desk audit - Interin Desk Audit - Prosp	Component ent based on costs ovider Prospective data m portion m Portion	Changes:	Licensur Usual and Target R FRVS C	Total Prospective Prospective Adjusted a Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component	
<u>Distribution:</u> Contract Management / Permanent File	Fiscal Agent	Me	dicaid Cos	Thomas Parker t Reimbursement Plans	ning and Finance	
For information C No Change in Ra	•		Z	120	<u> </u>	
	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:	1/3/2013	
Winter Garden FL 34787		Fiscal Year End:	12/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 223.44	New Rate 225.99	Effective Date 1/1/2013	
			1/1/2010	
Level H: AIDS	372.65	376.80	1/1/2013	
Level U: Fragile Under 21	492.40	497.84	1/1/2013	
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data Basis:BudgetX Unaudited costsField audited costsField audit - interim portionDesk audit - Interim PortionDesk Audit - Prospective portion Distribution:	Changes: Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted: Total Prospective with Re Rating Change Country Limitation Total Prospective with	Interim Component	
Contract Management / Fiscal Agent			' 15'	
Permanent FileFor information OnlyNo Change in Rate Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 Cordova TN 38016-0633		t Reimbursement Plan	_	



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Springtree Rehab & Hea	lth Center, LLC			Provider Number:	0 225631-00
4251 Springtree Drive				Date:	1/3/2013
Sunrise FL 33351	_			Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			irrent Rate	New Rate	Effective Date
Nursing Home	Single Level	21	12.32	214.76	1/1/2013
1	Level H: AIDS	36	51.53	365.57	1/1/2013
]	Level U: Fragile Under 21	48	31.28	486.61	1/1/2013
Basis: Budget X Unaudited cos Field audit - in Desk audited of Desk audit - In	costs nterim portion costs	Changes:	Licensure Usual and Farget Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Contract Managemer Permanent File For informati	-	Media		Thomas Parker Reimbursement Plan	
No Change i Home Office:	Millenium Health Systems Armando Vazquez 5310 NW 33rd Avenue				
	Ft. Lauderdale FL 33309				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Pinecrest Convalescent Cer	nter			Provider Number:	0 225754-00
13650 NE Third Street				Date:	1/3/2013
North Miami FL 33161				Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type:	ingle Lavel		Current Rate	New Rate	Effective Date
Nursing Home Si	ingle Level		237.96		1/1/2013
Le	vel H: AIDS		387.17	392.93	1/1/2013
Le	vel U: Fragile Under 21		506.92	513.97	1/1/2013
Basis: Budget X Unaudited costs Field audit - interior land to the cost audited co	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	n Interim Component
Desk audit - Inte		X		nester Change [2] as of 04/01/1996	
Distribution: Contract Managemen Permanent File For information No Change in I	t / Fiscal Agent n Only	Med	licaid Cos	Thomas Parker t Reimbursement Plan	-
Home Office:	Millenium Health Systems Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Stuart Nursing & Res	torative Care Center			Provider Number:	0 225991-00
1500 Palm Beach Roa	-		Date:	1/3/2013	
Stuart FL 33494		_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nuusina Homo	Cingle Level		Rate	Rate	Date
Nursing Home	Single Level	_	207.84		1/1/2013
	Level H: AIDS		357.05	361.48	1/1/2013
	Level U: Fragile Under 21	_ _	476.80	482.52	1/1/2013
D . D					
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	7	_		
Basis:		Changes:			
Budget			Licensur	e Rating Change	
X Unaudited	costs		_	d Customary Limitation	on
Field audite			_	ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite	ed costs		_		
	- Interim Portion	X		nester Change	
	: - Prospective portion		On FRV	[2] as of 10/01/1985	
Distribution:				Thomas Parker	
•	ement / Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
	nation Only		Z	L-DE	?
No Chang	ge in Kate				
Home Office:	Eden Park Health Services	s, Inc.			
	Joseph Ficocello				
	45 Learned Street Albany NY 12207				
	Albany IVI 12207				



Port St. Lucie Nursing & Restorative Care Center 7300 Oleander Avenue				Provider Number:	0 226009-00			
				Date:	1/3/2013			
Port St. Lucie FL 349	52			Fiscal Year End:	12/31/2011			
				Audit Status:	Unaudited [3]			
Provider Type:								
			urrent	New	Effective			
NI II.	C'anta Tanah	-	Rate	Rate	Date			
Nursing Home	Single Level		215.46	218.35	1/1/2013			
	Level H: AIDS	3	864.67	369.16	1/1/2013			
	Level U: Fragile Under 21	4	184.42	490.20	1/1/2013			
Doto Truno								
Rate Type :								
Interim		X I	Prospectiv					
	Total Interim		<u>X</u>	Total Prospective	S. M. G.			
	Interim Component		Prospective Adjusted for New Costs Total Prospective with Interim Component					
	Settlement based on costs			Total Prospective with	Interim Component			
1	Prior Provider Prospective data							
Basis:		Changes:						
Dodoot			Licensur	e Rating Change				
Budget X Unaudited	costs			d Customary Limitation	an			
Field audit				ate limitation change	7H			
	- interim portion		FRVS C	=				
Desk audite	-							
	- Interim Portion	X		nester Change				
Desk Audit	t - Prospective portion		On FRV	[2] as of 10/01/1985				
Distribution:				Thomas Parker				
Contract Manag	ement / Fiscal Agent	Med	icaid Cos	t Reimbursement Plan	ning and Finance			
Permanent File								
For inform	nation Only		7	L-20	>			
No Chang	ge in Rate		۷_					
Home Office:	Eden Park Management, Inc).						
	Thomas R. Ellis							
	22 Holland Avenue							
	Albany NY 12209							



Plantation Nursing & Re	chab Center			Provider Number:	0 226017-00
4250 NW 5th Street				Date:	1/3/2013
Plantation FL 33317				Fiscal Year End:	8/31/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		234.33	236.82	1/1/2013
	Level H: AIDS		383.54	387.63	1/1/2013
	Level U: Fragile Under 21	_	503.29	508.67	1/1/2013
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 to Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component
Contract Managem	ent / Fiscal Agent				
Permanent File For informate No Change i Home Office:	ion Only n Rate Millenium Health Systems	Me		t Reimbursement Plans	_
	Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309				



Martin Nursing and F	Restorative Care Center			Provider Number:	0 226033-00			
6001 SE Tower Road		-		Date:	1/3/2013			
Stuart FL 34997		_		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	_	215.68	218.69	1/1/2013			
	Level H: AIDS		364.89	369.50	1/1/2013			
	Level U: Fragile Under 21	_	484.64	490.54	1/1/2013			
Rate Type :								
Interim		X	Prospectiv					
	Total Interim			Total Prospective	C. M. G.			
	Interim Component		Prospective Adjusted for New Costs Total Prospective with Interim Component					
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i interim Component			
	Thoi i tovidei i tospective data		1					
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 10/16/1997				
<u>Distribution:</u>	<u> </u>			Thomas Parker				
Contract Manag	gement / Fiscal Agent		1: :10		· 1E'			
Permanent File	•	Me	dicaid Cos	t Reimbursement Plan	ning and Finance			
For inform	nation Only			1000	2			
No Chang	ge in Rate		2	L-DE				
Home Office:	Eden Park Management, I	nc.						
	Thomas R. Ellis							
	22 Holland Avenue							
	Albany NY 12209							



The Manor At Blue Water Bay	<u></u>		Provider Number:	0 226041-00
1500 North White Point Rd.			Date:	1/3/2013
Niceville FL 32578	<u> </u>		Fiscal Year End:	8/31/2011
			Audit Status:	Unaudited [3]
Provider Type:	_	Current Rate	New Rate	Effective Date
Nursing Home Single Level	_	202.12	205.24	1/1/2013
Level H: AIDS		351.33	356.05	1/1/2013
Level U: Fragile Under 21		471.08	477.09	1/1/2013
Rate Type: InterimTotal Interim ComponentSettlement based on costsPrior Provider Prospective data Basis: BudgetXUnaudited costsField audited costsField audit - interim portionDesk audit - Interim PortionDesk audit - Interim PortionDesk 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	n Interim Component
For information Only No Change in Rate		Z	L DE	
Home Office: 1 - No Home Office				



Cathedral Gerontology Center		Provider Number:	0 226068-00	
333 East Ashley Street		Date:	1/3/2013	
Jacksonville FL 32202		Fiscal Year End:	9/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 217.00	New Rate 219.29	Effective Date 1/1/2013	
Level H: AIDS	366.21	370.10	1/1/2013	
Level U: Fragile Under 21	485.96	491.14	1/1/2013	
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 if Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component	
Distribution: 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		Thomas Parker Reimbursement Plans	_	



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Broward Nursing and Rehab Center 1330 South Andrew Avenue				Provider Number:	0 226335-00
				Date:	1/3/2013
Ft. Lauderdale FL 333	Ft. Lauderdale FL 33316			Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Homo	Single Level	_	Rate	Rate	Date
Nursing Home	Single Level	_	218.75		1/1/2013
	Level H: AIDS		367.96	371.95	1/1/2013
	Level U: Fragile Under 21		487.71	492.99	1/1/2013
Rate Type :					
Interim		X	Prospectiv		
	Total Interim		<u>X</u>	Total Prospective	C. N. C.
	Interim Component			Prospective Adjusted : Total Prospective with	
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i interim Component
	Thor Provider Prospective data	<u> </u>	1		
Basis:		Changes:	J		
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 10/01/1985	
Distribution:	Trospective portion			Thomas Parker	
Contract Manag	ement / Fiscal Agent		1' ' 1 C		
Permanent File		Me	aicaia Cos	t Reimbursement Plan	ning and Finance
For inform	nation Only			1000	2
No Chang	ge in Rate		2	L-DE	
Home Office:	Millenium Health Systems				
	Armando Vazquez				
	5310 NW 33rd Avenue				
	Ft. Lauderdale FL 33309				



Ocean View Nursing and R	tehabilitation Center			Provider Number:	0 226351-00	
2810 S. Atlantic Avenue	2.10			Date:	1/3/2013	
New Smyrna Beach FL 320)69			Fiscal Year End:	1/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ngle Level	_	Current Rate 203.40	New Rate 197.85	Effective Date 1/1/2013	
	ingle zever	_	202110	177.03	1/1/2010	
Le	vel H: AIDS	_	352.61	348.66	1/1/2013	
Le	vel U: Fragile Under 21	_	472.36	469.70	1/1/2013	
Interior Settles	erim portion sts rim Portion	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	Interim Component	
Contract Managemen	t / Fiscal Agent			Thomas Parker		
Permanent FileFor informationNo Change in I Home Office:	Only Rate Millenium Health Systems Armando Vazquez	Me		t Reimbursement Plan	_	
	5310 NW 33rd Avenue Ft. Lauderdale FL 33309					



South Heritage Health and Rehabilitation Center		Provider Number:	0 226360-00
718 Lakeview Avenue South		Date:	1/3/2013
St. Petersburg FL 33705		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate	New Rate	Effective Date
Nursing Home Single Level	215.07	218.13	1/1/2013
Level H: AIDS	364.28	368.94	1/1/2013
Level U: Fragile Under 21	484.03	489.98	1/1/2013
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: Licensur Usual an Target R FRVS C X Rate Sen On FRV Medicaid Cos	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component on ning and Finance
Home Office: 1 - No Home Office			



Treasure Isle Care Center			Provider Number:	0 226602-00
1735 North Treasure Drive			Date:	1/3/2013
North Bay Village FL 33141	_		Fiscal Year End:	6/30/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 192.01	New Rate 194.02	Effective Date 1/1/2013
	•			_
Level H: AIDS		341.22	344.83	1/1/2013
Level U: Fragile Under 21		460.97	465.87	1/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion Distribution:	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Contract Management / Fiscal Agent Permanent File	N	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information Only No Change in Rate		2	l De	-
Home Office: 1 - No Home Office				



Fair Havens Center, LLC				Provider Number:	0 227226-00	
201 Curtiss Parkway				Date:	1/3/2013	
Miami Springs FL 33166				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Sin	gle Level		Current Rate 159.81	New Rate 159.41	Effective Date 1/1/2013	
	gie Devei	_	137.01	139.41	1/1/2013	
Leve	el H: AIDS		309.02	310.22	1/1/2013	
Leve	el U: Fragile Under 21	_	428.77	431.26	1/1/2013	
Settleme	Component ent based on costs ovider Prospective data s m portion m Portion	X Changes:	Licensure Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted of Total Prospective with Rating Change d Customary Limitation thange than the limitation change the prospective with the prospective wit	Interim Component	
Contract Management /	Fiscal Agent			Thomas Parker		
Permanent File For information (No Change in Ra	Only	Med		Reimbursement Plan	_	
Home Office:	Donna Marsh 1704 Huntington Village Circle Daytona Beach FL 32114					



Alpine Health and Rehabilitation Center		Provider Number:	0 227251-00
3456 21st Avenue South		Date:	1/3/2013
St. Petersburg FL 33711		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 220.71	New Rate 223.27	Effective Date 1/1/2013
Level H: AIDS	369.92	374.08	1/1/2013
Level U: Fragile Under 21	489.67	495.12	1/1/2013
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 CI	Total Prospective Prospective Adjusted a 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		Thomas Parker t Reimbursement Plans	-



Lady Lake Specialty Care Center			Provider Number:	0 227561-00
630 Griffen Avenue			Date:	1/3/2013
Lady Lake FL 32159			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:				
••		Current	New	Effective
	<u> </u>	Rate	Rate	Date
Nursing Home Single Level	_	223.28		1/1/2013
Level H: AIDS		372.49	376.82	1/1/2013
Level U: Fragile Unde	21	492.24	497.86	1/1/2013
Rate Type :				
	v	D		
Interim Total Interim	X	Prospectiv X	Total Prospective	
Interim Component			Prospective Adjusted	for New Costs
Settlement based on costs			Total Prospective with	
Prior Provider Prospectiv	data		Total Trospective with	· ····································
Basis:	Changes			
Budget		Licensur	e Rating Change	
X Unaudited costs		_	d Customary Limitatio	nn
Field audited costs		_	ate limitation change	711
Field audit - interim portion		FRVS C	=	
Desk audited costs		_	-	
Desk audit - Interim Portion	X		nester Change	
Desk Audit - Prospective portion		On FRV	[2] as of 03/30/1999	
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File			C 200240 P. Nr. LON	
For information Only		2	L-DC	>
No Change in Rate				
Home Office: Greystone Healt	care Management, LLC			
4042 Park Oaks I Tampa FL 33610	vd, Suite 300			



Wilton Manors Health and	d Rehab Center	_		Provider Number:	0 227579-00
2675 North Andrews Ave	;	_		Date:	1/3/2013
Wilton Manors FL 33311		<u>-</u>		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 229.20	New Rate 230.05	Effective Date 1/1/2013
L	evel H: AIDS		378.41	380.86	1/1/2013
L	evel U: Fragile Under 21		498.16	501.90	1/1/2013
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Interest of the second content o	osts terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted if Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution: Contract Manageme Permanent File For information No Change in	on Only			Thomas Parker t Reimbursement Plans	
Home Office:	Greystone Healthcare Man 4042 Park Oaks Blvd, Suite Tampa FL 33610				



Rockledge NH, LLC				Provider Number:	0 227587-00
587 Barton Blvd.				Date:	1/3/2013
Rockledge FL 32955				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		218.75		1/1/2013
	Level H: AIDS		367.96	372.56	1/1/2013
	Level U: Fragile Under 21		487.71	493.60	1/1/2013
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - I	costs nterim portion	Change X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Managem Permanent File For informat No Change i	ion Only	1		Thomas Parker at Reimbursement Plan	_
Home Office:	Greystone Healthcare Mana 4042 Park Oaks Blvd, Suite Tampa FL 33610				



Greenbriar Rehab & Nu	rsing Center			Provider Number:	0 227625-00
210 21st Avenue West				Date:	1/3/2013
Bradenton FL 34205				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 230.45	New Rate 233.87	Effective Date 1/1/2013
	Level H: AIDS		379.66	384.68	1/1/2013
	Level U: Fragile Under 21		499.41	505.72	1/1/2013
Basis: Budget X Unaudited compiled audited Field audit - in Desk audited Desk audited Desk audit - I	costs nterim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
<u> </u>				Thomas Parker	
Contract Managem Permanent File	ieiit / Fiscai Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
For informat No Change in	•		Z	LDE	>
Home Office:	Greystone Healthcare Man 4042 Park Oaks Blvd, Suite Tampa FL 33610				



Apollo Health & Rehab Center			Provider Number:	0 227633-00
1000 24th Street North			Date:	1/3/2013
St. Petersburg FL 33713			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:				
• •		rent	New	Effective
		ate	Rate	Date
Nursing Home Single Level		2.43	214.88	1/1/2013
Level H: AIDS	_ 36	1.64	365.69	1/1/2013
Level U: Fragile Under 21	48	1.39	486.73	1/1/2013
Rate Type :				
	₩ D			
Interim Total Interim	X Pro	ospective X	otal Prospective	
Interim Component	-		Prospective Adjusted	for New Costs
Settlement based on costs	_			n Interim Component
Prior Provider Prospective data	_		our rospective with	Timerim Component
	CI			
Basis:	Changes:			
Budget	I	icensure	Rating Change	
X Unaudited costs			Customary Limitation	on
Field audited costs			te limitation change	
Field audit - interim portion	F	RVS Ch	ange	
Desk audited costs				
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion		n FKV [2] as of 09/01/1996	
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent	Medic	aid Cost	Reimbursement Plan	ning and Finance
Permanent File			-7	
For information Only		Z	L-DE	2
No Change in Rate				
Home Office: Greystone Healthcare Mana	gement, LLC			
4042 Park Oaks Blvd, Suite Tampa FL 33610	300			



North Rehab NH, LLC				Provider Number:	0 227641-00
1301 16th Street North				Date:	1/3/2013
St. Petersburg FL 33705				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	Single Level	,	Current Rate 216.85	New Rate	Effective Date 1/1/2013
ruising frome	onigie Level	,	210.03		1/1/2013
L	evel H: AIDS		366.06	370.08	1/1/2013
L	evel U: Fragile Under 21		485.81	491.12	1/1/2013
Basis: Budget X Unaudited costs 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 for Total Prospective with e Rating Change d Customary Limitation at limitation change	Interim Component
Contract Managemen	nt / Fiscal Agent				
Permanent File For information No Change in	on Only Rate			t Reimbursement Plans	
Home Office:	Greystone Healthcare Man 4042 Park Oaks Blvd, Suite Tampa FL 33610				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Lexington Health & Reha	abilitation Center	_		Provider Number:	0 227650-00
6300 46th Avenue North		_		Date:	1/3/2013
St. Petersburg FL 33709		-		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 218.37	New Rate 221.34	Effective Date 1/1/2013
		•			
I	Level H: AIDS		367.58	372.15	1/1/2013
I	Level U: Fragile Under 21		487.33	493.19	1/1/2013
Basis: Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Change X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change	n Interim Component
<u> </u>	ont / Fiscal A gent			Thomas Parker	
Contract Manageme Permanent File	ent / riscai Agent	<u> </u>	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in	•		2	L DE	> —
Home Office:	Greystone Healthcare Man 4042 Park Oaks Blvd, Suite Tampa FL 33610				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

The Oaks NH, LLC				Provider Number:	0 227765-00
3250 SW 41st Place				Date:	1/3/2013
Gainesville FL 32608				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:	Single Level	-	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	221.53		1/1/2013
	Level H: AIDS		370.74	374.03	1/1/2013
	Level U: Fragile Under 21		490.49	495.07	1/1/2013
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change d Customary Limitation ate limitation change hange The Rating Change hange	n Interim Component
Distribution:	ment / Fiscal A cent			Thomas Parker	
Permanent File	ment / Fiscal Agent	N	Medicaid Cos	t Reimbursement Plan	ning and Finance
For informa No Change	·		Z	LRE	>
Home Office:	Greystone Healthcare Mana 4042 Park Oaks Blvd, Suite Tampa FL 33610				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

New Horizon Health &	Rehab Center			Provider Number:	0 227773-00
635 SE 17th Street				Date:	1/3/2013
Ocala FL 34471				Fiscal Year End:	8/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 223.48	New Rate 231.98	Effective Date 1/1/2013
	Single Zever		220.10	231.70	1/1/2010
	Level H: AIDS		372.69	382.79	1/1/2013
	Level U: Fragile Under 21		492.44	503.83	1/1/2013
Basis: Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	costs interim portion	Change X	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 mester Change	Interim Component
Contract Managem	nent / Fiscal Agent			Thomas Parker	
Permanent File For informat No Change	tion Only	1		t Reimbursement Plan	
Home Office:	Greystone Healthcare Man 4042 Park Oaks Blvd, Suite Tampa FL 33610				



First Coast Health and Reha	bilitation Center			Provider Number:	0 227838-00	
7723 Jasper Avenue				Date:	1/3/2013	
Jacksonville FL 32211				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Sin	ngle Level	_	Current Rate 199.12	New Rate 201.26	Effective Date 1/1/2013	
Lav	rel H: AIDS	_	249.22	252.07	1/1/2012	
		_	348.33	352.07	1/1/2013	
Lev	rel U: Fragile Under 21	-	468.08	473.11	1/1/2013	
Basis: Budget X Unaudited costs Field audited cost Field audit - inter Desk audit - Inter Desk Audit - Pros	ts 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	n Interim Component	
Distribution: Contract Management	/ Fiscal Agent	Me	edicaid Cos	Thomas Parker t Reimbursement Plan	ning and Finance	
Permanent FileFor informationNo Change in R	•	1414		L DE		
Home Office:	1 - No Home Office					



Ayers Health & Rehab Cente	er			Provider Number:	0 227871-00
606 NE 7th Street				Date:	1/3/2013
Trenton FL 32693				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				radit Status.	Chadated [3]
110/ldel 1, per			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home Sin	gle Level	_	186.36	188.41	1/1/2013
Lev	el H: AIDS	_	335.57	339.22	1/1/2013
Leve	el U: Fragile Under 21	_	455.32	460.26	1/1/2013
Rate Type : Interim		X	Prospectiv	re	
Total In				Total Prospective	
	Component			Prospective Adjusted	
	ent based on costs			Total Prospective with	Interim Component
Prior Pi	ovider Prospective data				
Basis:		Changes:			
Budget			Licensur	e Rating Change	
X Unaudited costs			_	d Customary Limitatio	on
Field audited cost	s		_	ate limitation change	
Field audit - inter	im portion		FRVS C	hange	
Desk audited costs			_		
Desk audit - Interi		X		nester Change [2] as of 01/01/2000	
Desk Audit - Pros Distribution:	pective portion		Oli FK v	[2] as of 01/01/2000	
Contract Management	/ Fiscal Agent			Thomas Parker	
Permanent File	Tiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
For information (Only			, 1	
No Change in Ra	•		2	L-DE	
Home Office:	Health Services Mgt., Inc.				
	Preston Sweeney				
	206 Fortress Blvd.				
	Murfreesboro TN 37128				



North Beach Nursing & l	Rehabilitation Center	<u>.</u>		Provider Number:	0 228001-00
2201 N.E. 170th Street		-		Date:	1/3/2013
North Miami Beach FL 3	33160	-		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 249.35	New Rate 250.59	Effective Date 1/1/2013
_	_				
1	Level H: AIDS		398.56	401.40	1/1/2013
]	Level U: Fragile Under 21		518.31	522.44	1/1/2013
Basis: Budget X Unaudited cos Field audit - in Desk audited co Desk audit - Ir	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with The Rating Change de Customary Limitation ate limitation change hange mester Change	n Interim Component
Contract Manageme	ant / Fiscal Agant			Thomas Parker	
Permanent File	ent / 1 iscai Agent]	Medicaid Cos	t Reimbursement Plan	ning and Finance
For informati No Change in	•		Z	l Re	
Home Office:	Greystone Healthcare Man 4042 Park Oaks Blvd, Suite Tampa FL 33610				



The Gardens Court			Provider Number:	0 228320-00
3803 PGA Boulevard			Date:	1/3/2013
Palm Beach Gardens FL 33410			Fiscal Year End:	8/31/2011
			Audit Status:	Unaudited [3]
Provider Type:			Tradit Status.	
V F	Cui	rrent	New	Effective
	R	ate	Rate	Date
Nursing Home Single Level		9.68	232.61	1/1/2013
Level H: AIDS	37	8.89	383.42	1/1/2013
Level U: Fragile Under 21	49	8.64	504.46	1/1/2013
Rate Type :				
Interim	X Pro	ospective		
Total Interim		_	otal Prospective	
Interim Component	_		rospective Adjusted	for New Costs
Settlement based on costs	_		= -	h Interim Component
Prior Provider Prospective data	_		_	_
Basis:	Changes:			
<u> </u>				
Budget	L	icensure	Rating Change	
X Unaudited costs			Customary Limitati	on
Field audited costs		_	e limitation change	
Field audit - interim portion	F	RVS Ch	ange	
Desk audited costs			. di	
Desk audit - Interim Portion Desk Audit - Prospective portion			ester Change 2] as of 03/13/1997	
Distribution:		,	Thomas Parker	
Contract Management / Fiscal Agent		110		. 15
Permanent File	Medic	and Cost	Reimbursement Plar	ining and Finance
For information Only			1-01	7
No Change in Rate		_	l-DE	
Home Office: Life Care Centers Of Americ	a			
Doug Ruth				
3570 NW Keith Street Cleveland TN 37320				
Cieveiand 11v 3/320				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Life Care Center of Melbourne		Provider Number:	0 228338-00
606 East Sheridan Street		Date:	1/3/2013
Melbourne FL 32901		Fiscal Year End:	2/29/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.03	New Rate	Effective Date 1/1/2013
Nursing Home Single Level		201.60	1/1/2013
Level H: AIDS	354.24	352.41	1/1/2013
Level U: Fragile Under 21	473.99	473.45	1/1/2013
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 a Total Prospective with Read Prospective Adjusted Read Prospective With	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent	Medicaid Cost	Thomas Parker Reimbursement Plans	ning and Finance
Permanent FileFor information OnlyNo Change in Rate	Z	120	· -
Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Park Ridge Nursing C	enter			Provider Number:	0 228401-00
730 College Street				Date:	1/3/2013
Jacksonville FL 32204	4			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				Tadit Status	
31			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	_	187.87	184.17	1/1/2013
	Level H: AIDS	_	337.08	334.98	1/1/2013
	Level U: Fragile Under 21	_	456.83	456.02	1/1/2013
Rate Type :					
Interim		X	Prospectiv	/e	
	Total Interim		X	Total Prospective	
I	nterim Component			Prospective Adjusted	for New Costs
S	ettlement based on costs			Total Prospective with	Interim Component
P	rior Provider Prospective data				
Basis:		Changes	•		
Dudant			Licensur	e Rating Change	
Budget X Unaudited of	costs		_	d Customary Limitation	on
Field audite		-	_	ate limitation change	· ·
Field audit	- interim portion		FRVS C	hange	
Desk audite	ed costs		-		
	- Interim Portion	X		nester Change	
	- Prospective portion		On FR v	[2] as of 10/01/1987	
Distribution:				Thomas Parker	
_	ement / Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	action Only			-7	
For inform No Chang	· ·		2	L-DE	·
No Chang					
Home Office:	Health Care Managers, Inc				
	Ivonne Burrell 2380 Sadler Road Suite 201				
	Fernandina Beach FL 32034				
	2001				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Bear Creek Nursing Co	enter			Provider Number:	0 228567-00
8041 State Road 52				Date:	1/3/2013
Hudson FL 34667				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				radit Status.	
Trovider Typev			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	185.70	187.81	1/1/2013
	Level H: AIDS	_	334.91	338.62	1/1/2013
	Level U: Fragile Under 21		454.66	459.66	1/1/2013
Rate Type :					
Interim		X	Prospectiv	re	
Т	otal Interim		X	Total Prospective	
I1	nterim Component			Prospective Adjusted	for New Costs
S	ettlement based on costs			Total Prospective with	Interim Component
P	rior Provider Prospective data				
Basis:		Changes	: :		
Budget			Licensur	e Rating Change	
X Unaudited c	eosts	-		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 01/01/2000	
Distribution:	- Prospective portion		OliTikv		
	ement / Fiscal Agent	_		Thomas Parker	_
Permanent File	mont / I isoai Agont	M	ledicaid Cos	t Reimbursement Plan	ning and Finance
For inform	ation Only		Control	, 1 2	2
No Change	•		2	L-DE	
Home Office:	Health Services Mgt., Inc.				
	Preston Sweeney				
	206 Fortress Blvd.				
	Murfreesboro TN 37128				



Royal Oak Nursing Cent	er			Provider Number:	0 228575-00
37300 Royal Oak Lane				Date:	1/3/2013
Dade City FL 33525				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		urrent Rate 98.09	New Rate 200.28	Effective Date 1/1/2013
1	Level H: AIDS	3	47.30	351.09	1/1/2013
1	Level U: Fragile Under 21		67.05	472.13	1/1/2013
Basis: Budget X Unaudited cos Field audit - in Desk audited co	costs nterim portion costs	Changes:	Licensur Usual and Target R FRVS CI	Total Prospective Prospective Adjusted for Total Prospective with Read Prospective with the Rating Change of Customary Limitation and the limitation change	Interim Component
Distribution: Contract Manageme Permanent File For informati No Change in	ion Only	Thomas Parker Medicaid Cost Reimbursement Planning and Finar			
Home Office:	Health Services Mgt., Inc. Preston Sweeney 206 Fortress Blvd. Murfreesboro TN 37128				



Heather Hill Nursing Hon	ne			Provider Number:	0 228591-00
6630 Kentucky Avenue				Date:	1/3/2013
New Port Richey FL 3465	53			Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 201.30	Effective Date 1/1/2013
		_			
L	evel H: AIDS	_	347.79	352.11	1/1/2013
L	evel U: Fragile Under 21	_	467.54	473.15	1/1/2013
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 of Total Prospective with e Rating Change d Customary Limitation at e limitation change hange hester Change [2] as of 10/01/1985	Interim Component
Contract Manageme	nt / Fiscal Agent			Thomas Parker	
Permanent File For information No Change in	on Only	Medicaid Cost Reimbursement Planning and Fina			
Home Office:	Health Services Mgt., Inc. Preston Sweeney 206 Fortress Blvd. Murfreesboro TN 37128				



Inn at Sarasota Bay Club		Provider Number:	0 228621-00	
1303 N. Tamiami Trail		Date:	1/3/2013	
Sarasota Fl 34236		Fiscal Year End:	12/31/2010	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 261.74	New Rate	Effective Date 1/1/2013	
Nursing Home Single Level	201.74	<u> 263.96</u>	1/1/2013	
Level H: AIDS	410.95	414.77	1/1/2013	
Level U: Fragile Under 21	530.70	535.81	1/1/2013	
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 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 Cos	t Reimbursement Plan	ning and Finance	
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		L De	_	



Winter Haven Health and Rehabilitation Center 202 Avenue "O" NE				Provider Number:	0 228702-00		
		<u>.</u>		Date:	1/3/2013		
Winter Haven FL 338	381	<u>-</u>		Fiscal Year End:	6/30/2011		
				Audit Status:	Unaudited [3]		
Provider Type:						_	
			Current	New	Effective		
Nursing Home	Single Level	_	Rate 181.90	Rate	Date 1/1/2013		
ruising Home	Single Level	_	101.90	<u>183.87</u>	1/1/2015		
	Level H: AIDS		331.11	334.68	1/1/2013		
	Level U: Fragile Under 21	_ _	450.86	455.72	1/1/2013		
						_	
Rate Type :							
Interim		X	Prospectiv				
	Total Interim		<u>X</u>	Total Prospective Prospective Adjusted	for Novy Coata		
	Interim Component Settlement based on costs			Total Prospective with			
	Prior Provider Prospective data			Total Prospective with	i internii Component		
	Thor trovidor frospective data	CI	. 1			_	
Basis:		Changes	<u>:</u>]				
Budget			Licensur	e Rating Change			
X Unaudited	costs	-	_	d Customary Limitation	on		
Field audit	ted costs		Target Rate limitation change				
Field audi	t - interim portion		FRVS C	hange			
Desk audit			_				
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 01/01/2001			
Distribution:	• •			Thomas Parker		_	
Contract Manag	gement / Fiscal Agent		adiasid Cas	t Reimbursement Plan	ning and Einanga		
Permanent File		1710	edicald Cos	a Kemioursement Flan	imig and rmance		
For inform	nation Only		~	120	2		
No Chan	ge in Rate		~				
Home Office:	1 - No Home Office						
nome office.							
	-						



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Woodland Terrace of Citru				Provider Number:	0 228711-00	
124 W. Norvell Bryant Hw	У			Date:	1/3/2013	
Hernando FL 34442				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]]
Provider Type: Nursing Home Si	ingle Level		Current Rate 171.97	New Rate 168.25	Effective Date 1/1/2013	
S	5					
Le	vel H: AIDS	<u> </u>	321.18	319.06	1/1/2013	
Le	vel U: Fragile Under 21	_	440.93	440.10	1/1/2013	
Basis: Budget X Unaudited costs Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion sts rim Portion	Changes:	Licensur Usual and Target R FRVS C	Total Prospective Prospective Adjusted a Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component	t
Distribution: Contract Managemen Permanent File For information No Change in I	n Only	Me		Thomas Parker t Reimbursement Plan	_	_
Home Office:	SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circle Daytona Beach FL 32114	2				



East Ridge Retirement Village, Inc.		Provider Number:	0 228788-00
19301 SW 87th Avenue		Date:	1/3/2013
Miami Fl 33157		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 235.19	New Rate 228.79	Effective Date 1/1/2013
Level H: AIDS	204.40	270.60	1/1/2012
Level H. AIDS	384.40	379.60	1/1/2013
Level U: Fragile Under 21	504.15	500.64	1/1/2013
Interim	Changes: Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent	Madigaid Cos	Thomas Parker	ning and Finance
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plan	-



Cypress Cove Care Center				Provider Number:	0 228940-00
700 SE 8th Avenue				Date:	1/3/2013
Crystal River FL 3442	9			Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
NT . TT		_	Rate	Rate	Date
Nursing Home	Single Level	_	191.47	193.59	1/1/2013
	Level H: AIDS		340.68	344.40	1/1/2013
	Level U: Fragile Under 21	_	460.43	465.44	1/1/2013
Rate Type :					
Interim		X	Prospectiv	ve	
	otal Interim			Total Prospective	
	nterim Component			Prospective Adjusted	
	ettlement based on costs			Total Prospective with	Interim Component
P	rior Provider Prospective data				
Basis:		Changes:			
			Licencum	a Datina Changa	
Budget X Unaudited c	oets		•	e Rating Change d Customary Limitatio	un.
Field audite		-	-	ate limitation change	DII
	- interim portion		FRVS C	=	
Desk audite	-	-			
	Interim Portion	X		nester Change	
	- Prospective portion		On FRV	[2] as of 01/01/2000	
Distribution:				Thomas Parker	
=	ment / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File				5 20 24 0 2 10 350	
For inform	•		2	L-DE	>
No Change	e in Rate		170		
Home Office:	Health Services Mgt., Inc.				
	Preston Sweeney				
	206 Fortress Blvd. Murfreesboro TN 37128				
	MINITECSPOID IIN 3/128				



Brooksville Healthcare C	enter			Provider Number:	0 228958-00
1114 Chatman Boulevard	<u> </u>			Date:	1/3/2013
Brooksville FL 34601				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 194.17	Effective Date 1/1/2013
I	Level H: AIDS		340.81	344.98	1/1/2013
I	Level U: Fragile Under 21	-	460.56	466.02	1/1/2013
Basis: Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	terim portion osts	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with e Rating Change d Customary Limitatio ate limitation change	Interim Component
Distribution: Contract Manageme Permanent File For informatio No Change in	on Only	Thomas Parker Medicaid Cost Reimbursement Planning and F			_
Home Office:	Health Services Mgt., Inc. Preston Sweeney 206 Fortress Blvd. Murfreesboro TN 37128				



Lake Harris Health Center		Provider Number:	0 228966-00
701 Lake Port Boulevard		Date:	1/3/2013
Leesburg FL 34748		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 198.20	New Rate 201.41	Effective Date 1/1/2013
Level H: AIDS	347.41	352.22	1/1/2013
Level U: Fragile Under 21	467.16	473.26	1/1/2013
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		Thomas Parker at Reimbursement Plan	_



Sylvan Health Center		Provider Number:	0 229164-00
2770 Regency Oaks Blvd.		Date:	1/3/2013
Clearwater FL 33759		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 206.07	New Rate 209.91	Effective Date 1/1/2013
Loyal II. AIDC	255.20	260.72	1/1/2012
Level H: AIDS	355.28	360.72	1/1/2013
Level U: Fragile Under 21	475.03	481.76	1/1/2013
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 for Total Prospective with Read Prospective with the Rating Change of Customary Limitation and the limitation change	Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent		Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plans	



Shell Point Pavilion				Provider Number:	0 229202-00
15000 Shell Point Bo	ulevard	<u>.</u>		Date:	1/3/2013
Ft. Myers Fl 33908		-		Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nuusina Homo	Cingle I aval	_	Rate	Rate	Date
Nursing Home	Single Level	_	210.03	206.69	1/1/2013
	Level H: AIDS		359.24	357.50	1/1/2013
	Level U: Fragile Under 21	_ _	478.99	478.54	1/1/2013
Rate Type :					
Interim		X	Prospectiv	<i>r</i> 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 Limitatio	on
Field audit	ed costs		_	ate limitation change	
	- interim portion		FRVS C	hange	
Desk audite	ed costs - Interim Portion	<u> X</u>	- Doto Son	nester Change	
	t - Prospective portion			[2] as of 03/28/2001	
Distribution:				Thomas Parker	
Contract Manag	ement / Fiscal Agent		adicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		1410	carcara Cos	t Kennoursement I ian	ining and i manee
For inform	nation Only		7	120	>
No Chang	ge in Rate				
Home Office:	1 - No Home Office				



Gainesville Health Care	Center			Provider Number:	0 229288-00
1311 SW 16th Street				Date:	1/3/2013
Gainesville FL 32608				Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type:	Cinala Laval		Current Rate	New Rate	Effective Date
Nursing Home	Single Level		208.41	211.23	1/1/2013
1	Level H: AIDS		357.62	362.04	1/1/2013
]	Level U: Fragile Under 21		477.37	483.08	1/1/2013
Basis: Budget X Unaudited cos Field audited of Field audit - in Desk audited of Desk audit - Ir	costs nterim portion costs	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with e Rating Change d Customary Limitation at e limitation change hange hester Change [2] as of 10/01/1985	n Interim Component
Contract Manageme	ent / Fiscal Agent			Thomas Parker	
Permanent File For informati No Change is	ion Only	Medicaid Cost Reimbursement Planning and Finance			_
Home Office:	Council on Aging of Florid 1311 SW 16th Street Gainesville FL 32608	a, Inc.			



Lake View Care Center at Delray		Provider Number:	0 229610-00
5430 Linton Blvd		Date:	1/3/2013
DelRay Beach FL 33484		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 211.52	New Rate 215.06	Effective Date 1/1/2013
Single Devel			1/1/2013
Level H: AIDS	360.73	365.87	1/1/2013
Level U: Fragile Under 21	480.48	486.91	1/1/2013
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 For information Only No Change in Rate	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 on ning and Finance
Home Office: 1 - No Home Office			



Menorah House				Provider Number:	0 229628-00
9945 Central Park Blvd		<u>-</u>		Date:	1/3/2013
Boca Raton FL 33428		_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	Character [6]
.			Current	New	Effective
	a	_	Rate	Rate	Date
Nursing Home	Single Level	_	214.68		1/1/2013
	Level H: AIDS		363.89	369.08	1/1/2013
	Level U: Fragile Under 21	-	483.64	490.12	1/1/2013
Data Tyma					
Rate Type :					
Interim	T . 1 T	X	Prospectiv		
	Total Interim Interim Component		<u>X</u>	Total Prospective Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Prospective with	i internii Component
		Changes			
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 t - Prospective portion	X		nester Change [2] as of 10/01/1990	
Distribution:			OHTRV	Thomas Parker	
Contract Manag	ement / Fiscal Agent		11 11 0		· 17:
Permanent File	•	M	edicaid Cos	t Reimbursement Plan	ning and Finance
For inform	nation Only		H-17	1000	2
No Chang	ge in Rate		2	LDE	
Home Office:	1 - No Home Office				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Alexander Nininger State Veterans Nursing Home		Provider Number:	0 229849-00
8401 West Cypress Drive		Date:	1/3/2013
Pembroke Pines Fl 33025		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 227.03	New Rate 228.99	Effective Date 1/1/2013
Level H: AIDS	376.24	379.80	1/1/2013
Level U: Fragile Under 21	495.99	500.84	1/1/2013
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 a Total Prospective with Read Prospective Adjusted Read Prospective With	Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker Reimbursement Plans	
Home Office: Florida Dept. of Veterans Affair Walter Gilchrist 11351 Ulmerton Road, Room 33 Largo Fl 33778-1630			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

HIALEAH SHORES NURS	SING AND REHAB CENTE			Provider Number:	0 250988-00
8785 NW 32 AVE				Date:	1/3/2013
Miami FL 33147				Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Sin	ngle Level		235.98	239.00	1/1/2013
Lev	el H: AIDS		385.19	389.81	1/1/2013
Lev	vel U: Fragile Under 21		504.94	510.85	1/1/2013
Settlen	ts rim portion ts	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 02/01/1993	n Interim Component
Contract Management	/ Fiscal Agent			Thomas Parker	_
Permanent File		Med	licaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in R	•		Z	l DE	
Home Office:	DOS Health Care, Inc Jorge Hernando 300 71st Street, Suite 400 Miami FL 33141				



Brandywyne Health Care Center		Provider Number:	0 251399-00
1801 North Lake Mariam Drive		Date:	1/3/2013
Winter Haven FL 33884		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	191.66	194.32	1/1/2013
Level H: AIDS	340.87	345.13	1/1/2013
Level U: Fragile Under 21	460.62	466.17	1/1/2013
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 For information Only	Changes: Licensure Usual and Target R. FRVS Cl. X Rate Sen On FRV Medicaid Cos	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation at limitation change	Interim Component
No Change in Rate Home Office: 1 - No Home Office			



Concordia Manor		Provider Number:	0 251666-00
321 13th Avenue North		Date:	1/3/2013
St. Petersburg FL 33701		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 183.22	New Rate 191.60	Effective Date 1/1/2013
Single Devel	100.22		1/1/2013
Level H: AIDS	332.43	342.41	1/1/2013
Level U: Fragile Under 21	452.18	463.45	1/1/2013
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 Ser On FRV	Total Prospective Prospective Adjusted: Total Prospective with The Rating Change and Customary Limitation Rate limitation change	n Interim Component
For information Only No Change in Rate	Z	120	-
Home Office: 1 - No Home Office			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Oakhurst Care & Rehabi	litation Center			Provider Number:	0 251721-00
1501 SE 24th Road				Date:	1/3/2013
Ocala FL 34471				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 200.22	New Rate 202.47	Effective Date 1/1/2013
	Single Level	-	200.22		1/1/2013
	Level H: AIDS		349.43	353.28	1/1/2013
	Level U: Fragile Under 21		469.18	474.32	1/1/2013
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 e Rating Change d Customary Limitation at e limitation change hange mester Change	Interim Component
Contract Managem	ont / Fiscal Agent			Thomas Parker	
Permanent File	ent / Fiscai Agent	N	Medicaid Cos	t Reimbursement Plan	ning and Finance
For informati No Change i	•		Z	120) —
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



Bradford Terrace, LLC				Provider Number:	0 251739-00	
808 S. Colley Road				Date:	1/3/2013	
Starke FL 32091				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:	da Lavral		Current Rate	New Rate	Effective Date	
Nursing Home Sing	gle Level		169.27	<u>162.70</u>	1/1/2013	
Level	H: AIDS		318.48	313.51	1/1/2013	
Level	U: Fragile Under 21		438.23	434.55	1/1/2013	
Settleme	Component Int based on costs Evider Prospective data In portion In Portion	Changes:	Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted: Total Prospective with Re Rating Change Country Limitation Total Prospective with	Interim Component	
Distribution: Contract Management / I Permanent File For information O No Change in Rat	nly	Med		Thomas Parker Reimbursement Plan		
I I	SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circle Daytona Beach FL 32114					



Avante at Melbourne				Provider Number:	0 252018-00	
1420 South Oak Street				Date:	1/3/2013	
Melbourne FL 32901				Fiscal Year End:	5/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	234.71		1/1/2013	
	Level H: AIDS		383.92	385.18	1/1/2013	
	Level U: Fragile Under 21		503.67	506.22	1/1/2013	
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - I	costs interim portion	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 nester Change [2] as of 04/01/1992	Interim Component	
Contract Managem	nent / Fiscal Agent			Thomas Parker		_
Permanent File For informate No Change Home Office:	tion Only			t Reimbursement Plan	-	
	Hollywood FL 33021-6744					



Avante at Ormond Be	each			Provider Number:	0 252034-00
170 North Kings Road		_		Date:	1/3/2013
Ormond Beach FL 32	2807	_		Fiscal Year End:	5/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	223.14		1/1/2013
	Level H: AIDS		372.35	371.93	1/1/2013
	Level U: Fragile Under 21	- -	492.10	492.97	1/1/2013
Data Tyma					
Rate Type :					
Interim		X	Prospectiv		
	Total Interim Interim Component		<u>X</u>	Total Prospective Prospective Adjusted	for Now Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Prospective with	i internii Component
<u> </u>		Changag	.1		
Basis:		Changes	<u>:</u>		
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 04/01/1992	
Distribution:	* *		OHTKV		
·	gement / Fiscal Agent			Thomas Parker	
Permanent File	,	M	edicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only		~~~	11-01	>
No Chang	ge in Rate		2	L DE	
Home Office:	Avante Group, Inc.				
1101110 0111100.	Janan Mitchell				
	4000 Hollywood Blvd, Su				
	Hollywood FL 33021-674	4			
	L				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Avante at Mt. Dora				Provider Number:	0 252042-00
3050 Brown Avenue				Date:	1/3/2013
Mount Dora FL 32757				Fiscal Year End:	5/31/2012
				Audit Status:	Unaudited [3]
Provider Type:				riddit Status.	
-10 (1000 - 1) p ot			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	_	220.62	214.52	1/1/2013
	Level H: AIDS		369.83	365.33	1/1/2013
	Level U: Fragile Under 21	_	489.58	486.37	1/1/2013
Basis: Budget X Unaudited co Field audited Field audited Desk audited Desk audited	d costs interim portion	Changes:	Licensur Usual and 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:				Thomas Parker	
•	ment / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For informa	otion Only				
No Change	•		Z	L-DE	·
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	e 540-N			



San Jose Health and F	Rehabilitation Center			Provider Number:	0 252051-00
9355 San Jose Boulevard		<u>.</u>		Date:	1/3/2013
Jacksonville FL 3225	7	-		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Homo	Cingle I aval	_	Rate	Rate	Date 1/1/2012
Nursing Home	Single Level	_	198.29	201.96	1/1/2013
	Level H: AIDS		347.50	352.77	1/1/2013
	Level U: Fragile Under 21	-	467.25	473.81	1/1/2013
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
]	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	Interim Component
I	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	
Field audit	- interim portion		FRVS C	hange	
Desk audite			-	C.	
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 12/01/2001	
Distribution:				Thomas Parker	
Contract Manag	ement / Fiscal Agent		adianid Cos	st Reimbursement Plan	ning and Finance
Permanent File		IVI	edicaid Cos	st Kelliloursellielit Flair	ining and Pinance
For inform	nation Only		7	120	>
No Chang	ge in Rate		~		
Home Office:	1 - No Home Office				



Brandon Health and Rehab. Center				Provider Number:	0 252077-	.00
1465 Oakfield Drive				Date:	1/3/2013	3
Brandon FL 33511				Fiscal Year End:	6/30/201	1
				Audit Status:	Unaudited	[3]
Provider Type: Nursing Home Single Le	vol		Current Rate 191.32	New Rate	Effective Date	
rursing frome Single Le	VCI	_	191.32	<u> 194.61</u> _	1/1/2013	
Level H: AI	DS		340.53	345.42	1/1/2013	
Level U: Fra	ngile Under 21	_	460.28	466.46	1/1/2013	
Interim Total Interim Interim Compo Settlement base Prior Provider I Basis: Budget X Unaudited costs Field audit - interim porti Desk audited costs Desk audit - Interim Portic Desk Audit - Prospective Distribution: Contract Management / Fiscal A Permanent File	on costs Prospective data on portion	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 Compon	ent
For information Only No Change in Rate			Z	120	> 	
Home Office: 1 - No	Home Office					



Coral Trace Health Care		Provider Number:	0 252107-00
216 Santa Barbara Blvd		Date:	1/3/2013
Cape Coral FL 33991		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 207.24	New Rate 210.71	Effective Date 1/1/2013
Level H: AIDS	356.45	361.52	1/1/2013
Level U: Fragile Under 21	476.20	482.56	1/1/2013
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 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		Thomas Parker t Reimbursement Plan	



Countryside Healthcare Center		Provider Number:	0 252115-00
3825 Countryside Blvd.		Date:	1/3/2013
Palm Harbour FL 34684		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 196.83	New Rate 200.14	Effective Date 1/1/2013
Level H: AIDS	346.04	350.95	1/1/2013
Level U: Fragile Under 21	465.79	471.99	1/1/2013
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 CI	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		Thomas Parker t Reimbursement Plan	-



University Hills Health and Rehab.		Provider Number:	0 252123-00
10040 Hillview Road		Date:	1/3/2013
Pensacola FL 32514		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 200.87	New Rate 204.12	Effective Date 1/1/2013
Level H: AIDS	350.08	354.93	1/1/2013
Level U: Fragile Under 21	469.83	475.97	1/1/2013
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 Prior Provider Prospective data	Usual a Target I FRVS (Total Prospective Prospective Adjusted Total Prospective with Tre 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 10/01/1985	
<u>Distribution:</u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid Co	st Reimbursement Plan	ning and Finance
For information Only No Change in Rate	2	el de	
Home Office: 1 - No Home Office			



Destin Healthcare and Rehab. Center	_		Provider Number:	0 252166-00	
195 Mattie M. Kelly Blvd.			Date:	1/3/2013	
Destin FL 32541	_		Fiscal Year End:	6/30/2011	
			Audit Status:	Unaudited [3]	
Provider Type:	_	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	_	199.71		1/1/2013	
Level H: AIDS	_	348.92	353.78	1/1/2013	
Level U: Fragile Under 21	-	468.67	474.82	1/1/2013	
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	Interim Component	
Contract Management / Fiscal Agent		edicaid Cos	t Reimbursement Plan	ning and Finance	_
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office			L DC	_	



Heron Pointe Health and Rehab.		Provider Number:	0 252174-00
1445 Howell Avenue		Date:	1/3/2013
Brooksville FL 34601		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 190.23	New Rate 192.81	Effective Date 1/1/2013
Level H: AIDS	339.44	343.62	1/1/2013
Level U: Fragile Under 21	459.19	464.66	1/1/2013
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 at Total Prospective with e Rating Change d Customary Limitation at limitation change	n Interim Component
Desk Audit - Prospective portion		[2] as of 12/01/2001	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		Thomas Parker t Reimbursement Plant	-



Magnolia Health and Rehab. Center		Provider Number:	0 252182-00
1507 South Tuttle Ave		Date:	1/3/2013
Sarasota FL 34239		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 208.76	New Rate 211.15	Effective Date 1/1/2013
Level H: AIDS	357.97	361.96	1/1/2013
Level U: Fragile Under 21	477.72	483.00	1/1/2013
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 a Target I FRVS C X Rate Se On FRV	Total Prospective Prospective Adjusted: Total Prospective with Te Rating Change and Customary Limitation Rate limitation change Change mester Change 7 [2] as of 09/14/1994 Thomas Parker	n Interim Component
Permanent FileFor information OnlyNo Change in Rate		st Reimbursement Plan	_
Home Office: 1 - No Home Office			



Emerald Shores Hea		_		Provider Number:	0 252191-00
626 North Tyndall P	Parkway	_		Date:	1/3/2013
Callaway Fl 32404		_		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:	Cingle I and	_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		199.51		1/1/2013
	Level H: AIDS	_	348.72	353.79	1/1/2013
	Level U: Fragile Under 21		468.47	474.83	1/1/2013
Desk audi Desk audi Desk Aud	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data d costs ited costs it - interim portion ited costs it - Interim Portion lited rospective portion	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>	<u>:</u> gement / Fiscal Agent			Thomas Parker	
Permanent File For infor	č č	Me		t Reimbursement Plan	-



Evans Health Care		Provider Number:	0 252212-00
3735 Evans Avenue		Date:	1/3/2013
Ft Myers FL 33901		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 207.11	New Rate 209.97	Effective Date 1/1/2013
Level H: AIDS	356.32	360.78	1/1/2013
Level U: Fragile Under 21	476.07	481.82	1/1/2013
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 R: FRVS CI	Total Prospective Prospective Adjusted of Total Prospective with Rating Change d Customary Limitation at a limitation change hange nester Change [2] as of 12/14/1998	Interim Component
Contract Management / Fiscal Agent		Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plan	_



Fletcher Health and				Provider Number:	0 252221-00
518 West Fletcher A	ive			Date:	1/3/2013
Tampa FL 33612				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:		-	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	196.21	<u> 199.51</u> _	1/1/2013
	Level H: AIDS		345.42	350.32	1/1/2013
	Level U: Fragile Under 21		465.17	471.36	1/1/2013
Desk aud Desk aud Desk Aud	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data d costs ited costs itit - interim portion ited costs it - Interim Portion lited rospective portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted a Total Prospective with re Rating Change ad Customary Limitation at limitation change	n Interim Component
<u>Distribution</u>	_			Thomas Parker	
Permanent File	gement / Fiscal Agent	N	ledicaid Cos	t Reimbursement Plan	ning and Finance
For info	rmation Only nge in Rate		Z	l De	· —
Home Office:	1 - No Home Office				



Fort Pierce Health Ca	are			Provider Number:	0 252239-00
611 South 13th Stree	t	-		Date:	1/3/2013
Ft. Pierce FL 34950		_		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N	Cinale Level	_	Rate	Rate	Date 1/1/2012
Nursing Home	Single Level	_	211.05		1/1/2013
	Level H: AIDS		360.26	365.38	1/1/2013
	Level U: Fragile Under 21	- -	480.01	486.42	1/1/2013
Rate Type:					
Interim		X	Prospectiv	ve	
	Total Interim		<u>X</u>	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		_	d Customary Limitation	on
Field audit		-	_	ate limitation change	
Field audi	t - interim portion		FRVS C	hange	
Desk audit	ed costs		-		
	- Interim Portion	X		nester Change	
Distribution:	t - Prospective portion		On FR v	[2] as of 10/01/1985	
	gement / Fiscal Agent			Thomas Parker	
Permanent File	gement / Piscai Agent	Me	edicaid Cos	st Reimbursement Plan	ning and Finance
	nation Only				2
	ge in Rate		2	L-DE	
Home Office:	1 - No Home Office				
Home Office.					



Sea Breeze Health Care		Provider Number:	0 252247-00
1937 Jenks Avenue		Date:	1/3/2013
Panama City FL 32405		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 180.95	New Rate 183.39	Effective Date 1/1/2013
Level H: AIDS	330.16	334.20	1/1/2013
Level U: Fragile Under 21	449.91	455.24	1/1/2013
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 at Total Prospective with e Rating Change d Customary Limitation at 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		Thomas Parker t Reimbursement Plans	



Harbor Beach Nursing	g and Rehab. Center			Provider Number:	0 252255-00	
1615 South Miami Road		_	Date:		1/3/2013	
Ft. Lauderdale FL 333	316	_		Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
• •			Current	New	Effective	
	a		Rate	Rate	Date	
Nursing Home	Single Level	_	219.53		1/1/2013	
	Level H: AIDS		368.74	373.53	1/1/2013	
	Level U: Fragile Under 21	_	488.49	494.57	1/1/2013	
Rate Type :						
Interim		X	Prospectiv	/e		
	Total Interim		<u>X</u>	Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	Interim Component	
	Prior Provider Prospective data		_			
Basis:		Changes:	<u> </u>			
Budget			Licensur	e Rating Change		
X Unaudited	costs		-	d Customary Limitatio	on	
Field audit		Target Rate limitation change				
Field audit	- interim portion	· ·	FRVS C	hange		
Desk audite	ed costs	·	-			
	- Interim Portion	X		nester Change		
	t - Prospective portion		On FRV	[2] as of 05/28/1986		
Distribution:				Thomas Parker		
_	ement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File						
No Chang	nation Only		2	L-20) 	
No Chang	ge in Rate					
Home Office:	1 - No Home Office					



Health Center at Brentwood		Provider Number:	0 252263-00
2333 North Brentwood Circle		Date:	1/3/2013
Lecanto FL 34461		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.89	New Rate 209.27	Effective Date 1/1/2013
Level H: AIDS	355.10	360.08	1/1/2013
Level U: Fragile Under 21	474.85	481.12	1/1/2013
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 of Total Prospective with Total Prospective with Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 12/01/2001	n Interim Component
		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plan	-



Heritage Health Care Center		Provider Number:	0 252271-00	
1026 Albee Farm Road		Date:	1/3/2013	
Venice FL 34292		Fiscal Year End:	6/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 212.68	New Rate 216.18	Effective Date 1/1/2013	
2.1.g.0 2.0 VO			1/1/2010	
Level H: AIDS	361.89	366.99	1/1/2013	
Level U: Fragile Under 21	481.64	488.03	1/1/2013	
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 R FRVS C	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation at limitation change	n Interim Component	
Contract Management / Fiscal Agent	Malladia		-'1E'	
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plan	_	



Heritage Healthcare	and Rehab. Center	_		Provider Number:	0 252280-00
777 Ninth Street No.	rth	_		Date:	1/3/2013
Naples FL 34102		_		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 211.48	Effective Date 1/1/2013
Tursing Home	Single Level	_	209.11		1/1/2013
	Level H: AIDS	_	358.32	362.29	1/1/2013
	Level U: Fragile Under 21	_	478.07	483.33	1/1/2013
Desk audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data d costs ited costs it - 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
Distribution	<u>:</u>			Thomas Parker	
	gement / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
	ermation Only Inge in Rate		2	L DE	·
Home Office:	1 - No Home Office				



Lake Mary Health ar		_		Provider Number:	0 252310-00
710 North Sun Drive		_		Date:	1/3/2013
Lake Mary Fl 32746		-		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 200.37	New Rate 203.74	Effective Date 1/1/2013
Tursing Home	Single Level		200.37	203.74	1/1/2013
	Level H: AIDS	_	349.58	354.55	1/1/2013
	Level U: Fragile Under 21	_	469.33	475.59	1/1/2013
Desk audi Desk audi Desk Audi Distribution	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data I costs Ited costs	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
· ·	gement / Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
	mation Only age in Rate		Z	L DE	·
Home Office:	1 - No Home Office				



Wedgewood Healthcare Center		Provider Number:	0 252328-00
1010 Carpenters Way		Date:	1/3/2013
Lakeland FL 33809		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 200.99	New Rate	Effective Date 1/1/2013
Nursing Home Single Level		204.38	1/1/2013
Level H: AIDS	350.20	355.19	1/1/2013
Level U: Fragile Under 21	469.95	476.23	1/1/2013
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 ar Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted: Total Prospective with The Rating Change and Customary Limitation change	n Interim Component
Contract Management / Fiscal Agent	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File For information Only No Change in Rate		I DE	_
Home Office: 1 - No Home Office			



Largo Health Care Center		Provider Number:	0 252336-00	
9035 Bryan Dairy Rd.		Date:	1/3/2013	
Largo FL 33777		Fiscal Year End:	6/30/2011	•
		Audit Status:	Unaudited [3]	•
Provider Type: Nursing Home Single Level	Current Rate 200.59	New Rate 203.35	Effective Date 1/1/2013	
Level H: AIDS	349.80	354.16	1/1/2013	
Level U: Fragile Under 21	469.55	475.20	1/1/2013	
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		Thomas Parker t Reimbursement Plan	_	



Heritage Park Rehab				Provider Number:	0 252344-00
2826 Cleveland Avenue				Date:	1/3/2013
Ft. Myers FL 33901				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 213.77	New Rate 216.76	Effective Date 1/1/2013
S	C				
	Level H: AIDS		362.98	367.57	1/1/2013
	Level U: Fragile Under 21		482.73	488.61	1/1/2013
Rate Type :					
Interin	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X		Total Prospective Prospective Adjusted to Total Prospective with	
Desk audi	ited costs it - interim portion	Change	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/1985	on
Distribution	_			Thomas Parker	
	gement / Fiscal Agent		Medicaid Cos	t Reimbursement Plans	ning and Finance
	ermation Only nge in Rate		Z	120	<u>, </u>
Home Office:	1 - No Home Office				



Island Health and Rehab. Center		Provider Number:	0 252352-00	
125 Alma Boulevard		Date:	1/3/2013	
Merritt Island FL 32953		Fiscal Year End:	6/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 189.23	New Rate 191.87	Effective Date 1/1/2013	
Level H: AIDS	338.44	342.68	1/1/2013	
Level U: Fragile Under 21	458.19	463.72	1/1/2013	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget Vunaudited costs Field audited costs	Changes: Licensure Usual and	Total Prospective Prospective Adjusted Total Prospective with Rating Change d Customary Limitation change	n Interim Component	
Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		hange nester Change [2] as of 04/01/1996		
<u>Distribution:</u>		Thomas Parker		
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent FileFor information OnlyNo Change in Rate	Z	120	·	
Home Office: 1 - No Home Office				



North Florida Rehab.	and Specialty Care	_		Provider Number:	0 252361-00
6700 NW 10th Place		_		Date:	1/3/2013
Gainesville FL 32605	5	_		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 201.64	New Rate 204.97	Effective Date 1/1/2013
Truising Home	Single Level		201.04	204.77	1/1/2015
	Level H: AIDS		350.85	355.78	1/1/2013
	Level U: Fragile Under 21		470.60	476.82	1/1/2013
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	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:				Thomas Parker	
Permanent File For inform	gement / Fiscal Agent mation Only ge in Rate	Ŋ		t Reimbursement Plan	
Home Office:	1 - No Home Office				



Shoal Creek Rehabili	tation Center			Provider Number:	0 252379-00
500 Hospital Drive		-		Date:	1/3/2013
Crestview Fl 32539		-		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N	Circula I amal	_	Rate	Rate	Date
Nursing Home	Single Level	_	185.20	<u> 187.29</u> _	1/1/2013
	Level H: AIDS		334.41	338.10	1/1/2013
	Level U: Fragile Under 21	-	454.16	459.14	1/1/2013
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim			Total Prospective	
]	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	Interim Component
	Prior Provider Prospective data				
Basis:		Changes	:		
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	ed costs - Interim Portion	<u> X</u>	- Data Carr	on other Clauses	
	t - Prospective portion			nester Change [2] as of 04/27/2000	
<u>Distribution:</u>		L		Thomas Parker	
Contract Manag	ement / Fiscal Agent		edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		171	cuicaiu Cos	t Kennoursement I ian	ining and I manee
For inform	nation Only		7	120	>
No Chang	ge in Rate		~_		
Home Office:	1 - No Home Office				



The Palms Rehab. and				Provider Number:	0 252395-00
5405 Babcock Street	NE			Date:	1/3/2013
Palm Bay FL 32905				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:	Charle I and]	urrent Rate	New Rate	Effective Date
Nursing Home	Single Level		01.43		1/1/2013
	Level H: AIDS	3.	50.64	354.68	1/1/2013
	Level U: Fragile Under 21	4	70.39	475.72	1/1/2013
Rate Type :					
Basis: Budget X Unaudited Field audit Field audit Desk audit	ed costs - interim portion ed costs	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with e Rating Change d Customary Limitation ate limitation change hange	n Interim Component
	- Interim Portion t - Prospective portion			nester Change [2] as of 03/11/1998	
Distribution:	ement / Fiscal Agent			Thomas Parker	
Permanent File	nation Only ge in Rate 1 - No Home Office	Medi		t Reimbursement Plan	_
Home Office:	1 - No Home Office				



Marshall Health and Rehab. Center		Provider Number:	0 252425-00
207 Marshall Drive		Date:	1/3/2013
Perry FL 32347		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	183.08	<u> 185.58</u>	1/1/2013
Level H: AIDS	332.29	336.39	1/1/2013
Level U: Fragile Under 21	452.04	457.43	1/1/2013
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 The Rating Change and Customary Limitation at limitation change	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent		Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		st Reimbursement Plan	



SeaView Nursing and Rehab. Center		Provider Number:	0 252433-00
2401 NE 2nd Street		Date:	1/3/2013
Pompano Beach FL 33062		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 208.00	New Rate 210.44	Effective Date 1/1/2013
Level H: AIDS	357.21	361.25	1/1/2013
Level U: Fragile Under 21	476.96	482.29	1/1/2013
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 at Total Prospective with Rating Change de Customary Limitation change thange The description of the prospective with the prospective wi	n Interim Component
Contract Management / Fiscal Agent		Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plan	-



Plantation Bay Rehabi				Provider Number:	0 252441-00	
4641 Old Canoe Creel	k Road			Date:	1/3/2013	
St. Cloud FL 34769				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	_	Current Rate 207.44	New Rate 210.85	Effective Date 1/1/2013	
Truising 110me	Single Devel	_	207111		1/1/2015	
	Level H: AIDS	_	356.65	361.66	1/1/2013	
	Level U: Fragile Under 21	-	476.40	482.70	1/1/2013	
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audit	ed costs - interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component	
Contract Manage	ement / Fiscal Agent		edicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File For inform No Chang Home Office:	•			L DE		



Rio Pinar Health Care		Provider Number:	0 252450-00	
7950 Lake Underhill Road		Date:	1/3/2013	
Orlando FL 32822		Fiscal Year End:	6/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 199.90	New Rate 202.10	Effective Date 1/1/2013	
Level H: AIDS	349.11	352.91	1/1/2013	
Level U: Fragile Under 21	468.86	473.95	1/1/2013	
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 CI	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation at limitation change	Interim Component	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		Thomas Parker t Reimbursement Plans	-	



Rosewood Health and Rehab. Center	_		Provider Number:	0 252468-00	
3920 Rosewood Way	_		Date:	1/3/2013	
Orlando FL 32808	_		Fiscal Year End:	6/30/2011	
			Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	_	Current Rate 200.06	New Rate 202.76	Effective Date 1/1/2013	
	<u>-</u>				
Level H: AIDS	_	349.27	353.57	1/1/2013	
Level U: Fragile Under 21	-	469.02	474.61	1/1/2013	
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 / Finel Apart	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation at limitation change	Interim Component	
Contract Management / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance	_
Permanent FileFor information OnlyNo Change in Rate		2	120	· —	
Home Office: 1 - No Home Office					



OAKTREE HEALTHCARE		Provider Number:	0 252476-00
650 Reed Canal Road		Date:	1/3/2013
South Daytona FL 32019		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 200.21	New Rate 203.70	Effective Date 1/1/2013
Level H: AIDS	349.42	354.51	1/1/2013
Level U: Fragile Under 21	469.17	475.55	1/1/2013
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 at Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plan	_
Home Office: 1 - No Home Office			



Edinborough Healthcare Center		Provider Number:	0 252484-00
1061 Virginia Street		Date:	1/3/2013
Dunedin FL 34698		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	211.98	214.41	1/1/2013
Level H: AIDS	361.19	365.22	1/1/2013
Level U: Fragile Under 21	480.94	486.26	1/1/2013
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 For information Only	Wsual ar Target F FRVS C X Rate Ser On FRV Medicaid Co	Total Prospective Prospective Adjusted Total Prospective with Tre Rating Change and Customary Limitation Rate limitation change	n Interim Component on ning and Finance
No Change in Rate Home Office: 1 - No Home Office			



Spring Hill Health and	d Rehab. Center			Provider Number:	0 252492-00
12170 Cortez Blvd.		•		Date:	1/3/2013
Brooksville FL 34613	3			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
-			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	196.18	<u> 199.41</u> _	1/1/2013
	Level H: AIDS		345.39	350.22	1/1/2013
	Level U: Fragile Under 21	<u>-</u>	465.14	471.26	1/1/2013
Rate Type:					
Interim		X	Prospectiv	<i>r</i> e	
	Total Interim			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	-	_	d Customary Limitation	on
Field audit			_	ate limitation change	
Field audit	: - interim portion		FRVS C	hange	
Desk audite			_		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 08/01/1997	
Distribution:	- Cooperation			Thomas Parker	
Contract Manag	ement / Fiscal Agent		. 1: : 1		
Permanent File		IVI	edicaid Cos	t Reimbursement Plan	ning and Finance
For inform	nation Only			120	2
No Chang	ge in Rate		2	- al	
Home Office:	1 - No Home Office				



Habana Health Care Center	_	Provider Number:	0 252506-00
2916 Habana Way	_	Date:	1/3/2013
Tampa FL 33614	-	Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curre Rate 199.	e Rate	Effective Date 1/1/2013
Level H: AIDS	349.	15 352.96	1/1/2013
Level U: Fragile Under 21	468.	90 474.00	1/1/2013
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: Lice Use Tar FR	Total Prospective Prospective Adjusted Total Prospective Adjusted Total Prospective wi ensure Rating Change all and Customary Limitati get Rate limitation change VS Change e Semester Change FRV [2] as of 05/01/1989	th Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medicaio	Thomas Parker d Cost Reimbursement Pla	



Vista Manor				Provider Number:	0 252522-	00
1550 Jess Parrish Court				Date:	1/3/2013	3
Titusville FL 32796				Fiscal Year End:	6/30/201	1
				Audit Status:	Unaudited	[3]
Provider Type:			urrent Rate	New Rate	Effective Date	
Nursing Home Single Level			202.31	205.64	1/1/2013	
Level H: AIDS		_ 3	51.52	356.45	1/1/2013	
Level U: Fragile	Under 21		71.27	477.49	1/1/2013	
Interim Total Interim Interim Component Settlement based or Prior Provider Pros Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:	n costs pective data	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 Compon	ent
Contract Management / Fiscal Age	nt	Med	icaid Cos	t Reimbursement Plan	ning and Finance	
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home	me Office			L-DC		



Colonial Lakes Health Care		Provider Number:	0 252557-00
15204 West Colonial Drive		Date:	1/3/2013
Winter Garden FL 34787		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 188.31	New Rate 190.40	Effective Date 1/1/2013
Level H: AIDS	337.52	341.21	1/1/2013
Level U: Fragile Under 21	457.27	462.25	1/1/2013
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 CI	Total Prospective Prospective Adjusted of Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Contract Management / Fiscal Agent			1.57
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plan	-



Pinebrook Care & Reha	bilitation Center		Provider Numbe	r: 0 252662-00
1240 Pinebrook Road			Date	e: 1/3/2013
Venice FL 34292			Fiscal Year End	: 7/31/2011
			Audit Statu	s: Unaudited [3]
Provider Type: Nursing Home	Single Level	Currer Rate 217.	Rate	Effective
8	0			
	Level H: AIDS	367.1	0 371.69	1/1/2013
	Level U: Fragile Under 21	486.8	492.73	1/1/2013
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - Desk audit -	costs interim portion	Changes: Lice Usu Targ FRV X Rate	ensure Rating Change al and Customary Limit get Rate limitation chang /S Change e Semester Change FRV [2] as of 01/01/200	ation
	nent / Fiscal Agent		Thomas Parke	r
Permanent File	nent / Fiscal Agent	Medicaid	Cost Reimbursement P	lanning and Finance
For informa No Change	·		ZL DE	2_
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109			



Palms of Sebring				Provider Number:	0 252671-00		
725 South Pine Street	t	<u>-</u>		Date:	1/3/2013		
Sebring FL 33870		_		Fiscal Year End:	12/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:				Tada Suudasi			
. 1			Current	New	Effective		
			Rate	Rate	Date		
Nursing Home	Single Level		197.55		1/1/2013		
	Level H: AIDS		346.76	343.09	1/1/2013		
	Level U: Fragile Under 21		466.51	464.13	1/1/2013		
Rate Type :							
Interim		X	Prospectiv	⁄e			
	Total Interim		X	Total Prospective			
	Interim Component		Prospective Adjusted for New Costs				
:	Settlement based on costs			Total Prospective with	Interim Component		
	Prior Provider Prospective data						
Basis:		Change	es:				
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	X		nester Change			
	t - Prospective portion		On FRV	[2] as of 10/01/1985			
Distribution:				Thomas Parker			
_	gement / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance		
Permanent File				C 2024 10 10 10			
	mation Only		2	L-DC	>		
No Chang	ge in Rate		100				
Home Office:	Covington Senior Living,	LLC					
	Ted McMullen						
	1175 Peachtree Street						
	Atlanta GA						
	•						



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Orchard Ridge Care &	Rehabilitation Center			Provider Number:	0 252689-00		
4927 Voorhees Road				Date:	1/3/2013		
New Port Richey FL 34653				Fiscal Year End:	7/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
Nursing Home	Single Level	_	Rate 206.55	Rate	Date 1/1/2013		
Nursing Home	Single Level	_	200.55		1/1/2015		
	Level H: AIDS		355.76	359.66	1/1/2013		
	Level U: Fragile Under 21	_	475.51	480.70	1/1/2013		
Rate Type :							
Interim		X	Prospectiv				
	Total Interim		<u>X</u>	Total Prospective	for Nov. Costs		
	Interim Component Settlement based on costs		Prospective Adjusted for New Costs Total Prospective with Interim Component				
	Prior Provider Prospective data			Total Prospective with	i internii Component		
	Thorrison Prospective data	CI	1				
Basis:		Changes	<u>: </u>				
Budget			Licensur	e Rating Change			
X Unaudited	costs	-	_	d Customary Limitation	on		
Field audit	ed costs		Target Rate limitation change				
Field audit	- interim portion		FRVS C	hange			
Desk audite			_				
	- Interim Portion t - Prospective portion	X	_ Rate Sen	nester Change			
Distribution:	1 1			Thomas Parker			
Contract Manag	ement / Fiscal Agent		edicaid Cos	st Reimbursement Plan	ning and Finance		
Permanent File		171	carcara cos	a remoursement run	ming and I manee		
For inform	nation Only		7	L DE	>		
No Chang	ge in Rate		~ _	- all			
Home Office:	Sun Healthcare Group, Inc.						
	Reimbursement Department						
	101 Sun Avenue NE						
	Albuquerque NM 87109						



Leesburg Health & Rehab				Provider Number:	0 252956-00	
715 East Dixie Avenue				Date:	1/3/2013	
Leesburg FL 32748				Fiscal Year End:	2/29/2012	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Signature Signature	ingle Level	_	Current Rate	New Rate 213.96	Effective Date 1/1/2013	
3	S	_				
Le	evel H: AIDS	_	368.97	364.77	1/1/2013	
Le	evel U: Fragile Under 21	-	488.72	485.81	1/1/2013	
Basis: Budget X Unaudited costs Field audited co Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion sts	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation at limitation change	n Interim Component	
Distribution: Contract Management Permanent File For information No Change in	n Only	M		Thomas Parker t Reimbursement Plan		
Home Office:	Anchor Management Phil Castleberg 1344 Longhill Drive Apopka FL 32712					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Springwood Care & Rehab	pilitation Center			Provider Number:	0 253014-00
4602 Northgate Court				Date:	1/3/2013
Sarasota FL 34234	_			Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Si	ingle Level		210.84	213.16	1/1/2013
Le	evel H: AIDS	_3	360.05	363.97	1/1/2013
Le	evel U: Fragile Under 21		179.80	485.01	1/1/2013
Interi Settle	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
	ospective portion		On FRV	[2] as of 01/01/2005	
Distribution: Contract Management Permanent File For information No Change in	n Only	Med		Thomas Parker t Reimbursement Plan	-
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



Southern Oaks Health Care 3855 Old Canoe Creek Road				Provider Number:	0 253146-00
		_	Date		1/3/2013
St. Cloud FL 34769		_		Fiscal Year End:	7/31/2011
					Unaudited [3]
Provider Type:				Audit Status:	Unaudited [3]
110videi 1ype.		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	193.08	195.20	1/1/2013
	Level H: AIDS		342.29	346.01	1/1/2013
	Level U: Fragile Under 21		462.04	467.05	1/1/2013
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim 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
Contract Manag	ement / Fiscal Agent		<i>t</i> 11 11 G		. 15.
Permanent File For inform No Chang Home Office:	nation Only ge in Rate 1 - No Home Office	IV		t Reimbursement Plan	



The Palms At Park Place		Provider Number:	0 253421-00
221 Park Place Blvd.		Date:	1/3/2013
Kissimmee FL 34741		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Currer Rate 182.1	Rate	Effective Date 1/1/2013
		<u> </u>	
Level H: AIDS	331.3	6 342.25	1/1/2013
Level U: Fragile Under 21	451.1	1 463.29	1/1/2013
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 Total Prospective wi Insure Rating Change al and Customary Limitativet Rate limitation change S Change Semester Change FRV [2] as of 01/13/1994	th Interim Component
		Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medicaid	Cost Reimbursement Pla	nning and Finance
For information Only No Change in Rate		2126	2
Home Office: 1 - No Home Office			



Sunset Point Care & Re	habilitation Center			Provider Number:	0 253430-00
1980 Sunset Point Road				Date:	1/3/2013
Clearwater FL 33765				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curi <u>Ra</u> 191	te	New Rate 193.75	Effective Date 1/1/2013
O	J				
	Level H: AIDS	340	.86	344.56	1/1/2013
	Level U: Fragile Under 21	460	.61	465.60	1/1/2013
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - I	costs interim portion	Changes:	censure tual and rget Ra RVS Ch	Prospective Adjusted Prospective Adjusted Total Prospective with Rating Change In Customary Limitation the limitation change has feeter Change [2] as of 10/01/1985	n Interim Component
Contract Managen	gent / Fiscal Agent			Thomas Parker	
Permanent File	ione, i isoui rigone	Medica	id Cost	Reimbursement Plan	ning and Finance
For information No Change	•		Z	L De	-
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Bay Tree Care & Rehabilit	ation Center			Provider Number:	0 253448-00
2600 Highlands Boulevard	, North			Date:	1/3/2013
Palm Harbor FL 34684				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Si	ingle Level		207.24	209.54	1/1/2013
Le	evel H: AIDS		356.45	360.35	1/1/2013
Le	evel U: Fragile Under 21		476.20	481.39	1/1/2013
Basis: Budget X Unaudited costs Field audit - inte Desk audit - Inte Desk Audit - Pro	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 01/01/2007	n Interim Component
Distribution: Contract Managemen	ıt / Fiscal Agent		1: :16	Thomas Parker	. 15
Permanent File For information No Change in	n Only	Med		t Reimbursement Plan	
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:	1/3/2013
Ocala FL 32674		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 202.20	New Rate	Effective Date 1/1/2013
Nursing Home Single Level		204.41	1/1/2013
Level H: AIDS	351.41	355.22	1/1/2013
Level U: Fragile Under 21	471.16	476.26	1/1/2013
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 at Total Prospective with Tetal Prospective with The Rating Change and Customary Limitation Change	n Interim Component
Contract Management / Fiscal Agent	- M. II. 11.C		' 15'
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		st Reimbursement Plan	_



West Bay Care & Rehabilitation Center				Provider Number:	0 253464-00	
3865 Tampa Road				Date:	1/3/2013	
Oldsmar FL 34677				Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:				riddit Status.	enautrea [5]	
			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level	_	210.33	212.66	1/1/2013	
	Level H: AIDS		359.54	363.47	1/1/2013	
	Level U: Fragile Under 21	_	479.29	484.51	1/1/2013	
Rate Type :						
Interim		X	Prospectiv	ve		
To	otal Interim	'	X	Total Prospective		
In	Prospective Adjusted for New Costs					
	ettlement based on costs	costs Total Prospective with Interim Compone				
Pr	ior Provider Prospective data					
Basis:		Changes:	_			
Budget			Licensur	e Rating Change		
X Unaudited co	osts	-	-	d Customary Limitatio	on	
Field audited	l costs	Target Rate limitation change				
Field audit -	interim portion		FRVS C	hange		
Desk audited			_			
	Interim Portion	X		nester Change [2] as of 10/01/1998		
Distribution:	Prospective portion		Oll FK V			
	ment / Fiscal Agent			Thomas Parker		
Permanent File	nent / Fiscai Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance	
For informa	ation Only		Control	, 1 20	2	
No Change			2	LDE		
Home Office:	Sun Healthcare Group, Inc.					
	Reimbursement Department					
	101 Sun Avenue NE Albuquerque NM 87109					
	mouqueique 14141 0/107					



Forum at Deer Creek				Provider Number:	0 253481-00	
3001 Deer Creek Blvd	l			Date:	1/3/2013	
Deerfield Beach FL 33	3442			Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:				Audit Status.	Chaudited [3]	
Trovider Type.			Current	New	Effective	
		_	Rate	Rate	Date	
Nursing Home	Single Level	_	249.68	253.77	1/1/2013	
	Level H: AIDS		398.89	404.58	1/1/2013	
	Level U: Fragile Under 21		518.64	525.62	1/1/2013	
Rate Type :						
Interim		X	Prospectiv	ve		
Τ	Total Interim		X	Total Prospective		
I	Prospective Adjusted for New Costs					
	ettlement based on costs			Total Prospective with	Interim Component	
P	Prior Provider Prospective data					
Basis:		Changes	:			
Budget			Licensur	e Rating Change		
X Unaudited of	costs			d Customary Limitation	on	
Field audite		Target Rate limitation change				
Field audit	- interim portion		FRVS C	hange		
Desk audite	ed costs	-				
	- Interim Portion	X		nester Change		
	- Prospective portion		On FRV	[2] as of 06/04/1990		
Distribution:				Thomas Parker		
•	ement / Fiscal Agent	M	ledicaid Cos	st Reimbursement Plan	ning and Finance	
Permanent File						
For inform	•		2	L-DC	>	
No Chang	e in Rate					
Home Office:	FiveStar Quality Care Inc					
	400 Centre Street					
	Newton MA 02458					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

EDEN SPRINGS NUI	RSING & REHABILITATION C			Provider Number:	0 253707-00	
4679 Crawfordville H				Date:	1/3/2013	
Crawfordville FL 3232	26			Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
NI • TT	C' 1 T 1	_	Rate	Rate	Date	
Nursing Home	Single Level	_	226.36		1/1/2013	
	Level H: AIDS		375.57	378.66	1/1/2013	
	Level U: Fragile Under 21	-	495.32	499.70	1/1/2013	
Rate Type :						
Interim		<u>X</u>	Prospectiv			
	Total Interim		<u>X</u>	Total Prospective	S. N. G.	
	nterim Component	Prospective Adjusted for New Costs Total Prospective with Interim Component				
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i intermi Component	
	nor i tovider i tospective data	F .	1			
Basis:		Changes	:			
Budget			Licensur	e Rating Change		
X Unaudited of	costs		_	d Customary Limitation	on	
Field audite		Target Rate limitation change				
Field audit	- interim portion		FRVS C	hange		
Desk audite			_			
	- Interim Portion	X		nester Change [2] as of 10/01/1985		
Distribution:	- Prospective portion		Oll FRV			
	ement / Fiscal Agent			Thomas Parker		
Permanent File	ement / Fiscai Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance	
For inform	nation Only		Control	, 1 2	2	
No Chang	•		2	L-20		
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:	1/3/2013		
Miami FL 33136		_		Fiscal Year End:	2/29/2012		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
N . TT	C' 1 T 1		Rate	Rate	Date		
Nursing Home	Single Level		240.46		1/1/2013		
	Level H: AIDS		389.67	394.15	1/1/2013		
	Level U: Fragile Under 21		509.42	515.19	1/1/2013		
Rate Type :							
Interim		X	Prospectiv				
	otal Interim		<u>X</u>	Total Prospective	0 N G		
Interim Component			Prospective Adjusted for New Costs Total Prospective with Interim Component				
	ettlement based on costs			Total Prospective with	i interim Component		
	rior Provider Prospective data						
Basis:		Change	s:				
Dudget			Licensur	e Rating Change			
Budget X Unaudited co	nsts		Licensure Rating Change Usual and Customary Limitation				
Field audited			Target Rate limitation change				
Field audit -	interim portion		FRVS Change				
Desk audited	•						
	Interim Portion	X		nester Change			
	- Prospective portion		On FRV	[2] as of 07/26/2002			
Distribution:				Thomas Parker			
_	ment / Fiscal Agent	<u></u>	Medicaid Cos	t Reimbursement Plan	ning and Finance		
Permanent File	0.1			0 10 29 10 10			
For information Only			2	L-DE	>		
No Change	e in Kate						
Home Office:	Hebrew Home Manageme	nt Services					
	Steve Beaujon	200					
	1800 NE 168th Street, Suit Miami Beach FL 33162	e 200					
	Whatin Deach FL 33102						



Manor Pines Convalescent C	Center, LLC			Provider Number:	0 254177-00	
1701 NE 26th Street				Date:	1/3/2013	
Ft. Lauderdale FL 33305	Ft. Lauderdale FL 33305			Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Sir	ngle Level	_	Current Rate	New Rate 206.69	Effective Date 1/1/2013	
	1910 20 (01	_	2011.00	200.07	1/1/2010	
Lev	rel H: AIDS	_	353.56	357.50	1/1/2013	
Lev	rel U: Fragile Under 21	-	473.31	478.54	1/1/2013	
Settlem	ts im portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation at limitation change	n Interim Component	
Distribution: Contract Management Permanent File For information No Change in R	Only	M		Thomas Parker t Reimbursement Plan		
Home Office:	1601 Management, LLC. Sally Bolen 1701 N.E. 26th Street Wilton Manors FL 33305					



Arch Plaza Nursing &	Rehabilitation Center			Provider Number:	0 254291-00		
12505 NE 16th Avenu		_		Date:	1/3/2013		
North Miami FL 3316	1	_		Fiscal Year End:	7/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:							
~ ~			Current	New	Effective		
	~ · · · ·		Rate	Rate	Date		
Nursing Home	Single Level		253.92		1/1/2013		
	Level H: AIDS		403.13	409.06	1/1/2013		
	Level U: Fragile Under 21		522.88	530.10	1/1/2013		
Rate Type :							
Interim		X	Prospectiv				
Total Interim			<u>X</u>	Total Prospective	Carlo Carlo		
	nterim Component		Prospective Adjusted for New Costs Total Prospective with Interim Component				
	ettlement based on costs rior Provider Prospective data			Total Flospective with	i internii Component		
	1101 F10Videi F10spective data	1					
Basis:		Change	es:				
Budget			Licensur	e Rating Change			
X Unaudited of	eosts		Usual and Customary Limitation				
Field audite		-	Target Rate limitation change				
Field audit	- interim portion		FRVS C	hange			
Desk audite	d costs						
	- Interim Portion	X					
	- Prospective portion		On FRV	[2] as of 05/01/1996			
Distribution:	· / E' · 1.4			Thomas Parker			
_	ement / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance		
Permanent File	action Only						
For information Only No Change in Rate			2	L-DE	>		
No Chang	e iii kale						
Home Office:	Hebrew Home Manageme	ent Services					
	Steve Beaujon	· 200					
	1800 NE 168th Street, Suit Miami Beach FL 33162	le 200					
	Manii Douchi I L 33102						



Wrights Healthcare & Reha	abilitation Center			Provider Number:	0 254762-00	
11300 110th Ave. North				Date:	1/3/2013	
Seminole FL 33778				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ngle Level	_	Current Rate	New Rate 210.49	Effective Date 1/1/2013	
	ngie zever	_	207112	210.47	1/1/2010	
Le	vel H: AIDS	_	356.63	361.30	1/1/2013	
Le	vel U: Fragile Under 21	-	476.38	482.34	1/1/2013	
Interir Settler	rim portion its rim Portion	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 05/21/2002	Interim Component	
Contract Management	t / Fiscal Agent			Thomas Parker		_
Permanent File For information No Change in F	Only	M		t Reimbursement Plan	_	
Home Office:	KR Management 3500 Oak Manor Lane Largo FL 33774					



EdgeWood Nursing C	'enter			Provider Number:	0 254878-00			
1771 Edgewood Aver	_ _		Date:	1/3/2013				
Jacksonville FL 3220	_		Fiscal Year End:	12/31/2011				
				Audit Status:	Unaudited [3]			
Provider Type:								
			Current	New	Effective			
Nuusina Homo	Cingle I aval		Rate	Rate	Date			
Nursing Home	Single Level	_	194.61	<u> 197.33</u> _	1/1/2013			
	Level H: AIDS		343.82	348.14	1/1/2013			
	Level U: Fragile Under 21	-	463.57	469.18	1/1/2013			
Rate Type :								
Interim		X	Prospectiv	7 <u>0</u>				
Total Interim		A	- X	Total Prospective				
Interim Component			Prospective Adjusted for New Costs					
	Settlement based on costs	Total Prospective with Interim Component						
I	Prior Provider Prospective data							
Basis:		Changes	:					
ъ. т.			Liconsur	e Rating Change				
Budget X Unaudited	costs	-	_		nn			
Field audite			Usual and Customary Limitation Target Rate limitation change					
Field audit	- interim portion		FRVS Change					
Desk audite	_							
	- Interim Portion	X Rate Semester Change On FRV [2] as of 06/01/1993						
Distribution:	- Prospective portion		Oli FKV					
	ement / Fiscal Agent		Thomas Parker					
Contract Management / Fiscal Agent Permanent File		M	edicaid Cos	t Reimbursement Plan	ning and Finance			
For information Only			Server S	11-00)			
No Change in Rate			2	LDE				
Home Office:	Putnam Council, Inc.							
	16 Norcross Street							
	Roswell GA 30075							



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Woodlands Care Center of	Alachua County			Provider Number:	0 255572-00	
7207 SW 24th Avenue				Date:	1/3/2013	
Gainesville Fl 32607				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Signal	ingle Level	_	Current Rate 172.72	New Rate	Effective Date 1/1/2013	
Nursing Home Si	ingle Level	_	1/2,/2	<u> 164.63</u>	1/1/2013	
Le	evel H: AIDS	_	321.93	315.44	1/1/2013	
Le	evel U: Fragile Under 21	_	441.68	436.48	1/1/2013	
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	Interim Component	
Distribution: Contract Management Permanent File	, and the second	Me		Thomas Parker t Reimbursement Plan	_	_
For information No Change in	•		Z	1-20	· 	
Home Office:	SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Circle Daytona Beach FL 32114	e				



Diamond Ridge Health & Rehabilitation Center		Provider Number:	0 256269-00	
2730 W. Marc Knighton Court		Date:	1/3/2013	
Lecanto FL 34461		Fiscal Year End:	12/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	206.41	209.90	1/1/2013	
Level H: AIDS	355.62	360.71	1/1/2013	
Level U: Fragile Under 21	475.37	481.75	1/1/2013	
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: Summit Care II, Inc Guy Farmer 2851 Remington Green Circle Tallahassee FL 32308	Z	Thomas Parker t Reimbursement Plan	_	



Surrey Place Convale	escent Center of Bradenton			Provider Number:	0 256277-00		
5525 21st Avenue Wo	_		Date:	1/3/2013			
Bradenton FL 34209	_		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	_	230.96	230.34	1/1/2013		
	Level H: AIDS		380.17	381.15	1/1/2013		
	Level U: Fragile Under 21	- -	499.92	502.19	1/1/2013		
Rate Type :							
Interim		X	Prospectiv				
Total Interim			<u>X</u>	Total Prospective	C. M. G.		
	Interim Component			Prospective Adjusted			
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i interim Component		
<u> </u>	Thoi Provider Prospective data						
Basis:		Changes	:				
Budget			Licensur	e Rating Change			
X Unaudited	costs	-		d Customary Limitation	on		
Field audit	ed costs		Target Rate limitation change				
Field audit	t - interim portion		FRVS C	hange			
Desk audit							
	- Interim Portion t - Prospective portion	X	Rate Semester Change On FRV [2] as of 02/08/1989				
Distribution:				Thomas Parker			
Contract Manag	gement / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance				
Permanent File		171	icuicaiu Cos	a Reimoursement i ian	ming and Pinanec		
For information Only			7	120	2		
No Chang	ge in Rate		~				
Home Office:	Summit Care II, Inc						
	Guy Farmer						
	2851 Remington Green Ci	rcle, Ste. D					
	Tallahassee FL 32308						
	·	·					



Lakeside Nursing & Re	ehabilitation Center		Provider Num	ber: 0 256757-00
11411 Armsdale Road			D	Date: 1/3/2013
Jacksonville FL 32218			Fiscal Year E	ind: 12/31/2011
			Audit Sta	atus: Unaudited [3]
Provider Type: Nursing Home	Single Level	Curre Rat 192.	e Rate	Effective Date 1/1/2013
C	G			
	Level H: AIDS	341.	90 346.16	1/1/2013
	Level U: Fragile Under 21	461.	65 467.20	1/1/2013
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit -	d costs interim portion	Changes: Lic Usi Tar FR	ensure Rating Change and Customary Lirget Rate limitation change VS Change e Semester Change FRV [2] as of 01/21/1	usted for New Costs re with Interim Component mitation ange
	mont / Figgal A gont		Thomas Par	ker
Permanent File	ment / Fiscal Agent	Medicai	d Cost Reimbursemen	t Planning and Finance
For informa No Change	•		ZLZ	e
Home Office:	Health Care Managers, Inc Ivonne Burrell 2380 Sadler Road Suite 201 Fernandina Beach FL 32034			



Lakeside Pavillion Care &	Rehabilitation Center			Provider Number:	0 256846-00	
2900 Twelfth Street				Date:	1/3/2013	
Naples FL 33940				Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:				Tradit Status.	e nadared [e]	
			Current	New	Effective	
		_	Rate	Rate	Date	
Nursing Home S	Single Level	_	203.11		1/1/2013	
L	evel H: AIDS	_	352.32	356.19	1/1/2013	
L	evel U: Fragile Under 21		472.07	477.23	1/1/2013	
Rate Type :						
Interim		X	Prospectiv	<i>r</i> e		
Tota	l Interim		X	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:		Changes	:			
Budget			Licensur	e Rating Change		
X Unaudited costs	S	-		d Customary Limitatio	on	
Field audited co	osts	Target Rate limitation change				
Field audit - in	terim portion		FRVS C	hange		
Desk audited co			_			
Desk audit - Int	erim Portion cospective portion	X		nester Change [2] as of 01/01/2005		
Distribution:	ospective portion		OllTRV			
Contract Management	nt / Fiscal Agent			Thomas Parker		
Permanent File	, 1 10041 1 150110	M	ledicaid Cos	t Reimbursement Plan	ning and Finance	
For information	on Only		جعيان	11-00	2	
No Change in	•		2	L-DE		
Home Office:	Sun Healthcare Group, Inc.					
	Reimbursement Department					
	101 Sun Avenue NE Albuquerque NM 87109					
	Albuquerque MM 6/109					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Manor Oaks Nursing & Rehab Center		Provider Number:	0 256935-00
2121 E. Commercial Blvd.		Date:	1/3/2013
Ft. Lauderdale FL 33308		Fiscal Year End:	8/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 209.20	New Rate 211.65	Effective Date 1/1/2013
Level H: AIDS	358.41	362.46	1/1/2013
Level U: Fragile Under 21	478.16	483.50	1/1/2013
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 Cr	Total Prospective Prospective Adjusted: Total Prospective with Re 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: 1601 Management, LLC. Sally Bolen 1701 N.E. 26th Street Wilton Manors FL 33305		Thomas Parker t Reimbursement Plan	



PG of Port St Lucie				Provider Number:	0 257249-00	
1751 Hillmoor Drive				Date:	1/3/2013	
Port St. Lucie FL 34952				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home Si	ngle Level	_	191.62		1/1/2013	
Le	vel H: AIDS	_	340.83	344.58	1/1/2013	
Le	vel U: Fragile Under 21	_	460.58	465.62	1/1/2013	
Basis: Budget X Unaudited costs Field audit - interior I	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	n Interim Component	
Desk audit - Inte		X		nester Change [2] as of 02/25/1988		
Distribution: Contract Management Permanent File For information No Change in I	t / Fiscal Agent	Me	dicaid Cos	Thomas Parker t Reimbursement Plan		
Home Office:	Cypress Administrative Ser Eric Martin 4 West Red Oak Lane, Suite White Plains NY 10604					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

PG of West Palm Beach				Provider Number:	0 257257-00
300 EXECUTIVE CENTE	ER DRIVE	•		Date:	1/3/2013
West Palm Beach FL 3340	01	•		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level		Current Rate 201.57	New Rate 203.74	Effective Date 1/1/2013
G					
Le	evel H: AIDS		350.78	354.55	1/1/2013
Le	evel U: Fragile Under 21		470.53	475.59	1/1/2013
Basis: Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Inte	erim portion sts	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:				Thomas Parker	
Contract Managemer	nt / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in	•		Z	L DE	· -
Home Office:	Cypress Administrative Se Eric Martin 4 West Red Oak Lane, Suite White Plains NY 10604				



PG of Gainesville				Provider Number:	0 257265-00
227SW 62nd Boulevard				Date:	1/3/2013
Gainesville FL 32607				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 192.94	New Rate 195.13	Effective Date 1/1/2013
G	O				
	Level H: AIDS		342.15	345.94	1/1/2013
	Level U: Fragile Under 21		461.90	466.98	1/1/2013
Basis: Budget X Unaudited c Field audite Field audit - Desk audited Desk audit -	d costs - interim portion	Change X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 08/01/1999	n Interim Component
	ment / Fiscal Agent			Thomas Parker	
Permanent File For information No Change Home Office:	ation Only			t Reimbursement Plan	_
	Eric Martin 4 West Red Oak Lane, Suite White Plains NY 10604	e 201			



PG of Jacksonville		_		Provider Number:	0 257273-00
5275 Spring Park Road		_		Date:	1/3/2013
Jacksonville FL 32210	6	-		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 201.13	New Rate 203.50	Effective Date 1/1/2013
runsing nome	Single Devel				1/1/2013
	Level H: AIDS		350.34	354.31	1/1/2013
	Level U: Fragile Under 21		470.09	475.35	1/1/2013
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 03/14/1990	n Interim Component
· <u> </u>	ement / Fiscal Agent			Thomas Parker	
Permanent File	nation Only			t Reimbursement Plan	_
	Eric Martin 4 West Red Oak Lane, Suite White Plains NY 10604	e 201			



PG of Ocala				Provider Number:	0 257290-00
2700 SW 34th Street		_	Date: 1/3/2		1/3/2013
Ocala FL 34474		_		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
		-	Rate	Rate	Date
Nursing Home	Single Level	-	195.29	<u> 197.51</u> _	1/1/2013
	Level H: AIDS		344.50	348.32	1/1/2013
	Level U: Fragile Under 21		464.25	469.36	1/1/2013
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	Interim Component
]	Prior Provider Prospective data				
Basis:		Change	s:		
			T :	Detine Change	
Budget X Unaudited	acete			re Rating Change	
Field audit				nd Customary Limitation change	OII
	- interim portion		FRVS C	=	
Desk audit	-				
	- Interim Portion	X		nester Change	
	t - Prospective portion		On FRV	[2] as of 08/01/1999	
Distribution:				Thomas Parker	
-	ement / Fiscal Agent	N	Medicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File					-
For inform	nation Only		7	L DE	>
No Chang	ge in Rate		~_		
Home Office:	Cypress Administrative S	ervices, LLC			
	Eric Martin				
	4 West Red Oak Lane, Sui	te 201			
	White Plains NY 10604				
	· · · · · · · · · · · · · · · · · · ·				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

PG of Orlando			Provider Number:	0 257303-00
654 East Econlockhatchee Trail			Date:	1/3/2013
Orlando FL 32825			Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type:		urrent Rate	New Rate	Effective Date
Nursing Home Single Level	_1	94.27	<u> 196.41</u> _	1/1/2013
Level H: AIDS	_ 3	43.48	347.22	1/1/2013
Level U: Fragile Under 21	4	63.23	468.26	1/1/2013
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:	Usual an Target R FRVS C Rate Sen	Total Prospective Prospective Adjusted at 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: Cypress Administrati Eric Martin 4 West Red Oak Lane White Plains NY 1060	e Services, LLC Suite 201		t Reimbursement Plan	_



PG of Vero Beach		_		Provider Number:	0 257311-00
1755 37th Street		_		Date:	1/3/2013
Vero Beach FL 32960		_	Fiscal Year End:		6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 191.35	New Rate 193.44	Effective Date 1/1/2013
runsing nome	Single Devel			193.44	1/1/2013
	Level H: AIDS		340.56	344.25	1/1/2013
	Level U: Fragile Under 21		460.31	465.29	1/1/2013
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 11/25/1987	n Interim Component
	ement / Fiscal Agent			Thomas Parker	
Permanent File For inform No Chang	nation Only]		t Reimbursement Plan	_
Home Office:	Cypress Administrative Se Eric Martin 4 West Red Oak Lane, Suit White Plains NY 10604				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

PG of Winter Haven				Provider Number:	0 257320-00
1120 Cypress Garden	Boulevard	Date: 1		1/3/2013	
Winter Haven FL 338	84				6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				riudit Status.	
			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		193.69	195.85	1/1/2013
	Level H: AIDS		342.90	346.66	1/1/2013
	Level U: Fragile Under 21		462.65	467.70	1/1/2013
Rate Type :					
Interim		X	Prospectiv	<i>i</i> e	
	Γotal Interim		X	Total Prospective	
]	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	Interim Component
]	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensur	e Rating Change	
X Unaudited	costs		Usual an	d Customary Limitatio	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 07/09/1987	
<u>Distribution:</u>	Trospective portion		On The	Thomas Parker	
Contract Manag	ement / Fiscal Agent		Madigaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		,	viculcald Cos	t Kennoursement i ian	ining and Pinanec
For inform	nation Only		-7	L-20	>
No Chang	ge in Rate		~		
Home Office:	Cypress Administrative Ser	rvices, LLC			
3 3 	Eric Martin				
	4 West Red Oak Lane, Suite	201			
	White Plains NY 10604				



Citrus Health and Rehal	pilitation Center			Provider Number:	0 257419-00
701 Medical Court East	01 Medical Court East			Date:	1/3/2013
Inverness FL 34452		_		Fiscal Year End:	5/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
••			Current	New	Effective
N			Rate	Rate	Date
Nursing Home	Single Level		223.33		1/1/2013
	Level H: AIDS		372.54	372.81	1/1/2013
	Level U: Fragile Under 21		492.29	493.85	1/1/2013
Rate Type :					
Interim		X	Prospectiv		
	tal Interim			Total Prospective	
	erim Component			Prospective Adjusted	
	ttlement based on costs			Total Prospective with	Interim Component
Pri	or Provider Prospective data				
Basis:		Change	es:		
Budget			Licensur	e Rating Change	
X Unaudited co	sts			d Customary Limitation	on
Field audited		-		ate limitation change	
Field audit -	interim portion		FRVS C	hange	
Desk audited	_				
	Interim Portion	X		nester Change	
Desk Audit -	Prospective portion		On FRV	[2] as of 07/29/1994	
Distribution:				Thomas Parker	
Contract Managen	nent / Fiscal Agent	<u></u>	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File				- 200 -	
For informa	-		7	L-DC	>
No Change	in Rate				
Home Office:	Provident Resources Group	p, Inc.			
	5565 Bankers Ave.				
	Baton Rouge LA 70808				
	Daton Rouge LA 10000				



PG of Clearwater				Provider Number:	0 257460-00
3480 McMullen Boot	h Road	_	Date: 1/3		1/3/2013
Clearwater FL 33761		_		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	_	220.16		1/1/2013
	Level H: AIDS		369.37	373.50	1/1/2013
	Level U: Fragile Under 21	-	489.12	494.54	1/1/2013
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:		Changes	:		
Budget			Licensur	e Rating Change	
X Unaudited	costs	-		d Customary Limitatio	on
Field audit		-	_	ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite	ed costs				
	- Interim Portion	X		nester Change	
Desk Audi	t - Prospective portion		On FRV	[2] as of 09/18/1987	
	ement / Fiscal Agent			Thomas Parker	
Permanent File	ement / Fiscai Agent	M	ledicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only				2
No Chang	•		2	L-DC	
Home Office:	Cypress Administrative So	ervices, LLC			
nome Office:	Eric Martin				
	4 West Red Oak Lane, Sui	te 201			
	White Plains NY 10604				



PG of Largo				Provider Number:	0 257478-00
10500 Starkey Road				Date:	1/3/2013
Largo FL 33777				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:	a		Current Rate	New Rate	Effective Date
Nursing Home	Single Level		213.87	216.25	1/1/2013
	Level H: AIDS		363.08	367.06	1/1/2013
	Level U: Fragile Under 21		482.83	488.10	1/1/2013
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with e Rating Change d Customary Limitation at e limitation change hange hester Change [2] as of 07/31/1987	Interim Component
	nent / Fiscal Agent			Thomas Parker	
Permanent File For informa No Change Home Office:	tion Only			t Reimbursement Plan	
	Eric Martin 4 West Red Oak Lane, Suite White Plains NY 10604	e 201			



PG of North Miami				Provider Number:	0 257494-00
21251 East Dixie Hig	hway	_	Date: 1/3/		1/3/2013
Aventura FL 33180		_		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				Tada Status	
3 F			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	216.32	219.05	1/1/2013
	Level H: AIDS		365.53	369.86	1/1/2013
	Level U: Fragile Under 21		485.28	490.90	1/1/2013
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
1	Prior Provider Prospective data				
Basis:		Changes	S:		
Dudget			Licensur	e Rating Change	
Budget X Unaudited	rosts		_	d Customary Limitation	nn
Field audite				ate limitation change	711
Field audit	- interim portion		FRVS C	hange	
Desk audite	ed costs				
	- Interim Portion	X		nester Change	
	- Prospective portion		On FRV	[2] as of 07/13/1988	
Distribution:				Thomas Parker	
•	ement / Fiscal Agent	N	Iedicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	action Only				
	nation Only		2	L-DE	>
No Chang	е іп кате				
Home Office:	Cypress Administrative S	ervices, LLC			
	Eric Martin	to 201			
	4 West Red Oak Lane, Sui White Plains NY 10604	te 201			
	Willie Fights 14 F 10004				



PG of Pinellas				Provider Number:	0 257508-00
200 16th Avenue SE				Date:	1/3/2013
Largo FL 33771				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 207.59	New Rate 209.91	Effective Date 1/1/2013
3	0				
1	Level H: AIDS		356.80	360.72	1/1/2013
]	Level U: Fragile Under 21		476.55	481.76	1/1/2013
Basis: Budget X Unaudited cos Field audit - in Desk audited co Desk audit - Ir	costs nterim portion costs	Change X	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 06/25/1991	Interim Component
	ent / Fiscal Agent			Thomas Parker	
Contract Manageme	ont / Piscai Ageilt	1	Medicaid Cos	t Reimbursement Plan	ning and Finance
Fermanent File For informati No Change in	*		Z	LDE	>
Home Office:	Cypress Administrative Ser Eric Martin 4 West Red Oak Lane, Suite White Plains NY 10604				



PG of Sun City 3850 Upper Creek Drive				Provider Number:	0 257516-00		
		_		Date:	1/3/2013		
Sun City Center FL 3	3573	_		Fiscal Year End:	6/30/2011		
				Audit Status:	Unaudited [3]		
Provider Type:							
• •			Current	New	Effective		
			Rate	Rate	Date		
Nursing Home	Single Level		206.04		1/1/2013		
	Level H: AIDS		355.25	359.16	1/1/2013		
	Level U: Fragile Under 21		475.00	480.20	1/1/2013		
Rate Type :							
Interim		X	Prospectiv	ve			
	Total Interim	<u> </u>	X	Total Prospective			
Interim Component			Prospective Adjusted for New Costs				
	Settlement based on costs			Total Prospective with	Interim Component		
]	Prior Provider Prospective data						
Basis:		Change	es:				
			<u>-</u>				
Budget			Licensur	re Rating Change			
X Unaudited			Usual and Customary Limitation				
Field audit			Target Rate limitation change				
	- interim portion		FRVS C	hange			
Desk audit		<u> X</u>	— Data Cam				
	- Interim Portion t - Prospective portion			nester Change [2] as of 06/01/1991			
Distribution:				Thomas Parker			
Contract Manag	ement / Fiscal Agent		Madigaid Cos	st Reimbursement Plan	ning and Finance		
Permanent File		1	vicuicaid Cos	st Reimoursement i ian	ining and Phianee		
For inform	nation Only		>	120	>		
No Chang	ge in Rate		2	- al			
Home Office:	Cypress Administrative S	ervices, LLC					
	Eric Martin						
	4 West Red Oak Lane, Sui	te 201					
	White Plains NY 10604						



PG of Tampa				Provider Number:	0 257524-00
3612 138th Avenue				Date:	1/3/2013
Tampa FL 33613				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:	Swele Level	_	Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	_	211.38		1/1/2013
L	evel H: AIDS	_	360.59	364.55	1/1/2013
L	evel U: Fragile Under 21	_	480.34	485.59	1/1/2013
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 Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Manageme Permanent File For information No Change in	on Only	M		Thomas Parker at Reimbursement Plan	
Home Office:	Cypress Administrative Ser Eric Martin 4 West Red Oak Lane, Suite White Plains NY 10604				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Oak Manor Healthcare and	l Rehabilitation Center			Provider Number:	0 258342-00	
3500 Oak Manor Lane				Date:	1/3/2013	
Largo FL 33774				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home S	ingle Level	_	Current Rate 200.35	New Rate 199.86	Effective Date 1/1/2013	
		_				
Le	evel H: AIDS	-	349.56	350.67	1/1/2013	
Le	evel U: Fragile Under 21		469.31	471.71	1/1/2013	
Basis: Budget X Unaudited costs Field audited co Field audit - interior Desk audit - Interior Desk Audit - Pre	erim portion sts	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation at limitation change	n Interim Component	
Distribution: Contract Management Permanent File For information No Change in	n Only	M		Thomas Parker t Reimbursement Plan	_	
Home Office:	KR Management 3500 Oak Manor Lane Largo FL 33774					



		Provider Number:	0 258750-00	
		Date:	1/3/2013	
		Fiscal Year End:	6/30/2011	
		Audit Status:	Unaudited [3]	
u alo I orrol	Current Rate	New Rate	Effective Date	
ngie Levei	219.99		1/1/2013	
vel H: AIDS	369.20	373.32	1/1/2013	
vel U: Fragile Under 21	488.95	494.36	1/1/2013	
ts rim portion tage respective data	Changes: Licensu Usual a Target I FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change and Customary Limitation Rate limitation change Change mester Change	n Interim Component	
Only			_	
	_	rel H: AIDS vel H: AIDS vel U: Fragile Under 21 X Prospection A Component nent based on costs rovider Prospective data Changes: Licensu Usual a Target I spective portion X Rate Se On FRV Medicaid Co Only Sate Fairfax Senior Living	Date: Fiscal Year End: Audit Status: Current Rate Rate 219.99 222.51 Vel H: AIDS Vel U: Fragile Under 21 X Prospective Interim A Component New Prospective Adjusted Total Prospective with Total Prospectiv	Date: 1/3/2013 Fiscal Year End: 6/30/2011 Audit Status: Unaudited [3] Current Rate Rate Rate Date Date



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Haven of Our Lady of Peace	2			Provider Number:	0 258831-00	
1900 Summit Boulevard	_			Date:	1/3/2013	
Pensacola Fl 32503				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Sin	ngle Level		Current Rate 211.71	New Rate	Effective Date 1/1/2013	
runsing frome Si	igie Level	_	211./1		1/1/2013	
Lev	rel H: AIDS		360.92	364.21	1/1/2013	
Lev	vel U: Fragile Under 21	_	480.67	485.25	1/1/2013	
Basis: Budget X Unaudited costs Field audited cos Field audit - inter Desk audit - Inter Desk Audit - Pros	ts rim portion is im Portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation at limitation change	Interim Component	
Distribution: Contract Management Permanent File For information No Change in R	Only	Me		Thomas Parker t Reimbursement Plans	-	
Home Office:	Sacred Heart Hospital 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:	1/3/2013
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	219.26		1/1/2013
Level H: AIDS	368.47	373.28	1/1/2013
Level U: Fragile Under 21	488.22	494.32	1/1/2013
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: Licensure Usual and Target Ra FRVS Ch	Prospective Prospective Adjusted of Prospective Adjusted of Prospective with Prospective Wi	Interim Component
Contract Management / Fiscal Agent		Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320		Reimbursement Plant	



Lakeview Terrace Skilled Nursing Facility		Provider Number:	0 259225-00	
110 Lodge Terrace Drive		Date:	1/3/2013	
Altoona FL 32702		Fiscal Year End:	12/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 207.24	New Rate 213.04	Effective Date 1/1/2013	
Level H: AIDS	356.45	363.85	1/1/2013	
Level U: Fragile Under 21	476.20	484.89	1/1/2013	
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 Ser	Total Prospective Prospective Adjusted at Total Prospective with The Rating Change and Customary Limitation at limitation change	Interim Component	
<u>Distribution:</u> Contract Management / Fiscal Agent	Thomas Parker Medicaid Cost Reimbursement Planning and Finance			
Permanent FileFor information OnlyNo Change in Rate		L DC	_	
Home Office: 1 - No Home Office				



UniHealth Post-Acute Care- Santa Rosa 5530 Northrop Road Milton FL 32570				Provider Number:	0 259331-00	
		=		Date:	1/3/2013	
		_		Fiscal Year End:	6/30/2012	
				Audit Status:	Unaudited [3]	
Provider Type:				riddit Status.		
			Current	New	Effective	
		_	Rate	Rate	Date	
Nursing Home	Single Level	_	178.76	187.11	1/1/2013	
	Level H: AIDS		327.97	337.92	1/1/2013	
	Level U: Fragile Under 21	_	447.72	458.96	1/1/2013	
Rate Type :						
Interim		X	Prospectiv	ve		
Total Interim		X Total Prospective				
Interim Component		Prospective Adjusted for New Costs				
	Settlement based on costs			Total Prospective with	Interim Component	
]	Prior Provider Prospective data					
Basis:		Changes:				
Budget			Licensur	e Rating Change		
X Unaudited	costs	-		d Customary Limitatio	on	
Field audit		Target Rate limitation change				
Field audit	- interim portion	FRVS Change				
Desk audite	ed costs	-				
	- Interim Portion	Rate Semester Change				
	t - Prospective portion		On FRV	[2] as of 02/13/2003		
Distribution:				Thomas Parker		
_	ement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File				E 2004 F 10 10		
	nation Only		2	L-20	>	
No Chang	ge in Rate					
Home Office:	1 - No Home Office					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Life Care Center of New Po	rt Richey			Provider Number:	0 259357-00
7400 Trouble Creek Road				Date:	1/3/2013
New Port Richey FL 34653				Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level		Current Rate 207.69	New Rate	Effective Date 1/1/2013
Lev	rel H: AIDS	3	356.90	361.54	1/1/2013
Lev	vel U: Fragile Under 21		176.65	482.58	1/1/2013
Basis: Budget X Unaudited costs Field audit - inter Desk audited cost Desk audit - Inter	ts rim portion essimilar 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	n Interim Component
Desk Audit - Pros				Thomas Parker	
Contract Management Permanent File	/ Fiscal Agent	Med	icaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in R	•		Z	L DE	2
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320				



The Nursing Center at Univer	rsity Village			Provider Number:	0 259462-00
12250 North 22nd Street				Date:	1/3/2013
Tampa FL 33612				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:		(Current Rate	New Rate	Effective Date
Nursing Home Sin	gle Level		211.34	213.85	1/1/2013
Leve	el H: AIDS		360.55	364.66	1/1/2013
Leve	el U: Fragile Under 21		180.30	485.70	1/1/2013
Settleme	Component ent based on costs ovider Prospective data m portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective wit e Rating Change d Customary Limitation change	h Interim Component
Desk Audit - Prosp	pective portion		On FRV	[2] as of 11/09/1989	
Distribution: Contract Management / Permanent File For information C No Change in Ra	Only	Med		Thomas Parker t Reimbursement Plan	_
	John A. Mccoy, Inc. Samuel Sanders 3391 Cypress Gardens Road Winter Haven FL 33884				



Hamlin Place		_		Provider Number:	0 259586-00
2180 Hypoluxo Road	1	_		Date:	1/3/2013
Lantana FL 33462	a FL 33462 Fiscal Year End:		Fiscal Year End:	8/31/2012	
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	244.48	247.36	1/1/2013
	Level H: AIDS	_	393.69	398.17	1/1/2013
	Level U: Fragile Under 21	-	513.44	519.21	1/1/2013
Basis: Budget X Unaudited Field audi Field audi Desk 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 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 07/01/1995 Thomas Parker	n Interim Component
Permanent File	•	M	ledicaid Cos	t Reimbursement Plan	ning and Finance
	mation Only ge in Rate		Z	l De	
Home Office:	1 - No Home Office				



Avante at St. Cloud				Provider Number:	0 259870-00	
1301 Kansas Avanue				Date:	1/3/2013	
St. Cloud FL 34769	_			Fiscal Year End:	5/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home Si	ingle Level	_	216.45	216.19	1/1/2013	
Le	evel H: AIDS	<u>.</u>	365.66	367.00	1/1/2013	
Le	evel U: Fragile Under 21		485.41	488.04	1/1/2013	
Basis: Budget X Unaudited costs Field audit - interior Desk audited co	erim portion	Changes	Licensur Usual an Target R FRVS C	_	n Interim Component	
Desk audit - Inte	erim Portion ospective portion	X		nester Change [2] as of 04/01/1992		
Distribution: Contract Management Permanent File For information No Change in	t / Fiscal Agent n Only	M		Thomas Parker t Reimbursement Plan		
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	e 540-N				



Beneva Lakes Healthcare and Rehabilitation Center		Provider Number:	0 259896-00
741 S. Beneva Road		Date:	1/3/2013
Sarasota FL 34232		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 199.85	New Rate 202.10	Effective Date 1/1/2013
Level H: AIDS	349.06	352.91	1/1/2013
Level U: Fragile Under 21	468.81	473.95	1/1/2013
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 at Total Prospective with e Rating Change d Customary Limitation at 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		Thomas Parker t Reimbursement Plans	_



Date 1/3/2013 Piscal Year End G/30/2011 Andit Status: Unaudited [3]	Central Park Healthca	are and Rehabilitation Center			Provider Number:	0 259900-00
Provider Type: Current Rate New Rate Date			<u>.</u>		Date:	1/3/2013
Current Rate Rate Rate Date Rate Rate Date Rate Rate Date Rate Rate Date Rate Date Rate Rate Date	Brandon FL 33511		-		Fiscal Year End:	6/30/2011
Provider Type: Current Rate Rate Rate Date Rate Date Rate Rate Date Rate Date Dat						Unaudited [3]
Rate Type: Level H: AIDS Level U: Fragile Under 21 Rate Type: Interim Total Interim Interim Component 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 - Interim portion Desk audit - Prospective portion Desk audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Level H: AIDS 339.17 343.53 1/1/2013 At 58.92 464.57 1/1/2013 X Prospective X Prospective A Glusted For New Costs Total Prospective with Interim Component	Provider Type:					
Rate Type: Interim Total Interim Interim Component Interim Component Interim Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited Interim Portion Desk audit - Interim Portion Desk audit - Interim Portion Desk audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Itevel H: AIDS 339.17 343.53 I/1/2013 X Prospective X Total Prospective X Total Prospective Total Prospective Adjusted for New Costs Total Prospective with Interim Component Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Thomas Parker Medicaid Cost Reimbursement Planning and Finance						
Level H: AIDS Level U: Fragile Under 21 Ass.92	N	Cinala Laval				
Rate Type: X Prospective X Total Prospective	Nursing Home	Single Level	_	189.96	<u> 192,72</u> _	1/1/2013
Rate Type :		Level H: AIDS		339.17	343.53	1/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Y Total Prospective A Total Prospective with Interim Component Prospective Adjusted for New Costs Total Prospective with Interim Component Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 02/25/1991 Medicaid Cost Reimbursement Planning and Finance		Level U: Fragile Under 21	_ _	458.92	464.57	1/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Y Total Prospective A Total Prospective with Interim Component Prospective Adjusted for New Costs Total Prospective with Interim Component Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 02/25/1991 Medicaid Cost Reimbursement Planning and Finance	<u> </u>					
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Budget	Rate Type :					
Interim Component Settlement based on costs Prior Provider Prospective data Basis:			X			
Budget Variable Vari				<u>X</u>	=	
Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [2] as of 02/25/1991 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		-				
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [2] as of 02/25/1991 Thomas Parker Medicaid Cost Reimbursement Planning and Finance					Total Prospective with	i Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Licensure Rating Change Usual and Customary Limitation FRVS Change Target Rate limitation change FRVS Change On FRV [2] as of 02/25/1991 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		Prior Provider Prospective data		_		
X Unaudited costs	Basis:		Changes	<u>:</u>]		
Wish and Customary Limitation Target Rate limitation Target Rate limitation Target Rate limitation change	Rudget			Licensur	e Rating Change	
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Target Rate limitation change FRVS Change Mate Semester Change On FRV [2] as of 02/25/1991 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		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 Thomas Parker Medicaid Cost Reimbursement Planning and Finance				_	•	
Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate X Rate Semester Change On FRV [2] as of 02/25/1991 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Field audit	t - interim portion		FRVS C	hange	
Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate On FRV [2] as of 02/25/1991 Thomas Parker Medicaid Cost Reimbursement Planning and Finance				_		
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Thomas Parker Medicaid Cost Reimbursement Planning and Finance			<u>X</u>			
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Medicaid Cost Reimbursement Planning and Finance		= =				
Permanent File For information OnlyNo Change in Rate	Contract Manag	gement / Fiscal Agent		1: :10		· 15.
No Change in Rate	Permanent File	_	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
	For inform	nation Only			1000	2
Home Office: 1 - No Home Office	No Chang	ge in Rate		2	- XC	
	Home Office:	1 - No Home Office				



Oakbridge Healthcare Center		Provider Number:	0 259926-00	
3110 Oakbridge Blvd., E.		Date:	1/3/2013	
Lakeland FL 33803		Fiscal Year End:	6/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 198.13	New Rate 201.20	Effective Date 1/1/2013	
Level H: AIDS	347.34	352.01	1/1/2013	
Level U: Fragile Under 21	467.09	473.05	1/1/2013	
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 Ch	Total Prospective Prospective Adjusted of Total Prospective with Rating Change d Customary Limitation at elimitation change hange mester Change [2] as of 08/02/1991	Interim Component	
Contract Management / Fiscal Agent		Thomas Parker	_	
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	Z	t Reimbursement Plan		



The Parks Healthcar	e and Rehabilitation Center	_		Provider Number:	0 259934-00
9311 S. Orange Blos	ssom Trail	-		Date:	1/3/2013
Orlando FL 32837		<u>-</u>		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	200.61	203.91	1/1/2013
	Level H: AIDS	_	349.82	354.72	1/1/2013
	Level U: Fragile Under 21		469.57	475.76	1/1/2013
Desk audi	ited costs it - 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 hange mester Change	n Interim Component
Permanent File For infor	gement / Fiscal Agent	Me		Thomas Parker t Reimbursement Plan	_
Home Office:	1 - No Home Office				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Riverfront Nursing and Re	hab Center			Provider Number:	0 259942-00)
105 15th Street East				Date:	1/3/2013	
Bradenton FL 34208				Fiscal Year End:	8/31/2011	
				Audit Status:	Unaudited [3	;]
Provider Type:	ingle I aval	-	Current Rate	New Rate	Effective Date	
Nursing Home S	ingle Level	-	216.69	221.31	1/1/2013	
Le	evel H: AIDS		365.90	372.12	1/1/2013	
Le	evel U: Fragile Under 21		485.65	493.16	1/1/2013	
Basis: Budget X Unaudited costs Field audited co Field audit - inte Desk audit - Inte Desk Audit - Pre	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	n Interim Componen	ıt
<u>Distribution:</u>	t / Figgel A gent			Thomas Parker		
Contract Management Permanent File	ii / Fiscai Ageiii	N	ledicaid Cos	t Reimbursement Plan	ning and Finance	
For information No Change in	•		Z	L DE	·-	
Home Office:	Council on Aging of Florida 1311 SW 16th Street Gainesville FL 32608	a, Inc.				



	Sursing & Rehabilitation Facilit			Provider Number:	0 260355-00
5640 Rand Blvd.				Date:	1/3/2013
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		218.48	220.69	1/1/2013
	Level H: AIDS		367.69	371.50	1/1/2013
	Level U: Fragile Under 21		187.44	492.54	1/1/2013
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 it - interim portion ted costs t - Interim Portion it - Prospective portion	Changes:	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:	<u>:</u> gement / Fiscal Agent			Thomas Parker	
Permanent File	-	Med	licaid Cos	t Reimbursement Plan	ning and Finance
For inform	mation Only age in Rate		Z	L DE	-
Home Office:	1 - No Home Office				



Bridgeview Center, L	LC			Provider Number:	0 260371-00
350 South Ridgewood Avenue		_ _		Date:	1/3/2013
Ormond Beach FL 32	174	_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
-			Current	New	Effective
N			Rate	Rate	Date
Nursing Home	Single Level		222.03		1/1/2013
	Level H: AIDS		371.24	373.36	1/1/2013
	Level U: Fragile Under 21		490.99	494.40	1/1/2013
Rate Type :					
Interim		X	Prospectiv	<i>r</i> e	
	Γotal Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
¹	Prior Provider Prospective data				
Basis:		Change	es:		
Dudget			Licensur	e Rating Change	
Budget X Unaudited	rosts			d Customary Limitation	nn
Field audite				ate limitation change	711
Field audit	- interim portion		FRVS C	hange	
Desk audite	ed costs				
	- Interim Portion	X		nester Change	
	- Prospective portion		On FRV	[2] as of 07/24/1996	
Distribution:				Thomas Parker	
Permanent File	ement / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only				2
No Chang	•		2	L-DE	
Home Office:	OPIS Management Resou	irces, LLC			
Home Office.	Jennifer Ziolowski	•			
	10150 Highland Manor D	rive			
	Tampa FL 33610				



Bayview Center, LLC			Provider Number:	0 260444-00
301 South Bay Street			Date:	1/3/2013
Eustis FL 32726			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	214.75		1/1/2013
	Level H: AIDS	363.96	365.90	1/1/2013
	Level U: Fragile Under 21	483.71	486.94	1/1/2013
Basis: Budget X Unaudited concentration Field audited Field audited Desk audited Desk Audited Desk Audited	d costs · interim portion	Usual Target FRVS X Rate S	tive Total Prospective Prospective Adjusted Total Prospective with ure Rating Change and Customary Limitation Rate limitation change Change emester Change V [2] as of 09/01/1991	h Interim Component
Distribution: Contract Manage	ment / Fiscal Agent		Thomas Parker	
Permanent File	mont / 1 Bout / 1goilt	Medicaid C	ost Reimbursement Plan	ning and Finance
For informa	•	Š	el De	-
Home Office:	OPIS Management Resource Jennifer Ziolowski 10150 Highland Manor Driv Tampa FL 33610			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Ruleme Center, LLC				Provider Number:	0 260452-00
2810 Ruleme Street		_ _		Date:	1/3/2013
Eustis FL 32726		_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		216.09	212.35	1/1/2013
	Level H: AIDS		365.30	363.16	1/1/2013
	Level U: Fragile Under 21		485.05	484.20	1/1/2013
Rate Type :					
Interim		X	Prognactiv		
	Total Interim		Prospectiv X	Total Prospective	
	Interim Component			Prospective Adjusted:	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Trospective with	· ····································
		Cl			
Basis:		Change	es:		
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	X		nester Change	
	t - Prospective portion		Not on F	RV [1]	
Distribution:				Thomas Parker	
ē	ement / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
	nation Only		Z	L-DE	2
No Chang	ge in Kate		- 538		
Home Office:	OPIS Management Resou	rces, LLC			
	Jennifer Ziolowski 10150 Highland Manor Dr Tampa FL 33610	ive			
	•				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Tierra Pines Center, LI	LC .			Provider Number:	0 260568-00
7380 Ulmerton Road				Date:	1/3/2013
Largo FL 33771				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				radit Status.	- Chadated [3]
Trovider Types			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	213.94	210.41	1/1/2013
	Level H: AIDS		363.15	361.22	1/1/2013
	Level U: Fragile Under 21	_	482.90	482.26	1/1/2013
Ir So	otal Interim nterim Component ettlement based on costs rior Provider Prospective data	X		re Total Prospective Prospective Adjusted total Prospective with	
Basis:		Changes:			
Desk audited Desk audit -	d costs interim portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 07/24/1996	on
Distribution:				Thomas Parker	
Contract Manage	ment / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change	•	IVIC		L DC	
Home Office:	OPIS Management Resource Jennifer Ziolowski 10150 Highland Manor Drive Tampa FL 33610				



Highlands Lake Center, LLC		Provider Number:	0 260576-00
4240 Lakeland Highlands Road		Date:	1/3/2013
Lakeland FL 33813		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 221.20	New Rate 219.99	Effective Date 1/1/2013
Level H: AIDS	370.41	370.80	1/1/2013
Level U: Fragile Under 21	490.16	491.84	1/1/2013
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 a Total Prospective with Read Prospective with Read Rating Change Country Limitation Read Customary Limitation Read Cinete limitation change	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	Z	Thomas Parker Reimbursement Plans	



Coquina Center, LLC				Provider Number:	0 260649-00
170 N. Center Street				Date:	1/3/2013
Ormond Beach FL 320	074			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		224.28	227.06	1/1/2013
	Level H: AIDS		373.49	377.87	1/1/2013
	Level U: Fragile Under 21		493.24	498.91	1/1/2013
Rate Type :					
Interim		X	Prospectiv	re.	
	Total Interim			Total Prospective	
	nterim Component			Prospective Adjusted f	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			1	1
Basis:		Change	06.		
Dasis.		Change	CB•		
Budget			Licensur	e Rating Change	
X Unaudited of	costs			d Customary Limitatio	n
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 11/01/1987	
Distribution:	(Thomas Parker	
_	ement / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	ostion Only				
	nation Only		2	L-20	>
No Chang	e in Rate				
Home Office:	OPIS Management Resource	ces, LLC			
	Jennifer Ziolowski 10150 Highland Manor Driv Tampa FL 33610	ve			
	_				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Island Lake Center, LLC				Provider Number:	0 260657-00
155 Landover Place		_		Date:	1/3/2013
Longwood FL 32750		_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				rudit Status.	- Chadated [3]
Trovider Types			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		219.39	222.18	1/1/2013
	Level H: AIDS		368.60	372.99	1/1/2013
	Level U: Fragile Under 21		488.35	494.03	1/1/2013
Rate Type :					
Interim		X	Prospectiv		
	Cotal Interim		<u>X</u>	Total Prospective	for Navy Coata
	nterim Component ettlement based on costs			Prospective Adjusted : Total Prospective with	
	rior Provider Prospective data			Total Prospective with	i intermi Component
	Tior Frontact Frospective duta	- CT			
Basis:		Change	es:		
D. 1			Licensur	e Rating Change	
Budget X Unaudited of	rosts			d Customary Limitation	n
Field audite				ate limitation change	711
Field audit	- interim portion		FRVS C	hange	
Desk audite	-				
	- Interim Portion	X		nester Change	
	- Prospective portion		On FRV	[2] as of 04/10/1989	
<u>Distribution:</u>				Thomas Parker	
_	ement / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File				7 201 -1 2 22 30	
For inform	•		2	L-DE	>
No Chang	e in Rate				
Home Office:	OPIS Management Resou	rces, LLC			
	Jennifer Ziolowski				
	10150 Highland Manor Dr Tampa FL 33610	ıve			
	Tampa PL 33010				



Indian River Center LLC				Provider Number:	0 260665-00		
7201 Greensboro Driv		_		Date:	1/3/2013		
West Melbourne FL 3	2904	_		Fiscal Year End:	12/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
N			Rate	Rate	Date		
Nursing Home	Single Level		222.89		1/1/2013		
	Level H: AIDS		372.10	373.35	1/1/2013		
	Level U: Fragile Under 21		491.85	494.39	1/1/2013		
Rate Type :							
Interim		X	Prospectiv				
	Total Interim		<u>X</u>	Total Prospective			
	nterim Component		Prospective Adjusted for New Costs Total Prospective with Interim Component				
	Settlement based on costs			Total Prospective with	Interim Component		
1	Prior Provider Prospective data						
Basis:		Change	es:				
Dodos			I icensur	e Rating Change			
Budget X Unaudited	costs			d Customary Limitation	nn		
Field audit		-		ate limitation change)II		
	- interim portion	-	FRVS C	=			
Desk audite	•	-		C			
	- Interim Portion	<u> X</u>		nester Change			
Desk Audit	- Prospective portion		On FRV	[2] as of 08/29/1989			
Distribution:				Thomas Parker			
Contract Manag	ement / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance		
Permanent File					_		
	nation Only		7	L-DE	?		
No Chang	ge in Rate		2_				
Home Office:	OPIS Management Resou	rces, LLC					
	Jennifer Ziolowski						
	10150 Highland Manor Dr	rive					
	Tampa FL 33610						
	-						



Riverwood Center, LLC		Provider Number:	0 260673-00
2802 Parental Home Dr		Date:	1/3/2013
Jacksonville FL 32216		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.21	209.01	1/1/2013
Level H: AIDS	358.42	359.82	1/1/2013
Level U: Fragile Under 21	478.17	480.86	1/1/2013
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 at Total Prospective with e Rating Change d Customary Limitation at limitation change	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plans	
Home Office: OPIS Management Resources, Jennifer Ziolowski 10150 Highland Manor Drive Tampa FL 33610	LLC		



Fairway Oaks Center, LLC				Provider Number:	0 260690-00
13806 N. 46th Street				Date:	1/3/2013
Tampa FL 33613				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				rudit Status.	- Chadated [3]
Trovider Types			Current	New	Effective
		-	Rate	Rate	Date
Nursing Home	Single Level	-	222.73	225.94	1/1/2013
	Level H: AIDS		371.94	376.75	1/1/2013
	Level U: Fragile Under 21		491.69	497.79	1/1/2013
Rate Type : Interim To	otal Interim	X	_ Prospectiv	ve Total Prospective	
—— In	terim Component			Prospective Adjusted	for New Costs
Se	ettlement based on costs			Total Prospective with	Interim Component
Pr	ior Provider Prospective data				
Basis:		Change	s:		
Desk audited Desk audit -	d costs interim portion	X	Usual an Target R FRVS C Rate Sen	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 07/01/1990	on
Distribution:				Thomas Parker	
Contract Manager	ment / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For informa No Change	•	10		1-20	
Home Office:	OPIS Management Resource Jennifer Ziolowski 10150 Highland Manor Drive Tampa FL 33610				



Sinai Plaza Nursing and Re	chabilitation Center			Provider Number:	0 260771-00
201 NE 112th Street				Date:	1/3/2013
Miami FL 33161				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:		-	Current Rate	New Rate	Effective Date
Nursing Home Si	ngle Level	-	242.40	247.23	1/1/2013
Le	vel H: AIDS		391.61	398.04	1/1/2013
Le	vel U: Fragile Under 21		511.36	519.08	1/1/2013
Basis: Budget X Unaudited costs Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion sts rim Portion	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
Distribution: Contract Managemen Permanent File	t / Fiscal Agent	N	Medicaid Cost	Thomas Parker t Reimbursement Plan	ning and Finance
For information No Change in I	•		Z	120	
Home Office:	Hebrew Home Managemen Steve Beaujon 1800 NE 168th Street, Suite Miami Beach FL 33162				



Alhambra Health & Rehal	b Center			Provider Number:	0 261254-00
7501 38th Avenue North				Date:	1/3/2013
St. Petersburg FL 33710				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 218.76	New Rate 222.46	Effective Date 1/1/2013
ivursing frome	migic Level		210.70		1/1/2013
L	evel H: AIDS		367.97	373.27	1/1/2013
L	evel U: Fragile Under 21		487.72	494.31	1/1/2013
Basis: Budget X Unaudited costs Field audit - in Desk audit - Int Desk Audit - Proposition:	osts terim portion osts terim Portion rospective portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation at limitation change	Interim Component
Contract Manageme	nt / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in	Rate			120	_
Home Office:	Greystone Healthcare Man 4042 Park Oaks Blvd, Suite Tampa FL 33610				



Terra Vista Rehabilitation and Health Center		Provider Number:	0 261611-00
1730 Lucerne Terrace		Date:	1/3/2013
Orlando FL 32806		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 209.66	New Rate	Effective Date
Nursing Home Single Level	209.00		1/1/2013
Level H: AIDS	358.87	363.58	1/1/2013
Level U: Fragile Under 21	478.62	484.62	1/1/2013
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 Tetal Prospective with The Rating Change and Customary Limitation Rate limitation change	n Interim Component
<u>Distribution:</u> Contract Management / Figure 1 A cent		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		st Reimbursement Plan	_



Avalon Health Care Center		Provider Number:	0 261629-00
		Date:	1/3/2013
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	189.48		1/1/2013
Level H: AIDS	338.69	342.38	1/1/2013
Level U: Fragile Under 21	458.44	463.42	1/1/2013
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 C X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Tre Rating Change and Customary Limitation Rate limitation change	n Interim Component
Contract Management / Fiscal Agent	Medicaid Co	est Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		L DE	



P	rovider Number:	0 261637-00
	Date:	1/3/2013
I	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited [3]
Current Rate 205.43	New Rate 206.96	Effective Date 1/1/2013
354.64	357.77	1/1/2013
474.39	478.81	1/1/2013
Licensure Ra Usual and C Target Rate FRVS Chan X Rate Semest On FRV [2]	ating Change ustomary Limitation limitation change ge er Change as of 11/01/1987 Thomas Parker eimbursement Plan	n Interim Component on ning and Finance
	Current Rate 205.43	Total Prospective X Prospective Yara End:



Hawthorne Health & Rehab of Brandon		Provider Number:	0 261670-00
851 West Lumsden Road		Date:	1/3/2013
Brandon FL 33511		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 196.2	Rate	Effective Date 1/1/2013
ruising frome Single Level	170,21	201.32	1/1/2013
Level H: AIDS	345.42	352.13	1/1/2013
Level U: Fragile Under 21	465.17	473.17	1/1/2013
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	Usua Targe FRV X Rate On F	Total Prospective Prospective Adjusted	h Interim Component on
For information Only No Change in Rate		ze ze	2_
Home Office: 1 - No Home Office			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Atlantic Shores Nursing and Rehab				Provider Number:	0 263389-00
4251 Stack Blvd.		_		Date:	1/3/2013
Melbourne FL 32901		_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				110010 2 00000	
		(Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		205.68		1/1/2013
	Level H: AIDS	:	354.89	358.22	1/1/2013
	Level U: Fragile Under 21		474.64	479.26	1/1/2013
Rate Type :					
Interim		X	Prospectiv	ve	
	otal Interim		X	Total Prospective	
In	nterim Component			Prospective Adjusted to	
	ettlement based on costs			Total Prospective with	Interim Component
P1	rior Provider Prospective data				
Basis:		Changes:			
D 1 4			Licancur	e Rating Change	
Budget X Unaudited co	nete			d Customary Limitatio	an
Field audited				ate limitation change	on .
	interim portion		FRVS C	_	
Desk audited	•				
	Interim Portion	X		nester Change	
	- Prospective portion		On FRV	[2] as of 12/08/1995	
Distribution:				Thomas Parker	
_	ment / Fiscal Agent	Med	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
For information	•		2	120	>
No Change	e in Rate				
Home Office:	Southern HealthCare Man	agement, LLC			
	R. Mark Cronquist	1.50			
	5887 Glenridge Drive, Suit Atlanta GA 30328	e 150			
	Atlanta UA 30328				



Bonifay Nursing and Rehab			Provider Number	er: 0 263443-00
306 West Brock Avenue	;		Da	te: 1/3/2013
Bonifay FL 32425			Fiscal Year End	d: 12/31/2011
			Audit Stati	
Provider Type:			Tudit State	enauteu [5]
-JP		Curre	nt New	Effective
		Rate		Date
Nursing Home	Single Level	186.5	188.52	1/1/2013
	Level H: AIDS	335.7	339.33	1/1/2013
	Level U: Fragile Under 21	455.4	460.37	1/1/2013
Basis: Budget X Unaudited cos		Changes: Lice Usu	· ·	
Desk audited Desk audit - I	nterim portion	T FRV	/S Change e Semester Change FRV [2] as of 10/01/20	
Distribution:	r			
Contract Managem	ent / Fiscal Agent	- No. 11	Thomas Parke	
Permanent FileFor informat	•	Medicaio	Cost Reimbursement	
No Change	in Rate			
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328			



Riviera Palms Rehabilitation	on Center			Provider Number:	0 263451-00	
926 Haben Blvd.				Date:	1/3/2013	
Palmetto FL 34221				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home Si	ngle Level		209.83		1/1/2013	
Le	vel H: AIDS	_	359.04	360.92	1/1/2013	
Le	vel U: Fragile Under 21	_	478.79	481.96	1/1/2013	
Basis: Budget X Unaudited costs Field audit - inte Desk audit - Inte	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	n Interim Component	
Desk Audit - Pro Distribution:	espective portion		On FRV	[2] as of 03/07/1988		
Contract Managemen Permanent File For information No Change in I	a Only	Me		Thomas Parker t Reimbursement Plan	-	
Home Office:	Southern HealthCare Manager R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328					



Boynton Beach Rehabilitation Center			Provider Number:	0 263460-00	
9600 Lawrence Road			Date:	1/3/2013	
Boynton Beach FL 33436			Fiscal Year End:	12/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Leve	el	Current Rate 215.41	New Rate 216.51	Effective Date 1/1/2013	
Level H: AID	5	364.62	367.32	1/1/2013	
Level U: Frag	le Under 21	484.37	488.36	1/1/2013	
Interim Total Interim Interim Compone Settlement based Prior Provider Pro Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs	on costs espective data	Usual ar Target F FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change	n Interim Component	
Desk audit - Interim Portion Desk Audit - Prospective po			mester Change [2] as of 07/01/1998		
Distribution:			Thomas Parker		
Contract Management / Fiscal Ag Permanent File	;ent	Medicaid Co	st Reimbursement Plan	ning and Finance	•
For information Only No Change in Rate		Z	120		
R. Mark	HealthCare Management Cronquist nridge Drive, Suite 150 A 30328	t, LLC			



Arbor Trail Rehab an	d Skilled Nursing Center			Provider Number:	0 263478-00
611 Turner Camp Ro	ad	<u>_</u>		Date:	1/3/2013
Inverness FL 34453				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N	Cinala I anal	_	Rate	Rate	Date
Nursing Home	Single Level		196.68		1/1/2013
	Level H: AIDS		345.89	346.21	1/1/2013
	Level U: Fragile Under 21	<u>-</u> -	465.64	467.25	1/1/2013
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	:		
D 1			Liconsur	e Rating Change	
Budget X Unaudited	oosts		_	e Raung Change d Customary Limitatio	n.
Field audit				ate limitation change)11
	: - interim portion		FRVS C	_	
Desk audit	•		_	C	
	- Interim Portion	X		nester Change	
Desk Audi	t - Prospective portion		On FRV	[2] as of 07/17/1987	
Distribution:				Thomas Parker	
Contract Manag	ement / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
	nation Only		7	L-DC	2
No Chang	ge in Rate				
Home Office:	Southern HealthCare Ma	nagement, LLC			
	R. Mark Cronquist				
	5887 Glenridge Drive, Su	ite 150			
	Atlanta GA 30328				



Pinellas Point Nursing and Rehab			Provider Number:	0 263486-00)
5601 31st Street South			Date:	1/3/2013	
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		221.08		1/1/2013	
Level H: AIDS		370.29	374.03	1/1/2013	
Level U: Fragil	Under 21	490.04	495.07	1/1/2013	
Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion	n costs pective data Ch	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted fotal Prospective with Rating Change I Customary Limitation thange	Interim Componen	t
Distribution: Contract Management / Fiscal Age Permanent File For information Only No Change in Rate	nt		Thomas Parker Reimbursement Plan		_
R. Mark C	ridge Drive, Suite 150	LLC			



Jacksonville Nursing a	and Rehab			Provider Number:	0 263494-00
4134 Dunn Ave.		=	Date:		1/3/2013
Jacksonville FL 32218		_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				Tauti Statusi	
<i>.</i> 1			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	208.62		1/1/2013
	Level H: AIDS		357.83	359.52	1/1/2013
	Level U: Fragile Under 21	_ _	477.58	480.56	1/1/2013
Rate Type :					
Interim		X	Prospectiv	vo.	
	otal Interim		-	Total Prospective	
	nterim Component			Prospective Adjusted	for New Costs
	ettlement based on costs			Total Prospective with	
P	rior Provider Prospective data				
Basis:		Changes			
Budget			Licensur	e Rating Change	
X Unaudited of	eosts		_	d Customary Limitatio	on
Field audite	ed costs		_	ate limitation change	
	- interim portion		FRVS C	hange	
Desk audite	d costs · Interim Portion	<u> X</u>	- Doto Son	nester Change	
	- Prospective portion	A		[2] as of 10/31/1990	
<u>Distribution:</u>				Thomas Parker	
Contract Manage	ement / Fiscal Agent		edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		171	carcara cos	t Remioursement Fran	and I manee
For inform	ation Only		7	120	>
No Chang	e in Rate				
Home Office:	Southern HealthCare Mar	nagement, LLC			
	R. Mark Cronquist				
	5887 Glenridge Drive, Sui	te 150			
	Atlanta GA 30328				



V7.007.1.2:2VJZ8

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Port Orange Nursing and Re				Provider Number:	0 263508-00)
5600 Victory Gardens Blvd				Date:	1/3/2013	
Port Orange FL 32127				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sin	ngle Level	_	Current Rate	New Rate 217.40	Effective Date 1/1/2013	
O		_			-	
Lev	vel H: AIDS	_	364.09	368.21	1/1/2013	
Lev	vel U: Fragile Under 21	-	483.84	489.25	1/1/2013	
Interin Settlen	rim portion ts rim Portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with Rating Change d Customary Limitation at limitation change hange nester Change [2] as of 10/09/1992	Interim Componen	t
	/ Figure 1 A grant			Thomas Parker		
Contract Management Permanent File	/ Piscai Agent	M	ledicaid Cos	t Reimbursement Plan	ning and Finance	
For information No Change in R	•		2	L DE	· 	
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328					



Macclenny Nursing and Re	hab			Provider Number:	0 263516-00)
755 South 5th Street				Date:	1/3/2013	
MacClenny FL 32063				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3	3]
Provider Type: Nursing Home Si	ngle Level	_	Current Rate 198.80	New Rate 201.06	Effective Date 1/1/2013	
- (g	-	17000		1/1/2010	
Le	vel H: AIDS	_	348.01	351.87	1/1/2013	
Le	vel U: Fragile Under 21		467.76	472.91	1/1/2013	
Basis: Budget X Unaudited costs Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion sts rim Portion	Changes	Licensur Usual and Target R FRVS C	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation at limitation change	Interim Componer	ıt
Distribution: Contract Managemen	t / Eigeal Agent			Thomas Parker		
Permanent File For information No Change in I Home Office:	a Only			t Reimbursement Plan	_	
	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	2 150				



Medicana Nursing and I	Rehab			Provider Number:	0 263524-00
1710 Lake Worth Road				Date:	1/3/2013
Lake Worth FL 33460				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:	C' I I I		Current Rate	New Rate	Effective Date
Nursing Home	Single Level		204.81	205.08	1/1/2013
	Level H: AIDS		354.02	355.89	1/1/2013
	Level U: Fragile Under 21		473.77	476.93	1/1/2013
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:	(1			Thomas Parker	
Contract Managen Permanent File	nent / Fiscal Agent	N	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information No Change	•		Z	l De	>
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	-			



Tiffany Hall Nursing and Reh	ab			Provider Number:	0 263532-0	00
1800 SE Hillmoor Drive				Date:	1/3/2013	
Port St. Lucie FL 34952				Fiscal Year End:	12/31/201	1
				Audit Status:	Unaudited [[3]
Provider Type: Nursing Home Sing	gle Level	_	Current Rate	New Rate 210.24	Effective Date 1/1/2013	
	,	_				
Level	H: AIDS	_	357.05	361.05	1/1/2013	
Level	U: Fragile Under 21		476.80	482.09	1/1/2013	
Budget X Unaudited costs Field audited costs Field audit - interin Desk audit - Interin Desk Audit - Prosp	Component Int based on costs Evider Prospective data In portion In Portion	Changes	Licensurd Usual and Target R: FRVS CI	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Compone	nt
<u>Distribution:</u> Contract Management /	Figural Agant			Thomas Parker		
Permanent FileFor information ONo Change in Rat Home Office:	nly e Southern HealthCare Mana			t Reimbursement Plan	_	
4	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	2 150				



V7.007.1.2:2VJZ8

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Metrowest Nursing an	d Rehab			Provider Number:	0 263541-00
5900 West Gate Drive		_ _	Date:		1/3/2013
Orlando FL 32835		_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
~ ~		(Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		218.07	216.38	1/1/2013
	Level H: AIDS		367.28	367.19	1/1/2013
	Level U: Fragile Under 21	_	487.03	488.23	1/1/2013
Rate Type :					
Interim		X	Prospectiv	<i>r</i> e	
	Total Interim		X	Total Prospective	
I	nterim Component			Prospective Adjusted to	for New Costs
	ettlement based on costs			Total Prospective with	Interim Component
P	rior Provider Prospective data				
Basis:		Changes:]		
5.1			Licensur	a Dating Change	
Budget X Unaudited of	poete			e Rating Change d Customary Limitatio	ın.
Field audite		-		ate limitation change	vii
	- interim portion		FRVS C	_	
Desk audite	•				
	- Interim Portion	X		nester Change	
	- Prospective portion		On FRV	[2] as of 10/21/1994	
Distribution:				Thomas Parker	
_	ement / Fiscal Agent	Med	dicaid Cos	t Reimbursement Plant	ning and Finance
Permanent File				E 2004 F 10 10	
For inform	•		2	120	>
No Chang	e in Rate				
Home Office:	Southern HealthCare Man	nagement, LLC			
	R. Mark Cronquist	150			
	5887 Glenridge Drive, Sui Atlanta GA 30328	te 150			
	Atlanta UA 30320				



Moultrie Creek Nursing a	and Rehab			Provider Number:	0 263559-00
200 Mariner Health Way				Date:	1/3/2013
St. Augustine FL 32086				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 201.38	New Rate 203.75	Effective Date 1/1/2013
- · · · · · · · · · · · · · · · · · · ·					
I	Level H: AIDS		350.59	354.56	1/1/2013
Ι	Level U: Fragile Under 21		470.34	475.60	1/1/2013
Basis: Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with e Rating Change d Customary Limitation at e limitation change hange hester Change [2] as of 05/01/1996	n Interim Component
Contract Manageme	ent / Fiscal Agent			Thomas Parker	
Permanent File For information No Change in	on Only	I		t Reimbursement Plan	
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Orange City Nursing and Rehab			Provider Number:	0 263567-00)
2810 Enterprise Road			Date:	1/3/2013	
DeBary FL 32713			Fiscal Year End:	12/31/2011	
			Audit Status:	Unaudited [3	3]
Provider Type:	,	Current Rate	New Rate	Effective Date	
Nursing Home Single Level		207.22	210.20	1/1/2013	
Level H: AIDS		356.43	361.01	1/1/2013	
Level U: Fragile Under 21		476.18	482.05	1/1/2013	
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:	Change	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 06/26/1991	n Interim Componer	ıt
Contract Management / Fiscal Agent			Thomas Parker		
Permanent FileFor information OnlyNo Change in Rate Home Office: Southern HealthCare N R. Mark Cronquist 5887 Glenridge Drive, S Atlanta GA 30328	fanagement, LLC		t Reimbursement Plan		



Bayshore Pointe Nursin	g and Rehab			Provider Number:	0 263575-00
3117 West Gandy Blvd.				Date:	1/3/2013
Tampa FL 33611				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 203.96	New Rate 205.76	Effective Date 1/1/2013
	8				
	Level H: AIDS		353.17	356.57	1/1/2013
	Level U: Fragile Under 21		472.92	477.61	1/1/2013
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - I	costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/01/1986	Interim Component
<u> </u>	eent / Fiscal Agent			Thomas Parker	
Contract Managen Permanent File	iciit / Fiscai Ageiit	1	Medicaid Cos	t Reimbursement Plan	ning and Finance
For informate No Change	•		2	L DE	> —
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Royal Oaks Nursing a	and Rehab			Provider Number:	0 263583-00
2225 Knox McRae D	rive	-		Date:	1/3/2013
Titusville FL 32780		_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
• •			rent	New	Effective
			ate	Rate	Date
Nursing Home	Single Level		8.12	<u> 198.22</u>	1/1/2013
	Level H: AIDS	35	7.33	349.03	1/1/2013
	Level U: Fragile Under 21	47	7.08	470.07	1/1/2013
[n , m					
Rate Type :					
Interim		X Pro	ospectiv		
	Total Interim	_	X	Total Prospective	
	Interim Component	_		Prospective Adjusted	
	Settlement based on costs	_		Total Prospective with	Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
D 1 4		Ţ	icansur	e Rating Change	
Budget X Unaudited	costs			d Customary Limitatio	an .
Field audit				ate limitation change)II
	- interim portion		RVS C	=	
Desk audite	•			6 .	
	- Interim Portion	X R	ate Sen	nester Change	
Desk Audit	t - Prospective portion	C	n FRV	[2] as of 04/09/1993	
Distribution:				Thomas Parker	
Contract Manag	ement / Fiscal Agent	Medic	aid Cos	t Reimbursement Plan	ning and Finance
Permanent File		Tyrodro	ara cos		and I manee
For inform	nation Only		-7	L-20	>
No Chang	ge in Rate		~		
Home Office:	Southern HealthCare Man	nagement, LLC			
	R. Mark Cronquist				
	5887 Glenridge Drive, Sui	te 150			
	Atlanta GA 30328				



Tuskawilla Nursing and Re	ehab			Provider Number:	0 263591-00
1024 Willa Springs Drive				Date:	1/3/2013
Winter Springs FL 32708				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level		Current Rate 209.22	New Rate 211.71	Effective Date 1/1/2013
- (1/1/2010
Le	evel H: AIDS		358.43	362.52	1/1/2013
Le	evel U: Fragile Under 21		478.18	483.56	1/1/2013
Basis: Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Inte	osts erim 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 11/07/1994	Interim Component
<u> </u>	ot / Figaal Agant			Thomas Parker	
Contract Managemer Permanent File	n / 14scai Agent	ľ	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in	•		2	L DE	> —
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



V7.007.1.2:2VJZ8

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Hunter's Creek Nursing	and Rehab			Provider Number:	0 263605-00
14155 Town Loop Bovd				Date:	1/3/2013
Orlando FL 32837				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 228.37	New Rate 231.67	Effective Date 1/1/2013
1 (01)1119 1201110	Single 20 voi	-	220.07	231.07	1/1/2010
	Level H: AIDS		377.58	382.48	1/1/2013
	Level U: Fragile Under 21		497.33	503.52	1/1/2013
Rate Type :					
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - Is	costs nterim portion costs nterim Portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with e Rating Change d Customary Limitation ate limitation change hange	n Interim Component
Distribution:	Prospective portion		OllTRV	[2] as of 05/26/1998	
Contract Managem	ent / Fiscal Agent			Thomas Parker	
Permanent File		N	Medicaid Cos	t Reimbursement Plan	ning and Finance
For informat No Change i	•		Z	L DE	· —
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	-			



Boulevard Rehabilitation Center		Provider Number:	0 263613-00	
2839 South Seacrest Boulevard		Date:	1/3/2013	
Boynton Beach FL 33435		Fiscal Year End:	12/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 197.57	New Rate 199.79	Effective Date 1/1/2013	
~g			1/1/2010	
Level H: AIDS	346.78	350.60	1/1/2013	
Level U: Fragile Under 21	466.53	471.64	1/1/2013	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes: Licensure Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted a Total Prospective with Read Prospective with Read Rating Change Country Limitation Read Customary Limitation Read Cinete limitation change	Interim Component	
<u>Distribution:</u> Contract Management / Fiscal Agent		Thomas Parker		
Permanent FileFor information OnlyNo Change in Rate Home Office: Southern HealthCare Managem R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Atlanta GA 30328	Znent, LLC	Reimbursement Plan		



V7.007.1.2:2VJZ8

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Palm City Nursing and Re	ehab			Provider Number:	0 263621-00
2505 SW Martin Highway	y			Date:	1/3/2013
Palm City FL 34990				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	Single Level		212.93	215.40	1/1/2013
L	evel H: AIDS		362.14	366.21	1/1/2013
L	evel U: Fragile Under 21		481.89	487.25	1/1/2013
Basis: Budget X Unaudited cost: Field audit - in Desk audited co Desk Audit - Property of the cost of	osts terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution: Contract Manageme	nt / Figgel A cent			Thomas Parker	
Permanent File	in / 1 iscai Agent	ľ	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in	•		2	L DE	
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Bay Pointe Nursing Pavilion				Provider Number:	0 263834-00
4201 31st Street South				Date:	1/3/2013
St. Petersburg FL 33712				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level			urrent Rate 02.53	New Rate 205.86	Effective Date 1/1/2013
					-
Level H: AIDS		3	51.74	356.67	1/1/2013
Level U: Fragile U	Jnder 21	4	71.49	477.71	1/1/2013
Interim Total Interim Interim Component Settlement based on comprior Provider Prospe Basis: Budget X Unaudited costs Field audited costs		Changes:	Licensur Usual an	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	h Interim Component
Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	1	X	Rate Sen	nester Change [2] as of 01/01/1991	
<u>Distribution:</u>				Thomas Parker	
Contract Management / Fiscal Agent		Med	icaid Cos	t Reimbursement Plan	ning and Finance
Permanent FileFor information OnlyNo Change in Rate			Z	L-DE	2
Home Office: 1 - No Home	Office				



Boca Raton Rehabilitation Center			Provider Number:	0 263842-00	
755 Meadows Road			Date:	1/3/2013	
Boca Raton FL 33486	<u>—</u>		Fiscal Year End:	12/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	_	Current Rate 193.06	New Rate 195.25	Effective Date 1/1/2013	
Single Level	_	175.00		1/1/2015	
Level H: AIDS	_	342.27	346.06	1/1/2013	
Level U: Fragile Under 21	_	462.02	467.10	1/1/2013	
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 Rate Sen On FRV	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Permanent FileFor information OnlyNo Change in Rate		Z	L DE	· —	
Home Office: 1 - No Home Office					



Deerfield Beach Health and Rehabilitation Center		Provider Number:	0 263851-00
401 East Sample Road		Date:	1/3/2013
Pompano Beach FL 33064		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 216.17	New Rate 209.51	Effective Date 1/1/2013
Level H: AIDS	365.38	360.32	1/1/2013
Level U: Fragile Under 21	485.13	481.36	1/1/2013
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 of Total Prospective with e Rating Change d Customary Limitation at e limitation change hange nester Change [2] as of 10/26/1988	n Interim Component
		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plan	_



Rehabilitation and Healthcare Center of Cape Coral		Provider Number:	0 263869-00
2629 Del Prado Blvd S		Date:	1/3/2013
Cape Coral FL 33904		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 197.19	New Rate 199.92	Effective Date 1/1/2013
Level H: AIDS	346.40	350.73	1/1/2013
Level U: Fragile Under 21	466.15	471.77	1/1/2013
Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion 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 Change Semester Change RV [2] as of 12/01/1985	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker Cost Reimbursement Plan	_
Home Office: 1 - No Home Office			



Carrollwood Care Center		Provider Number:	0 263877-00	
15002 Hutchinson Road		Date:	1/3/2013	
Tampa FL 33625		Fiscal Year End:	12/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 189.44	New Rate 191.53	Effective Date 1/1/2013	
Level H: AIDS	338.65	342.34	1/1/2013	
Level U: Fragile Under 21	458.40	463.38	1/1/2013	
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	Changes: Licensure Usual and	Fotal Prospective Prospective Adjusted: Fotal Prospective with Rating Change I Customary Limitation I Change	n Interim Component	
Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Sem	ester Change		
<u>Distribution:</u> Contract Management / Fiscal Agent		Thomas Parker		
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		Reimbursement Plan		



Casa Mora Rehabilitation and Extended Care		Provider Number:	0 263885-00
1902 59th Street West		Date:	1/3/2013
Bradenton FL 34209		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 203.16	New Rate 202.33	Effective Date 1/1/2013
Level H: AIDS	352.37	353.14	1/1/2013
Level U: Fragile Under 21	472.12	474.18	1/1/2013
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
		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		st Reimbursement Plan	-



Evergreen Woods Health and Rehabilitation Center		Provider Number:	0 263893-00
7045 Evergreen Woods Trail		Date:	1/3/2013
Springhill FL 34608		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	194.13	196.87	1/1/2013
Level H: AIDS	343.34	347.68	1/1/2013
Level U: Fragile Under 21	463.09	468.72	1/1/2013
Rate Type :			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:		e Total Prospective Prospective Adjusted to 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 Ra FRVS CI	e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 01/01/1989	on
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plans	
Home Office: 1 - No Home Office			



Highland Pines Reha	bilitation Center			Provider Number:	0 263907-00	
1111 South Highland		<u>.</u>		Date:	1/3/2013	
Clearwater FL 33756		=		Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
Nursing Home	Single Level	_	Rate 193.16	195.30	Date 1/1/2013	
ruising Home	Single Level	_	173.10		1/1/2013	
	Level H: AIDS	_	342.37	346.11	1/1/2013	
	Level U: Fragile Under 21	_	462.12	467.15	1/1/2013	
D						
Rate Type :						
Interim	Total Interim	<u>X</u>	Prospectiv X	re Total Prospective		
	Interim Component		<u>A</u>	Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with		
	Prior Provider Prospective data			1	1	
Basis:		Changes				
			_			
Budget			Licensur	e Rating Change		
X Unaudited			_	d Customary Limitatio	on	
Field audit			_	ate limitation change		
	t - interim portion		FRVS C	nange		
Desk audit	ed costs - Interim Portion	X	Rate Sen	nester Change		
	t - Prospective portion			[2] as of 10/01/1985		
Distribution:				Thomas Parker		
Contract Manag	gement / Fiscal Agent		edicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File		171	carcara cos		ming und I manee	
	nation Only		7	L DE	>	
No Chan	ge in Rate			- ELE		
Home Office:	1 - No Home Office					



Rehabilitation Center	of The Palm Beaches			Provider Number:	0 263915-00	
301 Northpointe Park		<u>.</u>		Date:	1/3/2013	_
West Palm Beach FL	33407	<u>=</u>		Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	_
Provider Type:						
			Current	New	Effective	
Nursing Home	Single Level	_	Rate 205.10	Rate	Date 1/1/2013	
ruising Home	Single Level	_	203.10		1/1/2013	
	Level H: AIDS	_	354.31	358.20	1/1/2013	
	Level U: Fragile Under 21	-	474.06	479.24	1/1/2013	
Data Tyma						_
Rate Type :		X	Prospectiv	ī.		
	Γotal Interim		- X	Total Prospective		
	nterim Component			Prospective Adjusted	for New Costs	
	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 audit	ed costs		_	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:				Thomas Parker		_
Contract Manag	ement / Fiscal Agent		adienid Con	t Reimbursement Plan	ning and Finance	
Permanent File		IVI	edicald Cos	t Kennoursement Flan	imig and Pinance	
For inform	nation Only		7	120	2	
No Chang	ge in Rate		~_			
Home Office:	1 - No Home Office					



Pompano Health and	Rehabilitation Center			Provider Number:	0 263923-00
51 West Sample Road		•		Date:	1/3/2013
Pompano Beach FL 3	3064			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
-			Current	New	Effective
N	Cinala I anal		Rate	Rate	Date
Nursing Home	Single Level		208.76	204.54	1/1/2013
	Level H: AIDS		357.97	355.35	1/1/2013
	Level U: Fragile Under 21	_ _	477.72	476.39	1/1/2013
Rate Type :					
Interim		X	Prospectiv	<i>r</i> e	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	1 Interim Component
1	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	: - interim portion		FRVS C	hange	
Desk audite			<u>-</u>		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 11/01/1990	
Distribution:	· · · · · · · · · · · · · · · · · · ·			Thomas Parker	
Contract Manag	ement / Fiscal Agent		1: :10		· 1 E'
Permanent File	C	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
For inform	nation Only			1000	2
No Chang	ge in Rate		2	L-DE	
Home Office:	1 - No Home Office				



Healthcare and Rehab	pilitation Center of Sanford			Provider Number:	0 263931-00
950 Mellonville Aver	nue	= =		Date:	1/3/2013
Sanford FL 32771		_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		184.32	184.59	1/1/2013
	Level H: AIDS	3	333.53	335.40	1/1/2013
	Level U: Fragile Under 21		153.28	456.44	1/1/2013
Rate Type :					
Interim		XI	Prospectiv		
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted Total Prospective with	
	Settlement based on costs Prior Provider Prospective data			Total Flospective with	n mtermi Component
	Thor Provider Prospective data	- CT			
Basis:		Changes:			
D. 1			Licensur	e Rating Change	
Budget X Unaudited	rosts			d Customary Limitatio	าท
Field audit				ate limitation change	J11
Field audit	: - interim portion		FRVS C	hange	
Desk audite					
	- Interim Portion	X		nester Change	
	t - Prospective portion		Oli FK V	[2] as of 10/01/1985	
Distribution:	(T)			Thomas Parker	
_	ement / Fiscal Agent	Med	icaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	nation Only			-7	
No Chang			Z	L-DE	<i>-</i>
110 Chang					
Home Office:	1 - No Home Office				



Rehabilitation and Healthcare Center of Tampa	Provider Number: 0 2639		0 263940-00	
4411 North Habana Ave			Date:	1/3/2013
Tampa FL 33614			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:		rrent ate	New Rate	Effective Date
Nursing Home Single Level	19	0.74	194.00	1/1/2013
Level H: AIDS	33	9.95	344.81	1/1/2013
Level U: Fragile Under 21	45	9.70	465.85	1/1/2013
Rate Type :				
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:	Changes:	icensure Jsual 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 10/01/1985	n Interim Component
Contract Management / Fiscal Agent			Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office	Medic		t Reimbursement Plan	-



The Abbey Rehabilita	ation and Nursing Center			Provider Number:	0 263958-00	
7101 Martin Luther F		<u>.</u>		Date:	1/3/2013	_
St. Petersburg FL 337	702	<u>-</u>		Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						_
			Current	New	Effective	
Nursing Home	Single Level	_	Rate 202.51	Rate	Date 1/1/2013	
Nursing Home	Single Level	_	202.31	203.18	1/1/2013	
	Level H: AIDS		351.72	353.99	1/1/2013	
	Level U: Fragile Under 21	_	471.47	475.03	1/1/2013	
Rate Type:						
Interim		<u>X</u>	Prospectiv			
	Total Interim		<u>X</u>	Total Prospective	for Novy Coata	
	Interim Component Settlement based on costs			Prospective Adjusted Total Prospective with		
	Prior Provider Prospective data			Total Prospective with	i internii Component	
	Thor the vider trospective data	CI	. 1			_
Basis:		Changes	<u>:</u>]			
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:				Thomas Parker		_
Contract Manag	gement / Fiscal Agent		adianid Con	t Reimbursement Plan	ning and Finance	
Permanent File		IVI	edicald Cos	a Kellilourselliellt Flaii	imig and Pinance	
For inform	nation Only		~	120	2	
No Chan	ge in Rate		~			
Home Office:	1 - No Home Office					
nome office.						
	-					



The Oaks at Avon Pa	rk		Provider Number:	0 263966-00
1010 US 27 N			Date:	1/3/2013
Avon Park FL 33825			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	Rate	Effective Date
Nursing Home	Single Level	199.25	<u> 197.60</u>	1/1/2013
	Level H: AIDS	348.46	348.41	1/1/2013
	Level U: Fragile Under 21	468.23	469.45	1/1/2013
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion ed costs - Interim Portion t - Prospective portion	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 01/05/1993	th Interim Component
	gement / Fiscal Agent		Thomas Parker	
Permanent File For inform	nation Only ge in Rate		Cost Reimbursement Plan	_
Home Office:	1 - No Home Office			



	ation and Nursing Center	_		Provider Number:	0 263974-00
1705 Jess Parrish Co	ourt	_		Date:	1/3/2013
Titusville FL 32796		_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	198.79	<u>199.48</u> _	1/1/2013
	Level H: AIDS	_	348.00	350.29	1/1/2013
	Level U: Fragile Under 21	_	467.75	471.33	1/1/2013
Desk audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data d costs it - interim portion ited costs it - Interim Portion lit - Prospective portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	h Interim Component
	gement / Fiscal Agent			Thomas Parker	
Permanent File For infor	č č	M		et Reimbursement Plan	_



Sarasota Health and R	Rehabilitation Center			Provider Number:	0 263982-00
1524 East Avenue So	uth			Date:	1/3/2013
Sarasota FL 34239		•		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
-			Current	New	Effective
.	G' 1 T 1	_	Rate	Rate	Date
Nursing Home	Single Level	_	216.61	<u> 198.05</u>	1/1/2013
	Level H: AIDS		365.82	348.86	1/1/2013
	Level U: Fragile Under 21	_	485.57	469.90	1/1/2013
Rate Type :					
Interim		X	Prospectiv	/e	
	Total Interim		<u>X</u>	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	1 Interim Component
1	Prior Provider Prospective data				
Basis:		Changes	<u>:</u>]		
Budget			Licensur	e Rating Change	
X Unaudited	costs		_	d Customary Limitation	on
Field audit	ed costs		Target R	ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite					
	- Interim Portion t - Prospective portion	X	_	nester Change [2] as of 10/01/1985	
Distribution:				Thomas Parker	
Contract Manag	ement / Fiscal Agent		adicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		IVI	cuicaiu Cos	a Reimoursement i ian	ining and i manec
For inform	nation Only		-7	120	2
No Chang	ge in Rate		~		
Home Office:	1 - No Home Office				



Windsor Woods Rehabilitation and Healthcare Center		Provider Number:	0 263991-00	
13719 Dallas Drive		Date:	1/3/2013	
Hudson FL 34667		Fiscal Year End:	12/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 193.25	New Rate 190.77	Effective Date 1/1/2013	
		·		
Level H: AIDS	342.46	341.58	1/1/2013	
Level U: Fragile Under 21	462.21	462.62	1/1/2013	
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	
<u>Distribution:</u> Contract Management / Fiscal Agent		Thomas Parker		
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		st Reimbursement Plan		



Winkler Court		_		Provider Number:	0 264008-00
3250 Winkler Ave		_		Date:	1/3/2013
Fort Myers FL 3391	6	-		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 200.98	New Rate	Effective Date 1/1/2013
runsing frome	Single Level	_	200.90	203.25	1/1/2013
	Level H: AIDS	_	350.19	354.06	1/1/2013
	Level U: Fragile Under 21	_	469.94	475.10	1/1/2013
Desk audi Desk audi Desk Audi Desk Audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data d costs it - interim portion ited costs it - Interim Portion lit - Prospective portion	Changes	Licensur Usual an Target R FRVS C Rate Sen On FRV	Total Prospective Prospective Adjusted Total Prospective with Re Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 04/12/1995 Thomas Parker	n Interim Component
Permanent File	•	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
For info	rmation Only nge in Rate		Z	l De	>
Home Office:	1 - No Home Office				



Lafayette Healthcare	Center			Provider Number:	0 264482-00
512 West Main Sreet		_	Date: 1/3/20		
Mayo FL 32066		_		Fiscal Year End: 10/31/2	
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Name in a House	Cinals I such	_	Rate	Rate	Date 1/1/2012
Nursing Home	Single Level	_	181.86	<u> 183.88</u> _	1/1/2013
	Level H: AIDS		331.07	334.69	1/1/2013
	Level U: Fragile Under 21	_	450.82	455.73	1/1/2013
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim		<u>X</u>	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	1 Interim Component
1	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	: - interim portion		FRVS C	hange	
Desk audite	ed costs		_		
	- Interim Portion	X		nester Change	
Desk Audit	t - Prospective portion		On FR v	[2] as of 07/15/1997	
	ement / Fiscal Agent			Thomas Parker	
Permanent File	ement / Piscai Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only				2
No Chang	•		2	L-DC	
Home Office:	CNH, LLC				
	46 Third Street NW				
	Hickory NC 28601				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Clifford Chester Sims S	State Veterans Nursing Home			Provider Number:	0 264491-00
4419 Tram Road				Date:	1/3/2013
Springfield FL 32404				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:	Cinale Level	Cur Ra	te	New Rate	Effective Date
Nursing Home	Single Level		.19	223.10	1/1/2013
	Level H: AIDS	370	0.40	373.91	1/1/2013
	Level U: Fragile Under 21	490	0.15	494.95	1/1/2013
Basis: Budget X Unaudited concept Field audited Field audited Desk audited Desk Audited Desk Audited	l costs interim portion	Changes:	censure sual and arget Ra RVS Ch	Prospective Adjusted Prospective Adjusted Prospective with Prospective with Rating Change Customary Limitation change	n Interim Component
Distribution: Contract Manager Permanent File For information No Change	•	Medica		Thomas Parker Reimbursement Plan	_
Home Office:	Florida Dept. of Veterans A Walter Gilchrist 11351 Ulmerton Road, Root Largo Fl 33778-1630				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Conway Lakes Healtl	h & Rehabilitation Center			Provider Number:	0 264512-00
5201 Curry Ford Roa	d	Date: 1/3/2			1/3/2013
Orlando FL 32812		_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N	Cinale I aval		Rate	Rate	Date
Nursing Home	Single Level		217.52	220.16	1/1/2013
	Level H: AIDS	3	366.73	370.97	1/1/2013
	Level U: Fragile Under 21		186.48	492.01	1/1/2013
Rate Type:					
Interim		X	Prospectiv	re	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	1 Interim Component
	Prior Provider Prospective data	,			
Basis:		Changes:			
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 12/23/1991	
·	gement / Fiscal Agent			Thomas Parker	
Permanent File	ement / Piscai Agent	Med	licaid Cos	t Reimbursement Plan	ning and Finance
	nation Only			, 1	
No Chang			2	L-DE	
Home Office:	SBK Capital, LLC				
nome office.	Larry Shrewsbury				
	1935 Garraux Road, North	west			
	Atlanta GA 30327				



Belleair East Health C	are Center			Provider Number:	0 264521-00
1150 PONCE DE LEG	ON BLVD			Date:	1/3/2013
Clearwater FL 33756				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
X7 . TT			Rate	Rate	Date
Nursing Home	Single Level		212.36	215.88	1/1/2013
	Level H: AIDS		361.57	366.69	1/1/2013
	Level U: Fragile Under 21		481.32	487.73	1/1/2013
D (m					
Rate Type :					
Interim		<u>X</u>	Prospectiv		
	Total Interim			Total Prospective	
	nterim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	i interim Component
r	Prior Provider Prospective data				
Basis:		Change	es:		
Budget			Licensure	e Rating Change	
X Unaudited of	costs	-		d Customary Limitatio	on
Field audite	ed costs			ate limitation change	
Field audit	- interim portion		FRVS Cl	nange	
Desk audite					
	- Interim Portion	X		nester Change	
	- Prospective portion		On FRV	[2] as of 10/01/1985	
<u>Distribution:</u>				Thomas Parker	
_	ement / Fiscal Agent		Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File	nation Only			7	23
No Chang	•		2	L-20)
No Chang			3-242		
Home Office:	SBK Capital, LLC				
	Larry Shrewsbury 1935 Garraux Road, Northw	rest			
	Atlanta GA 30327	O.S.C			



East Bay Rehabilitation	n Center			Provider Number:	0 264539-00	
4470 East Bay Drive		Date: 1/3/20			1/3/2013	
Clearwater FL 33764				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
••			Current	New	Effective	
	a	_	Rate	Rate	Date	
Nursing Home	Single Level		218.00		1/1/2013	
	Level H: AIDS		367.21	371.96	1/1/2013	
	Level U: Fragile Under 21	<u>-</u>	486.96	493.00	1/1/2013	
Rate Type :						
Interim		X	Prospectiv	/e		
	otal Interim	'	X	Total Prospective		
I1	nterim Component			Prospective Adjusted		
	ettlement based on costs			Total Prospective with	Interim Component	
P	rior Provider Prospective data					
Basis:		Changes:				
			T :	Dating Change		
Budget X Unaudited c	octo		_	e Rating Change		
Field audite		Usual and Customary Limitation Target Rate limitation change				
	- interim portion		FRVS C	=		
Desk audite	-		=	C		
	Interim Portion	X		nester Change		
	- Prospective portion		On FRV	[2] as of 07/26/1990		
Distribution:				Thomas Parker		
•	ment / Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File				5 309 4 0 2 22 550		
For inform	·		2	L-DE	>	
No Change	e ın Kate			~~		
Home Office:	SBK Capital, LLC					
	Larry Shrewsbury					
	1935 Garraux Road, Northwest Atlanta GA 30327					
	Attailla OA 30321					



MELBOURNE TERI	RACE RESTORATIVE CARE CE			Provider Number:	0 264547-00
251 Florida Ave				Date:	1/3/2013
Melbourne FL 32901				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NI II		_	Rate	Rate	Date
Nursing Home	Single Level	_	221.15		1/1/2013
	Level H: AIDS		370.36	375.66	1/1/2013
	Level U: Fragile Under 21		490.11	496.70	1/1/2013
Rate Type :					
Interim		<u>X</u>	Prospectiv		
	Total Interim		<u>X</u>	Total Prospective	Con No.
	Interim Component Settlement based on costs			Prospective Adjusted : Total Prospective with	
	Prior Provider Prospective data			Total Prospective with	i internii Component
	Thor Provider Prospective data		1		
Basis:		Changes :			
Budget			Licensur	e Rating Change	
X Unaudited	costs		_	d Customary Limitatio	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 02/09/1989	
Distribution:				Thomas Parker	
Contract Manag	gement / Fiscal Agent	M	dicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File		IVIC	dicaid Cos	t Reimoursement i ian	ining and I manee
For inform	nation Only		7	120	2
No Chang	ge in Rate		~		
Home Office:	SBK Capital, LLC				
	Larry Shrewsbury				
	1935 Garraux Road, Northwe	est			
	Atlanta GA 30327				
	-				



Centre Point Health and Rehab Center		Provider Number:	0 264563-00
2255 Centerville Road		Date:	1/3/2013
Tallahassee FL 32308		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.83	209.81	1/1/2013
Level H: AIDS	356.04	360.62	1/1/2013
Level U: Fragile Under 21	475.79	481.66	1/1/2013
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 of 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: SBK Capital, LLC Larry Shrewsbury 1935 Garraux Road, Northwest Atlanta GA 30327		Thomas Parker t Reimbursement Plant	



Spring Lake Rehabili	tation Center			Provider Number:	0 264571-00		
1540 Sixth Street NW		_	Date: 1/3/20				
Winter Haven FL 338	381	_		Fiscal Year End:	12/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
	a	_	Rate	Rate	Date		
Nursing Home	Single Level	_	220.26		1/1/2013		
	Level H: AIDS		369.47	374.11	1/1/2013		
	Level U: Fragile Under 21	_	489.22	495.15	1/1/2013		
Rate Type:							
Interim		X	Prospectiv	ve			
	Total Interim		<u>X</u>	Total Prospective			
	Interim Component			Prospective Adjusted			
	Settlement based on costs			Total Prospective with	Interim Component		
	Prior Provider Prospective data						
Basis:		Changes:					
Budget			Licensur	e Rating Change			
X Unaudited	costs		•	d Customary Limitation	on		
Field audit		-	Target Rate limitation change				
Field audit	t - interim portion		FRVS C	hange			
Desk audit	ed costs		•				
	- Interim Portion	X		nester Change [2] as of 05/17/1991			
Distribution:	t - Prospective portion		Oll FK V				
	gement / Fiscal Agent			Thomas Parker			
Permanent File	ement/Tiscai Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance		
	nation Only		() march	, 1 2	2		
No Chang	-		2	L-DE			
Home Office:	SBK Capital, LLC						
1101110 011100.	Larry Shrewsbury						
	1935 Garraux Road, North	west					
	Atlanta GA 30327						



Life Care Center of Est	ero		Provider Number:	0 265381-00
3850 Williams Road			Date:	1/3/2013
Estero FL 33929			Fiscal Year End:	6/30/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 218.52	Rate	Effective Date 1/1/2013
runsing frome	Single Devel	210.32		1/1/2013
	Level H: AIDS	367.73	372.45	1/1/2013
	Level U: Fragile Under 21	487.48	493.49	1/1/2013
Basis: Budget X Unaudited confield audited Field audited Desk audited Desk audited	costs interim portion	Usual Targe FRVS	Total Prospective Prospective Adjusted Total Prospective with Sure Rating Change and Customary Limitation thange Change	h Interim Component
	nent / Fiscal Agent		Thomas Parker	
Permanent File For informa No Change	tion Only		Cost Reimbursement Plan	_
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Valencia Hills Health and Re	nabilitation Center			Provider Number:	0 265560-00)
1350 Sleepy Hill Road		•		Date:	1/3/2013	
Lakeland FL 33810				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sing	gle Level	_	Current Rate	New Rate 186.65	Effective Date 1/1/2013	
		_				
Leve	l H: AIDS	<u>-</u>	337.21	337.46	1/1/2013	
Leve	l U: Fragile Under 21		456.96	458.50	1/1/2013	
Budget X Unaudited costs Field audited costs Field audit - interin Desk audit - Interin Desk Audit - Prosp	Component ont based on costs ovider Prospective data m portion on Portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation at limitation change	n Interim Componen	t
Distribution: Contract Management / Permanent File For information C No Change in Ra	only	M		Thomas Parker t Reimbursement Plan	_	_
	Summit Care II, Inc Guy Farmer 2851 Remington Green Circ Tallahassee FL 32308	cle, Ste. D				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summer Brook Health	Care Center			Provider Number:	0 265721-00
5377 Moncrief Road				Date:	1/3/2013
Jacksonville FL 32209)			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	166.68	168.74	1/1/2013
	Level H: AIDS	_	315.89	319.55	1/1/2013
	Level U: Fragile Under 21	<u>-</u>	435.64	440.59	1/1/2013
Basis: Budget X Unaudited c Field audite Field audite Desk audite Desk audit	d costs - interim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with Total Prospective Adjusted of Total Prospective With Total Prospectiv	Interim Component
	ement / Fiscal Agent			Thomas Parker	
Permanent File	I ibout i spoilt	M	edicaid Cos	t Reimbursement Plan	ning and Finance
For inform No Change	·		Z	120	
Home Office:	Innovative Health Care Mana Angela Williams 2333 Hansen Lane, Suite 4 Tallahassee FL 32301	gement Servic	es, Inc.		



Hialeah Convalescent Center				Provider Number:	0 265730	-00
190 W. 28th Street	_			Date:	1/3/201	.3
Hialeah FL 33010				Fiscal Year End:	12/31/20	11
				Audit Status:	Unaudited	1 [3]
Provider Type: Nursing Home Single I	ovol		Current Rate 189.07	New Rate 190.32	Effective Date 1/1/2013	
runsing frome bingle i	2000	_	107.07		1/1/2013	ı
Level H:	AIDS		338.28	341.13	1/1/2013	
Level U:	Fragile Under 21	_	458.03	462.17	1/1/2013	
Interim Total Interim Interim Comp Settlement ba Prior Provide Basis: Budget X Unaudited costs Field audited costs Field audit - interim por Desk audit - Interim Por Desk Audit - Prospective Distribution: Contract Management / Fisca	r Prospective data tion tion e 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 07/01/1991 Thomas Parker	n Interim Compor	
Permanent File For information Only No Change in Rate	ii Agent	Me		t Reimbursement Plan	-	
	To Home Office		J-1357			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Life Care Center of Ocala			Provider Number:	0 266108-00)
2800 SW 41st Street			Date:	1/3/2013	
Ocala FL 34474			Fiscal Year End:	1/31/2012	
			Audit Status:	Unaudited [3	3]
Provider Type:	_	Current Rate	New Rate	Effective Date 1/1/2013	
Nursing Home Single Level	_	214.94	214.54	1/1/2013	
Level H: AIDS	_	364.15	365.35	1/1/2013	
Level U: Fragile Under 21	-	483.90	486.39	1/1/2013	
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 if Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Componer	ıt
<u>Distribution:</u>			Thomas Parker		
Contract Management / Fiscal Agent		edicaid Cos	t Reimbursement Plan	ning and Finance	_
Permanent FileFor information OnlyNo Change in Rate	141		L De		
Home Office: Life Care Centers Of A. Doug Ruth 3570 NW Keith Street Cleveland TN 37320	merica				



Oasis Health and Rehabilitation Center		Provider Number:	0 266124-00
1201 12th Avenue South		Date:	1/3/2013
Lake Worth FL 33460		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 226.44	New Rate 223.68	Effective Date 1/1/2013
Level H: AIDS	375.65	374.49	1/1/2013
Level U: Fragile Under 21	495.40	495.53	1/1/2013
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		Thomas Parker t Reimbursement Plan	-



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Southpoint Terrace				Provider Number:	0 266281-00
4325 Southpoint Bou	levard	- -		Date:	1/3/2013
Jacksonville FL 3221	6	_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		175.09	<u> 172.52</u>	1/1/2013
	Level H: AIDS		324.30	323.33	1/1/2013
	Level U: Fragile Under 21		444.05	444.37	1/1/2013
Rate Type :		X	Prospectiv	VP.	
	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:		
Dusis		- Chung			
Budget			Licensur	e Rating Change	
X Unaudited	costs		Usual an	d Customary Limitatio	on
Field audit	ted costs			ate limitation change	
	t - interim portion		FRVS C	hange	
Desk audit					
	- Interim Portion t - Prospective portion	<u> X</u>		nester Change [2] as of 02/20/2004	
Distribution:				Thomas Parker	
Contract Manag	gement / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		-	Wicalcala Cos	t Kennoursement i ian	ining and I manee
For inform	nation Only		-7	L-20	>
No Chang	ge in Rate		~		
Home Office:	SMJ Enterprises, LLC				
1101110 011100.	Donna Marsh				
	1704 Huntington Village C	Circle			
	Daytona Beach FL 32114				



Whispering Oaks			Provider Number:	0 266612-00	
1514 East Chelsea Str	reet		Date:	1/3/2013	
Tampa FL 33610			Fiscal Year End:	12/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type:			rudit Status.	Chadated [3]	
Trovider Types		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home	Single Level	156.51	149.78	1/1/2013	
	Level H: AIDS	305.72	300.59	1/1/2013	
	Level U: Fragile Under 21	425.47	421.63	1/1/2013	
		Usual	tive Total Prospective Prospective Adjusted Total Prospective with Total Prospective with ure Rating Change and Customary Limitation Rate limitation change	n Interim Component	
Field audit Desk audit Desk audit	- interim portion	FRVS X Rate So	Change emester Change V [2] as of 02/01/1989		
Distribution:			Thomas Parker		
Contract Manag	ement / Fiscal Agent	Modionid C	ost Reimbursement Plan	ning and Finance	
Permanent File For inform No Chang	nation Only ge in Rate			_	
Home Office:	1 - No Home Office				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

The Springs At Boca C	liega Bay			Provider Number:	0 267724-00
1255 Pasadena Avenue	S.			Date:	1/3/2013
St. Petersburg FL 3370	7			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 219.05	New Rate 220.46	Effective Date 1/1/2013
rursing frome	Single Level	_	219.03		1/1/2013
	Level H: AIDS	_	368.26	371.27	1/1/2013
	Level U: Fragile Under 21	_	488.01	492.31	1/1/2013
Basis: Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	d costs interim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component
Distribution: Contract Manager	ment / Fiscal Agent			Thomas Parker	
Permanent File For informa No Change	ation Only	Me		st Reimbursement Plan	
Home Office:	Summit Care II, Inc Guy Farmer 2851 Remington Green Circ Tallahassee FL 32308	le, Ste. D			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

The Nursing Center At Me	ercy			Provider Number:	0 267902-00
3671 South Miami Avenue	2			Date:	1/3/2013
Miami FL 33133				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:		•	Current	New	Effective
Nursing Home Si	ingle Level	<u> </u>	Rate 187.92	Rate 186.93	Date 1/1/2013
Le	evel H: AIDS		337.13	337.74	1/1/2013
Le	evel U: Fragile Under 21	_	456.88	458.78	1/1/2013
Interi Settle		Changes:	Licensur Usual an Target R	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Field audit - into Desk audited co Desk audit - Into Desk Audit - Pro	sts	X		hange nester Change [2] as of 12/04/1994	
Distribution:				Thomas Parker	
Contract Managemen	t / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in	•		Z	L DE	<u>-</u>
Home Office:	SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Cir Daytona Beach FL 32114	rcle			



Lanier Manor		Provider Number:	0 268003-00
12740 Lanier Road		Date:	1/3/2013
Jacksonville FL 32226		Fiscal Year End:	7/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 197.28	New Rate 200.05	Effective Date 1/1/2013
Level H: AIDS	346.49	350.86	1/1/2013
Level U: Fragile Under 21	466.24	471.90	1/1/2013
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: Licensure Usual and Target R: FRVS CI	Total Prospective Prospective Adjusted at Total Prospective with Rating Change at Customary Limitation change at the limitation change are the change as of 08/01/2001	n Interim Component
Contract Management / Fiscal Agent		Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plan	



Susanna Wesley Heal	th Center			Provider Number:	0 268062-00
5300 West 16th Ave				Date:	1/3/2013
Hialeah FL 33012		-		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Name a Home	Cinala I aval	_	Rate	Rate	Date 1/1/2012
Nursing Home	Single Level	_	232.32	235.70	1/1/2013
	Level H: AIDS		381.53	386.51	1/1/2013
	Level U: Fragile Under 21		501.28	507.55	1/1/2013
Rate Type :					
Interim		X	Prospective		
	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
Basis:		Changes			
Dasis:		Changes	·•		
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			_ _{D-4} . G		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 06/30/2001	
Distribution:				Thomas Parker	
Contract Manag	ement / Fiscal Agent		Indignid Con	t Reimbursement Plan	ning and Finance
Permanent File		141	icuicaiu Cos	t Kennoursement i ian	ining and i mance
For inform	nation Only		7	120	>
No Chang	ge in Rate				
Home Office:	1 - No Home Office				



Life Care Center of Palm Bay		Provider Number:	0 268186-00	
175 Villanueva Road		Date:	1/3/2013	
Palm Bay FL 32907		Fiscal Year End:	12/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	204.75	204.42	1/1/2013	
Level H: AIDS	353.96	355.23	1/1/2013	
Level U: Fragile Under 21	473.71	476.27	1/1/2013	
Total Interim Interim Component Settlement 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 hange hester Change [2] as of 05/28/2004	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		Thomas Parker Reimbursement Plan		



HarborChase of Naple	es			Provider Number:	0 268585-00	
7801 AIRPORT PUL	LING ROAD	•	Date:		1/3/2013	
Naples FL 34109				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:				Tudit Status.	Character [c]	
			Current	New	Effective	
		_	Rate	Rate	Date	
Nursing Home	Single Level	_	220.71	223.51	1/1/2013	
	Level H: AIDS	_	369.92	374.32	1/1/2013	
	Level U: Fragile Under 21	_	489.67	495.36	1/1/2013	
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	1 Interim Component	
1	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	: - interim portion		FRVS C	hange		
Desk audite			_			
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 06/16/1998		
<u>Distribution:</u>	-			Thomas Parker		
Contract Manag	ement / Fiscal Agent		edicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File		IVI	calcala Cos	t Kennoursement i ian	ining and i manee	
For inform	nation Only		7	120	2	
No Chang	ge in Rate		~_			
Home Office:	1 - No Home Office					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Abbiejean Russell Care Center			Provider Number:	0 268755-00	
700 South 29th Street			Date:	1/3/2013	
Ft. Pierce FL 34947			Fiscal Year End:	12/31/2011	
			Audit Status:	Unaudited [3]]
Provider Type: Nursing Home Single Level		Current Rate 232.17	New Rate 224.97	Effective Date 1/1/2013	
Level H: AIDS		381.38	375.78	1/1/2013	
Level U: Fragile Unde	er 21	501.13	496.82	1/1/2013	
Interim 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 - Prospective portion		Licensur Usual and Target R FRVS C	Total Prospective Prospective Adjusted a Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component	t
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate]		Thomas Parker t Reimbursement Plan	_	_
Home Office: Synergy Health Denny Roberts 1835 Miami Gar North Miami Be:	dens Dr. Suite 167				



Good Samaritan Cent	ood Samaritan Center			Provider Number:	0 268763-00
10676 Marvin Jones Boulevard		- -	Date:		1/3/2013
Live Oak FL 32060		_		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	e madente (e)
			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	193.23	<u>195.31</u>	1/1/2013
	Level H: AIDS		342.44	346.12	1/1/2013
	Level U: Fragile Under 21		462.19	467.16	1/1/2013
Rate Type :					
Interim		X	Prospectiv	/e	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	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	- interim portion		FRVS C	hange	
Desk audite			_		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 10/01/1985	
Distribution:	t - Frospective portion		OllTRV		
·-	ement / Fiscal Agent			Thomas Parker	
Permanent File	θ.	N.	ledicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only		~~~	11-00)
No Chang	ge in Rate		4	L-DC	
Home Office:	1 - No Home Office				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

The Springs at Lake Point	e Woods			Provider Number:	0 268780-00
3280 Lake Pointe Drive				Date:	1/3/2013
Sarasota FL 34238		-		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
		-	Rate	Rate	Date
Nursing Home S	ingle Level	_	226.97		1/1/2013
L	evel H: AIDS		376.18	379.67	1/1/2013
L	evel U: Fragile Under 21		495.93	500.71	1/1/2013
Rate Type :		X	Prospectiv	e	
Total	Interim		_	Total Prospective	
Interi	m Component			Prospective Adjusted	for New Costs
Settle	ement 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 audited co	osts			ate limitation change	
Field audit - int	erim portion		FRVS CI	hange	
Desk audited co				G!	
Desk audit - Into Desk Audit - Pr	ospective portion	X		nester Change [2] as of 11/01/1989	
Distribution:	1 1			Thomas Parker	
Contract Managemen	nt / Fiscal Agent		ledicaid Cost	t Reimbursement Plan	ning and Finance
Permanent File		14	realeara Cos	i Kemioursement i iun	ming und I manee
For informatio	n Only		7	120	>
No Change in	Rate		~_		
Home Office:	Summit Care II, Inc				
	Guy Farmer 2851 Remington Green Circ Tallahassee FL 32308	cle, Ste. D			



Majestic Oaks Nursing Home		Provider Number:	0 269000-00
901 Veterans Memorial Parkway		Date:	1/3/2013
Orange City Fl 32763		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 199.26	New Rate 200.40	Effective Date 1/1/2013
Level H: AIDS	348.47	351.21	1/1/2013
Level U: Fragile Under 21	468.22	472.25	1/1/2013
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 X Rate Ser	Total Prospective Prospective Adjusted at 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		Thomas Parker st Reimbursement Plans	_



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Harmony Health Cent	er		Provider Number:	0 269107-00
9820 N. Kendall Driv			Date:	1/3/2013
Miami Fl 33176			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	189.72	189.39	1/1/2013
	Level H: AIDS	338.93	340.20	1/1/2013
	Level U: Fragile Under 21	458.68	461.24	1/1/2013
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Usual a Target I FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with The Rating Change and Customary Limitation Rate limitation change Change The Prospective with The Rating Change The Rating Ch	n Interim Component
·	ement / Fiscal Agent		Thomas Parker	
Permanent File	nation Only		ost Reimbursement Plan	_
Home Office:	SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Cir Daytona Beach FL 32114	cle		



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Douglas Jacobson Sta	te Veterans Nursing Home			Provider Number:	0 269492-00
21281 Grayton Terrance		_	Date:		1/3/2013
Port Charlotte FL 339	54	_		Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:					
-			Current	New	Effective
N		_	Rate	Rate	Date
Nursing Home	Single Level	-	222.87		1/1/2013
	Level H: AIDS		372.08	375.80	1/1/2013
	Level U: Fragile Under 21		491.83	496.84	1/1/2013
D. A. W.					
Rate Type :					
Interim		X	Prospectiv		
	Total Interim		<u>X</u>	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
1	Prior Provider Prospective data				
Basis:		Change	s:		
Dodoot			Licensur	e Rating Change	
Budget X Unaudited	costs			d Customary Limitation	nn
Field audite				ate limitation change)II
	- interim portion		FRVS C	=	
Desk audite	-	-		C	
Desk audit	- Interim Portion	X		nester Change	
Desk Audit	: - Prospective portion		On FRV	[2] as of 06/07/2004	
Distribution:				Thomas Parker	
Contract Manage	ement / Fiscal Agent	N	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					8
For inforn	nation Only		7	L-DE	>
No Chang	ge in Rate				
Home Office:	Florida Dept. of Veterans A	Affairs			
	Walter Gilchrist				
	11351 Ulmerton Road, Roo	om 332-I			
	Largo Fl 33778-1630				



Regents Park of Sunri	ise			Provider Number:	0 269697-00
9711 West Oakland Park Boulevard		<u>.</u>	Date:		1/3/2013
Sunrise FL 33351		-		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NI II	C' I. T I	_	Rate	Rate	Date
Nursing Home	Single Level	_	204.51	<u> 199.24</u> _	1/1/2013
	Level H: AIDS		353.72	350.05	1/1/2013
	Level U: Fragile Under 21	-	473.47	471.09	1/1/2013
Rate Type :					
Interim		X	Prospectiv	/e	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
]	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	
Field audit	: - interim portion		FRVS C	hange	
Desk audito					
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 11/06/1989	
Distribution:				Thomas Parker	
Contract Manag	ement / Fiscal Agent		adianid Cos	t Reimbursement Plan	ning and Finance
Permanent File		IVI	cuicaiu Cos	a Reimoursement i ian	ining and i manec
For inform	nation Only		7	120	2
No Chang	ge in Rate		~_		
Home Office:	1 - No Home Office				



Regents Park of Winter Park			Provider Number:	0 269719-00	
558 Semoran Boulevard			Date:	1/3/2013	
Winter Park FL 32792			Fiscal Year End:	12/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home Single Level		198.88	<u> 196.97</u>	1/1/2013	
Level H: AIDS		348.09	347.78	1/1/2013	
Level U: Fragile Un	der 21	467.84	468.82	1/1/2013	
Interim Total Interim Interim Component Settlement based on comprior 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:	ive data Char	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted: Fotal Prospective with Rating Change I Customary Limitation the limitation change	n Interim Component	
Contract Management / Fiscal Agent Permanent File	_		Reimbursement Plan	_	-
For information Only No Change in Rate		Z	120		
Home Office: 1 - No Home Office	Office				



Regents Park of Jackson				Provider Number:	0 269727-00	
8700 A.C. Skinner Park	tway			Date:	1/3/2013	
Jacksonville FL 32256				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 193.85	New Rate 190.93	Effective Date 1/1/2013	
	Level H: AIDS	_	343.06	341.74	1/1/2013	
	Level U: Fragile Under 21	_	462.81	462.78	1/1/2013	
Basis: Budget X Unaudited confield audited Field audited Desk audited	l costs interim portion costs	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with re Rating Change d Customary Limitation ate limitation change hange	Interim Component	
Desk Audit -	Interim Portion Prospective portion	X		nester Change [2] as of 03/31/1994		
<u>Distribution:</u>	. / E' 1 A			Thomas Parker		
Permanent FileFor informaNo Change Home Office:	•	Me		t Reimbursement Plan		



Jacaranda Manor			Provider Number:	0 281743-00
4250 66th Street North			Date:	1/3/2013
St. Petersburg FL 33709			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	172.91		1/1/2013
I	Level H: AIDS	322.12	316.83	1/1/2013
I	Level U: Fragile Under 21	441.87	437.87	1/1/2013
Basis: Budget X Unaudited cost Field audit - ir Desk audited cost Desk audit - In	costs nterim portion costs	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective wit ure Rating Change and Customary Limitatic Rate limitation change Change emester Change V [2] as of 10/01/1985	h Interim Component
Contract Manageme	ent / Fiscal Agent		Thomas Parker	
Permanent File For informati No Change in	on Only		ost Reimbursement Plar	_
Home Office:	Grace Healthcare, Inc Randy Martin 7201 Shallowford Rd, STE 200 Chattanooga TN 37421			



Community Care Center		Provider Number:	0 281913-00	
2202 West Oak Avenue		Date:	1/3/2013	
Plant City FL 33563		Fiscal Year End:	6/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 187.73	New Rate 190.17	Effective Date 1/1/2013	
Level H: AIDS	336.94	340.98	1/1/2013	
Level U: Fragile Under 21	456.69	462.02	1/1/2013	
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 10/01/1985	n Interim Component	
		Thomas Parker		
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		t Reimbursement Plan	_	



West Gables Health Care	Center			Provider Number:	0 282359-00
2525 SW 75th Avenue				Date:	1/3/2013
Miami FL 33155				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	Single Level		Current Rate 230.39	New Rate 229.71	Effective Date 1/1/2013
L	evel H: AIDS		379.60	380.52	1/1/2013
	evel U: Fragile Under 21		499.35	501.56	1/1/2013
Inter Settle	I Interim im Component ement based on costs Provider Prospective data	X Changes:		Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation	n Interim Component
Field audited co Field audit - int Desk audited co Desk audit - Int	terim portion osts erim Portion	X	Target R FRVS C Rate Sen	ate limitation change hange	лі Э
Desk Audit - Pr Distribution:	rospective portion		On FRV	[2] as of 10/06/1988 Thomas Parker	
Contract Managemen	nt / Fiscal Agent	Med	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For informatio No Change in	•	M		LDE	_
Home Office:	Preferred Care, Inc. 5420 West Plano Parkway Plano TX 75093				



Ridgecrest NH, LLC				Provider Number:	0 282464-00
1200 North Stone Street				Date:	1/3/2013
Deland FL 32720				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 202.85	New Rate 205.16	Effective Date 1/1/2013
C					
I	Level H: AIDS		352.06	355.97	1/1/2013
I	Level U: Fragile Under 21		471.81	477.01	1/1/2013
Basis: Budget X Unaudited cost Field audit - ir Desk audit - In Desk Audit - P	costs nterim portion costs	Change	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:				Thomas Parker	
Contract Manageme Permanent File	ent / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in	•		Z	LDE	
Home Office:	Greystone Healthcare Man- 4042 Park Oaks Blvd, Suite Tampa FL 33610				



Coral Reef Nursing a	nd Rehabilitation Center			Provider Number:	0 282529-00
9869 S.W. 152nd Street			Date:		1/3/2013
Miami FL 33157		•		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	235.29		1/1/2013
	Level H: AIDS		384.50	388.87	1/1/2013
	Level U: Fragile Under 21	_	504.25	509.91	1/1/2013
Rate Type :					
Interim		X	Prospectiv	/e	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
;	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data				
Basis:		Changes	:		
D 1			Liconsur	e Rating Change	
Budget X Unaudited	costs	-	_	d Customary Limitatio	nn
Field audit			_	ate limitation change)II
Field audit	t - interim portion		FRVS C	_	
Desk audit	_		_		
	- Interim Portion	X	_	nester Change	
Desk Audi Distribution:	t - Prospective portion		On FRV	[2] as of 03/01/1996	
				Thomas Parker	
Permanent File	gement / Fiscal Agent	Me	edicaid Cos	st Reimbursement Plan	ning and Finance
	nation Only			. 1	
	ge in Rate		2	L-DC	
Home Office:	1 - No Home Office				
Tiome Office.					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Palm Terrace of St. Peters	burg			Provider Number:	0 282537-00
521 69th Avernue North				Date:	1/3/2013
St. Petersburg Fl 33702				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	Single Level		urrent Rate	New Rate 239.53	Effective Date 1/1/2013
C					
L	evel H: AIDS	3	86.04	390.34	1/1/2013
L	evel U: Fragile Under 21	5	05.79	511.38	1/1/2013
Basis: Budget X Unaudited costs Field audit - int Desk audited co Desk audit - Int	erim portion	Changes:	Usual an Target R FRVS C Rate Sen	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation change	n Interim Component
Distribution: Contract Management	nt / Fiscal Agent			Thomas Parker	
Permanent File	, 1 local i igoni	Medi	caid Cos	t Reimbursement Plan	ning and Finance
For information No Change in	•		Z	L DE	-
Home Office:	Cypress Administrative Ser Eric Martin 4 West Red Oak Lane, Suite White Plains NY 10604				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

The Terrace at Daytona E	Beach			Provider Number:	0 282553-00
1704 Huntington Village Circle				Date:	1/3/2013
Daytona Beach FL 32114				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		165.09	166.88	1/1/2013
I	Level H: AIDS		314.30	317.69	1/1/2013
I	Level U: Fragile Under 21		434.05	438.73	1/1/2013
Basis: Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 06/29/1998	n Interim Component
Contract Manageme	ent / Fiscal Agent			Thomas Parker	_
Permanent File For information No Change in	on Only	1		t Reimbursement Plan	
Home Office:	SMJ Enterprises, LLC Donna Marsh 1704 Huntington Village Ci Daytona Beach FL 32114	rcle			



Palm Terrace of Clewiston		Provider Number:	0 282618-00
301 South Gloria Street		Date:	1/3/2013
Clewiston FL 33440		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate	New Rate	Effective Date 1/1/2013
Nursing Home Single Level	221.18		1/1/2015
Level H: AIDS	370.39	374.75	1/1/2013
Level U: Fragile Under 21	490.14	495.79	1/1/2013
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 of Total Prospective with Te Rating Change and Customary Limitation Cate limitation change Change The Ch	Interim Component
Contract Management / Fiscal Agent		Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate Home Office: Cypress Administrative S Eric Martin 4 West Red Oak Lane, Sui White Plains NY 10604	vices, LLC	st Reimbursement Plan	_



Palm Terrace of Lakelan				Provider Number:	0 282626-00
1919 Lakeland Hills Blv	d			Date:	1/3/2013
Lakeland FL 33805				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		213.76	216.62	1/1/2013
1	Level H: AIDS		362.97	367.43	1/1/2013
1	Level U: Fragile Under 21		482.72	488.47	1/1/2013
Basis: Budget X Unaudited cos Field audit - in Desk audited co	costs nterim portion costs	Change X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted if Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component
Contract Manageme	ent / Fiscal Agent				
Permanent File For informati No Change in Home Office:	ion Only			t Reimbursement Plan	_
Home Office.	Eric Martin 4 West Red Oak Lane, Suite White Plains NY 10604				



Life Care Center of Jackson	nville			Provider Number:	0 283193-00	
4813 Lenoir Avenue				Date:	1/3/2013	
Jacksonville FL 32216				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ingle Level		urrent Rate	New Rate 217.84	Effective Date 1/1/2013	
	ingle Devel		10.55	217.04	1/1/2013	
Le	vel H: AIDS	3	65.54	368.65	1/1/2013	
Le	vel U: Fragile Under 21	4	85.29	489.69	1/1/2013	
Interior Settles	erim 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	
Desk Audit - Pro	ospective portion			[2] as of 01/04/2005		
Distribution: Contract Managemen Permanent File For information No Change in I	n Only	Med:		Thomas Parker t Reimbursement Plan	-	
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Life Care Center of Oran	ge Park		Provider Number	: 0 284289-00
2145 Kingsley Avenue			Date	: 1/3/2013
Orange Park FL 32073			Fiscal Year End:	7/31/2011
			Audit Status	: Unaudited [3]
Provider Type:		Curren Rate		Effective Date
Nursing Home	Single Level	181.2	7 183.32	1/1/2013
I	Level H: AIDS	330.4	8 334.13	1/1/2013
I	Level U: Fragile Under 21	450.2	3 455.17	1/1/2013
Basis: Budget X Unaudited cost Field audit - ir Desk audit - In Desk Audit - P	costs aterim portion costs	Usua Targ FRV X Rate	Total Prospective Prospective Adjuste	tion
Distribution: Contract Manageme Permanent File For information No Change in	on Only	Medicaid	Thomas Parker Cost Reimbursement Pl	anning and Finance
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



The Terrace at Fleming Island			Provider Number:	0 284785-00	
1125 Fleming Plantation Road			Date:	1/3/2013	
Orange Park FL 32003			Fiscal Year End:	7/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level		Current Rate 169.39	New Rate 171.21	Effective Date 1/1/2013	
Level H: AIDS		318.60	322.02	1/1/2013	
Level U: Fragile U	der 21	438.35	443.06	1/1/2013	
Interim Total Interim Interim Component Settlement based on co Prior Provider Prospect Basis: Budget X Unaudited costs Field audit - interim portion Desk audited costs Desk Audit - Prospective portion		Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted: Fotal Prospective with Rating Change I Customary Limitation the limitation change	Interim Component	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: SMJ Enterpri: Donna Marsh 1704 Huntingt			Thomas Parker Reimbursement Plan	_	



Brighton Gardens of Tampa	_	P	rovider Number:	0 284793-00	
14624 North Dale Mabry Highway	_		Date:	1/3/2013	
Tampa FL 33618	-	F	iscal Year End:	12/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Curi <u>Ra</u> 21 3	te	New Rate 217.21	Effective Date 1/1/2013	
Level H: AIDS	363	.05	368.02	1/1/2013	
Level U: Fragile Under 21	482	2.80	489.06	1/1/2013	
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:	Production	ating Change astomary Limitati imitation change ge	h Interim Component	
Contract Management / Fiscal Agent Permanent File	Medica	id Cost Re	imbursement Plan	nning and Finance	
For information Only No Change in Rate		2	2-26	2	
Home Office: 1 - No Home Office					



Aventura Plaza Rehal	oilitation and Nursing Center			Provider Number:	0 284823-00	
1800 NE 168TH Stre		_		Date:	1/3/2013	
N. Miami Beach FL 3	33162	_		Fiscal Year End:	8/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						_
			Current	New	Effective	
Nursing Home	Cinala I aval	_	Rate	Rate	Date	
Nursing Home	Single Level	_	260.72	263.59	1/1/2013	
	Level H: AIDS		409.93	414.40	1/1/2013	
	Level U: Fragile Under 21	-	529.68	535.44	1/1/2013	
						_
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 i tovidei i tospective data					_
Basis:		Changes	<u>:</u>]			
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 10/01/1985		
Distribution:	1100peed to position			Thomas Parker		_
Contract Manag	ement / Fiscal Agent		adiacid Coo	t Reimbursement Plan	ning and Einanga	
Permanent File		IVI	edicald Cos	t Reimbursement Plan	ming and rinance	
For inform	nation Only		7	L DE	>	
No Chang	ge in Rate		2			
Home Office:	Hebrew Home Managem	nent Services				
	Steve Beaujon					
	1800 NE 168th Street, Su	ite 200				
	Miami Beach FL 33162					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Cypress Village				Provider Number:	0 307998-00
4600 Middleton Park,	Circle East			Date:	1/3/2013
Jacksonville FL 3222	4			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				riddit Status.	
			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		211.12	213.85	1/1/2013
	Level H: AIDS		360.33	364.66	1/1/2013
	Level U: Fragile Under 21		480.08	485.70	1/1/2013
Rate Type :					
Interim		X	Prospectiv	ve .	
	Total Interim		X	Total Prospective	
]	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	Interim Component
]	Prior Provider Prospective data				
Basis:		Change	es:		
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	X		nester Change [2] as of 10/14/1991	
	t - Prospective portion		Oll FK V	[2] as 01 10/14/1991	
Distribution:	(- 77)			Thomas Parker	
_	ement / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	antina Oule			-7	
	nation Only		2	L-DE	>
No Chang	ge in Kate				- विकास
Home Office:	Brookdale Senior Living, In	nc.			
	Russ Bellora 111 Westwood Place, Suite	200			
	Brentwood TN 37027				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Baya Pointe Nursing and Re	ehabilitation Center			Provider Number:	0 308111-00
587 S.E. ERMINE AVE				Date:	1/3/2013
Lake City FL 32025				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Sin	ngle Level		205.06	207.43	1/1/2013
Lev	vel H: AIDS	_3	354.27	358.24	1/1/2013
Lev	vel U: Fragile Under 21		174.02	479.28	1/1/2013
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
Distribution: Contract Management	/ Fiscal Agent			Thomas Parker	
Permanent File	1 I Iscai Agent	Med	icaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in R	•		Z	L DE	-
Home Office:	Health Care Managers, Inc Ivonne Burrell 2380 Sadler Road Suite 201 Fernandina Beach FL 32034				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Hebrew Home of South	Beach			Provider Number:	0 308242-00
320 Collins Ave.				Date:	1/3/2013
Miami Beach FL 33139				Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 233.74	New Rate 237.28	Effective Date 1/1/2013
<u> </u>					
	Level H: AIDS		382.95	388.09	1/1/2013
	Level U: Fragile Under 21		502.70	509.13	1/1/2013
Basis: Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 10/01/1985	n Interim Component
Contract Managem	nent / Fiscal Agent			Thomas Parker	
Permanent File For informat No Change	tion Only	1		t Reimbursement Plan	
Home Office:	Hebrew Home Management Steve Beaujon 1800 NE 168th Street, Suite Miami Beach FL 33162				



Ponce Plaza Nursing &	Rehab Center			Provider Number:	0 308251-00
355 SW 12th Avenue		<u>-</u>		Date:	1/3/2013
Miami FL 33135		_		Fiscal Year End:	1/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
. .			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		231.64		1/1/2013
	Level H: AIDS		380.85	384.01	1/1/2013
	Level U: Fragile Under 21		500.60	505.05	1/1/2013
Rate Type :					
Interim		X	Prospectiv	ve	
	otal Interim		X	Total Prospective	
Ir	nterim Component			Prospective Adjusted	for New Costs
	ettlement based on costs			Total Prospective with	Interim Component
Pr	rior Provider Prospective data				
Basis:		Change	es:		
D 1			Liconsur	e Rating Change	
Budget X Unaudited c	oete			d Customary Limitation	nn.
Field audite				ate limitation change)II
	- interim portion		FRVS C	=	
Desk audited	•	-			
	Interim Portion	X		nester Change	
	- Prospective portion		On FRV	[2] as of 04/21/2000	
<u>Distribution:</u>				Thomas Parker	
_	ment / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File				5 20 24 0 2 10 350	
For inform	•		2	L-DE	>
No Change	e in Rate		- 30		
Home Office:	Hebrew Home Manageme	nt Services			
	Steve Beaujon	200			
	1800 NE 168th Street, Suit Miami Beach FL 33162	e 200			
	Ivilailii Deacii I [*] L 33102				



Sunset Lake Health & Rehab Cen	ter			Provider Number:	0 308501-00
832 Sunset Lake Blvd				Date:	1/3/2013
Venice FL 34292				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home Single	Level	_	234.32	237.32	1/1/2013
Level H:	AIDS	_	383.53	388.13	1/1/2013
Level U:	Fragile Under 21	_	503.28	509.17	1/1/2013
Rate Type :					
		•	D		
Interim Total Interir	_	<u>X</u>	Prospectiv X		
Interim Con				Total Prospective Prospective Adjusted:	for New Costs
	ased on costs			Total Prospective with	
	er Prospective data			Total Trospective with	i intermi Component
	er i rospective data				
Basis:		Changes			
Budget			Licensure	e Rating Change	
X Unaudited costs		-	_	d Customary Limitatio	on
Field audited costs		-		ate limitation change	
Field audit - interim po	ortion		FRVS Cl	hange	
Desk audited costs			_		
Desk audit - Interim Po		X		nester Change	
Desk Audit - Prospecti	ve portion		On FRV	[2] as of 03/17/1992	
Distribution:				Thomas Parker	
Contract Management / Fisc	al Agent	Me	edicaid Cost	t Reimbursement Plan	ning and Finance
Permanent File				5 2012	
For information Only			7	L-20	>
No Change in Rate					
Home Office: Gre	ystone Healthcare Manage	ement, LLC			
	2 Park Oaks Blvd, Suite 30 pa FL 33610	00			



The Allegro at College Harbor		Provider Number:	0 309800-00	
4600 54th Avenue South		Date:	1/3/2013	
St. Petersburg Fl 33711		Fiscal Year End:	12/31/2010	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 230.76	New Rate 233.52	Effective Date 1/1/2013	
ruising frome Single Level	230.70		1/1/2013	
Level H: AIDS	379.97	384.33	1/1/2013	
Level U: Fragile Under 21	499.72	505.37	1/1/2013	
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	n Interim Component	_
For information Only No Change in Rate	Z	120	<u> </u>	
Home Office: 1 - No Home Office				



Watercrest Care Center		Provider Number:	0 310409-00	
16650 West Dixie Hwy		Date:	1/3/2013	
North Miami Beach FL 33160		Fiscal Year End:	12/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	226.68	230.87	1/1/2013	
Level H: AIDS	375.89	381.68	1/1/2013	
Level U: Fragile Under 21	495.64	502.72	1/1/2013	
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	Wedicaid Co	Total Prospective Prospective Adjusted: Total Prospective with Total Prospective with are Rating Change and Customary Limitation Rate limitation change	n Interim Component	
No Change in Rate Home Office: 1 - No Home Office	2-0			



ATLANTIC HEALTHCARE CE	NTER			Provider Number:	0 310581-0	00
3663 15th Avenue		ı		Date:	1/3/2013	}
Vero Beach FL 32960				Fiscal Year End:	8/31/201	1
				Audit Status:	Unaudited	[3]
Provider Type:	Loval		Current Rate	New Rate	Effective Date	
Nursing Home Single	Levei	_	194.64	<u> 196.93</u> _	1/1/2013	
Level H:	AIDS		343.85	347.74	1/1/2013	
Level U:	Fragile Under 21	_	463.60	468.78	1/1/2013	
Basis: Budget X Unaudited costs Field audited costs Field audit - interim po Desk audited costs Desk Audit - Prospecti	ponent ased on costs er Prospective data rtion	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 Compone	ent
Distribution: Contract Management / Fisc Permanent File For information Only No Change in Rate	al Agent	Me		Thomas Parker t Reimbursement Plan		
Tim 7150	ic Health Care othy J Trybus I Columbia Gateway Dr umbia MD 21046	rive Suite J				



St. Mark Village, Inc.				Provider Number:	0 310841-00	
2655 Nebraska Avenue		_		Date:	1/3/2013	
Palm Harbor FL 34684		-		Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
• •			Current	New	Effective	
N . W		-	Rate	Rate	Date	
Nursing Home S	ingle Level	-	213.35	215.18	1/1/2013	
L	evel H: AIDS		362.56	365.99	1/1/2013	
L	evel U: Fragile Under 21		482.31	487.03	1/1/2013	
Rate Type :						
Interim		X	Prospectiv			
	Interim			Total Prospective	0 N G	
	m Component	Prospective Adjusted for New Costs Total Prospective with Interim Component				
	ement based on costs Provider Prospective data			Total Prospective with	i Interim Component	
	Flovider Flospective data					
Basis:		Change	S:			
Budget			Licensur	e Rating Change		
X Unaudited costs		-		d Customary Limitatio	on	
Field audited co				ate limitation change		
Field audit - int	erim portion		FRVS C	hange		
Desk audited co						
Desk audit - Int		X		nester Change [2] as of 08/15/2005		
Distribution:	ospective portion		Oli FK V	[2] as 01 08/13/2003		
Contract Managemen	nt / Fiscal Agant			Thomas Parker		
Permanent File	it / Fiscai Agent	N	ledicaid Cos	t Reimbursement Plan	ning and Finance	
For informatio	n Only			, 1	,	
No Change in	•		2	120		
Home Office:	1 - No Home Office					
220						



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Eagle Lake Rehab & Car	re Center			Provider Number:	0 311065-00
1100 66th Street North				Date:	1/3/2013
St. Petersburg FL 33710	_			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 206.06	New Rate 208.93	Effective Date 1/1/2013
8	6				
	Level H: AIDS	<u> </u>	355.27	359.74	1/1/2013
	Level U: Fragile Under 21		475.02	480.78	1/1/2013
Basis: Budget X Unaudited cos Field audit - is Desk audited of Desk audit - Is	costs nterim portion	Changes:	Licensur Usual and Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with Tetal Prospective with Rating Change d Customary Limitation ate limitation change hange hester Change [2] as of 07/01/1987	n Interim Component
Contract Managem	cont / Fiscal Agant			Thomas Parker	
Permanent File	ioni / Piscai Agoni	Med	licaid Cos	t Reimbursement Plans	ning and Finance
For informati No Change i	•		Z	L DE	> —
Home Office:	Traditions Management of Flo 24541 US Highway 19 North Clearwater FL 33763	orida, LLC			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

South Pointe Plaza				Provider Number:	0 311308-00
42 Collins Avenue				Date:	1/3/2013
Miami Beach FL 33139				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	ingle Level		204.33	207.34	1/1/2013
Le	evel H: AIDS		353.54	358.15	1/1/2013
Le	evel U: Fragile Under 21		473.29	479.19	1/1/2013
Basis: Budget X Unaudited costs Field audit - int Desk audit - Inte Desk Audit - Pre	erim portion sts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Managemen	nt / Fiscal Agant			Thomas Parker	
Permanent File	n / 1 iscai Agein	N	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in	•		Z	I DE	-
Home Office:	Hebrew Home Managemer Steve Beaujon 1800 NE 168th Street, Suite Miami Beach FL 33162				



Life Care Center of Punta	a Gorda			Provider Number:	0 311685-00
450 Shreve Street				Date:	1/3/2013
Punta Gorda FL 33950				Fiscal Year End:	2/29/2012
				Audit Status:	Unaudited [3]
Provider Type:	Sky alo I and	Curr Ra	te	New Rate	Effective Date
Nursing Home	Single Level		.22	230.44	1/1/2013
I	Level H: AIDS	379	0.43	381.25	1/1/2013
I	Level U: Fragile Under 21	499	0.18	502.29	1/1/2013
Basis: Budget X Unaudited cost Field audit - ir Desk audit - In Desk Audit - P	costs aterim portion costs	Changes:	censure sual and arget Rat RVS Cha	otal Prospective rospective Adjusted otal Prospective wit Rating Change Customary Limitati e limitation change	h Interim Component
Distribution: Contract Management File For information No Change in	on Only	Medica		Thomas Parker Reimbursement Plan	-
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

SandalWood Nursing Center				Provider Number:	0 312045-00	
1001 South Beach Street		-		Date:	1/3/2013	
Daytona Beach FL 32114		-		Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]]
Provider Type:	1. T 1	_	Current Rate	New Rate	Effective Date	
Nursing Home Sing	de Level	_	206.48	204.03	1/1/2013	
Level	H: AIDS	_	355.69	354.84	1/1/2013	
Level	U: Fragile Under 21	_	475.44	475.88	1/1/2013	
Settleme	Component Int based on costs Vider Prospective data In portion In Portion	Changes X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 08/01/1999	Interim Component	t
Contract Management / 1	Fiscal Agent			Thomas Parker		
Permanent FileFor information ONo Change in Rat	nly e	M		t Reimbursement Plan	_	
Tionic Office.	Putnam Council, Inc. 6 Norcross Street Roswell GA 30075					



LakeWood Nursing Center				Provider Number:	0 312142-00
100 North Lake Street				Date:	1/3/2013
Crescent City FL 32112				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single	Level	_	Current Rate 192.11	New Rate 192.68	Effective Date 1/1/2013
ruising frome single	Level	_	172.11		1/1/2013
Level H	: AIDS	<u></u>	341.32	343.49	1/1/2013
Level U	: Fragile Under 21	_	461.07	464.53	1/1/2013
		Changes:	Usual an	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation thange	h Interim Component
Field audit - interim p Desk audited costs Desk audit - Interim F Desk Audit - Prospect	ortion	X		hange nester Change [2] as of 11/15/2001	
Distribution:				Thomas Parker	
Contract Management / Fis	cal Agent	Me	dicaid Cos	t Reimbursement Plan	nning and Finance
Permanent FileFor information OnlyNo Change in Rate	,		2	L DE	
16	Norcross Street swell GA 30075				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Cross City Rehabilitation a	nd Health Center			Provider Number:	0 312151-00	
583 N.E. Highway 351				Date:	1/3/2013	
Cross City FL 32628				Fiscal Year End:	9/30/2011	
				Audit Status:	Unaudited [3]]
Provider Type:	nglo Lovol	_	Current Rate	New Rate	Effective Date 1/1/2013	
Nursing Home Si	ngle Level	_	191.98	<u> 194.33</u> _	1/1/2013	
Le	vel H: AIDS	_	341.19	345.14	1/1/2013	
Le	vel U: Fragile Under 21	-	460.94	466.18	1/1/2013	
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 at Total Prospective with e Rating Change d Customary Limitation at limitation change	Interim Component	:
Distribution: Contract Management Permanent File For information No Change in I	ı Only	M		Thomas Parker t Reimbursement Plans		_
Home Office:	CNH, LLC 46 Third Street NW Hickory NC 28601					



CrestWood Nursing C	Center			Provider Number:	0 312274-00
501 South Palm Aven	ue	-		Date:	1/3/2013
Palatka FL 32177		_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
-			Current	New	Effective
.		_	Rate	Rate	Date
Nursing Home	Single Level	_	182.05		1/1/2013
	Level H: AIDS		331.26	333.31	1/1/2013
	Level U: Fragile Under 21	·	451.01	454.35	1/1/2013
Rate Type :					
Interim		X	Prospectiv		
	Total Interim		<u>X</u>	Total Prospective	0 N G
	Interim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i interim Component
	Thoi Flovider Flospective data				
Basis:		Changes	::		
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 - Prospective portion	X		nester Change [2] as of 11/15/2001	
Distribution:				Thomas Parker	
Contract Manage	ement / Fiscal Agent		ledicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File		14	icuicaiu Cos	t Reimoursement i ian	ining and i manee
For inform	nation Only		7	120	2
No Chang	ge in Rate		~		
Home Office:	Putnam Council, Inc.				
	16 Norcross Street				
	Roswell GA 30075				



Savannah Cove of the Pal	m Beaches			Provider Number:	0 312312-00
2090 North Congress Ave	enue			Date:	1/3/2013
West Palm Beach FL 334	01			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 230.74	New Rate 232.68	Effective Date 1/1/2013
O	O	-	_		
L	evel H: AIDS		379.95	383.49	1/1/2013
L	evel U: Fragile Under 21		499.70	504.53	1/1/2013
Basis: Budget X Unaudited cost: Field audit - in Desk audited co	osts terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:	nt / Figgel A cent			Thomas Parker	
Contract Manageme Permanent File	iii / Fiscai Agent	N	ledicaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in	•		Z	120	
Home Office:	Senior Living Managemen John Panskoy 4661 Johnson Road, Suite 7 Coconut FL 33073	Corporation			



Southlake Nursing and	l Rehabilitation Center			Provider Number:	0 312371-00
10680 Old St. Augusti				Date:	1/3/2013
Jacksonville FL 32257	1			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 223.06	New Rate 223.52	Effective Date 1/1/2013
J		-			
	Level H: AIDS		372.27	374.33	1/1/2013
	Level U: Fragile Under 21		492.02	495.37	1/1/2013
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk audite	ed costs - interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with e Rating Change d Customary Limitation at e limitation change hange nester Change [2] as of 10/01/1985	n Interim Component
	ement / Fiscal Agent			Thomas Parker	
Permanent File	mont / Piscai Ageill	N	Medicaid Cos	t Reimbursement Plan	ning and Finance
For inform No Chang	•		Z	l De	> —
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 Bl	vd			Date:	1/3/2013
Maitland FL 32751		ı		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		187.46	189.88	1/1/2013
	Level H: AIDS		336.67	340.69	1/1/2013
	Level U: Fragile Under 21		456.42	461.73	1/1/2013
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
	Prior Provider Prospective data				
Basis:		Change	s:		
			T:	Dating Change	
Budget X Unaudited	opets			e Rating Change d Customary Limitatio	
Field audit		-		ate limitation change)II
	t - interim portion		FRVS C	=	
Desk audit	_			C	
	- Interim Portion	X	Rate Sen	nester Change	
Desk Audi	t - Prospective portion		On FRV	[2] as of 06/16/1995	
Distribution:				Thomas Parker	
_	gement / Fiscal Agent	N	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File				5 30 34 0 7 77 50	
	nation Only		2	L-DE	>
No Chang	ge in Rate			- 226	
Home Office:	Senior Living Managemen	Corporation			
	John Panskoy				
	4661 Johnson Road, Suite 7				
	Coconut FL 33073				
				1	



Children's Comprehensive Care	Center			Provider Number:	0 312789-00
200 S.E. 19th Avenue				Date:	1/3/2013
Pompano Beach FL 33060	_			Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single	: Level		Current Rate 253.59	New Rate	Effective Date 1/1/2013
Nutsing Home Single	Level		253.59	255.90	1/1/2015
Level H	: AIDS	_	402.80	406.71	1/1/2013
Level U	: Fragile Under 21	_	522.55	527.75	1/1/2013
Basis: Budget X Unaudited costs Field audited costs Field audit - interim p	mponent based on costs der Prospective data	Changes:	Licensur Usual an	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation change	n Interim Component
Desk audited costs Desk audit - Interim F Desk Audit - Prospect		X		nester Change [2] as of 06/08/1992	
Distribution: Contract Management / Fis Permanent File For information Only No Change in Rate	-	Me		Thomas Parker t Reimbursement Plan	-
Home Office: Bi	roward Children's Center, nna Pasniewski OSE 19th Avenue mpano Beach FL 33072	Inc.			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Hollywood Hills Rehal	bilitation Center, LLC		Provider N	umber:	0 313424-00	
1200 N 35th Avenue				Date:	1/3/2013	
Hollywood FL 33021			Fiscal Yea	r End:	6/30/2011	
			Audit	Status:	Unaudited [3]]
Provider Type: Nursing Home	Single Level	Curre Rat 215.	e Rate		Effective Date 1/1/2013	
1 (01)1119 1101110	Single Devel				1/1/2010	
	Level H: AIDS	365.	04 369.0	7	1/1/2013	
	Level U: Fragile Under 21	484.	79 490.1	<u>1</u> _	1/1/2013	
Basis: Budget X Unaudited c Field audite Field audit - Desk audite Desk audit -	d costs - interim portion	Changes: Lic Usi Tar FR	ensure Rating Char alal and Customary get Rate limitation VS Change e Semester Change FRV [2] as of 10/0	Adjusted factive with mge Limitatio change	for New Costs Interim Component	t
·	ment / Fiscal Agent		Thomas P			
Permanent File For inform No Change	ation Only	Medicai	d Cost Reimbursen			
Home Office:	Herlee, Inc Harold Mandelbaum 1201 North 37th Street Hollywood FL 33021					



Lutheran Haven Nurs	sing Home			Provider Number:	0 313718-00
2041 W. State Rd. 42	6			Date:	1/3/2013
Oviedo Fl 32765				Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 202.39	New Rate 205.74	Effective Date 1/1/2013
- · · · · · · · · · · · · · · · · · · ·	~ g				
	Level H: AIDS		351.60	356.55	1/1/2013
	Level U: Fragile Under 21		471.35	477.59	1/1/2013
Basis: Budget X Unaudited Field audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs	Changes:	Usual an	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Total Prospective with	n Interim Component
	ed costs - Interim Portion t - Prospective portion	X		nester Change [2] as of 12/16/2005	
Distribution:				Thomas Parker	
_	gement / Fiscal Agent	Med	licaid Cos	st Reimbursement Plan	ning and Finance
Permanent File For inform No Chang	nation Only ge in Rate		2	L DE	-
Home Office:	1 - No Home Office				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Carrington Place of St. P				Provider Number:	0 315524-00
10501 Roosevelt Blvd N				Date:	1/3/2013
St. Petersburg FL 33716				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 205.32	New Rate 208.23	Effective Date 1/1/2013
		_			
]	Level H: AIDS	<u>-</u>	354.53	359.04	1/1/2013
]	Level U: Fragile Under 21		474.28	480.08	1/1/2013
Basis: Budget X Unaudited cos Field audit - in Desk audited cos Desk audit - In	costs nterim portion costs	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
				Thomas Parker	
Contract Managemer Permanent File	em / riscai Agent	M	Iedicaid Cos	t Reimbursement Plan	ning and Finance
Fermanent Frie For informati No Change i	•		Z	LDE	>
Home Office:	Traditions Management of F 24541 US Highway 19 North Clearwater FL 33763				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Life Care Center of Pensaco	ola			Provider Number:	0 315664-00
3291 East Olive Road				Date:	1/3/2013
Pensacola FL 32514				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Sin	ngle Level		215.43	213.57	1/1/2013
Lev	vel H: AIDS		364.64	364.38	1/1/2013
Lev	vel U: Fragile Under 21		484.39	485.42	1/1/2013
Basis: Budget X Unaudited costs Field audit - inter Desk audit - Inter Desk Audit - Pros	rim portion ts rim 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	n Interim Component
Distribution: Contract Management Permanent File For information No Change in R	Only	Med		Thomas Parker t Reimbursement Plan	
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320				



Westwood Health Care Center		Provider Number:	0 316075-00
1001 Mar Walt Drive		Date:	1/3/2013
Ft. Walton Beach FL 32457		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 205.24	New Rate 207.95	Effective Date 1/1/2013
Level H: AIDS	354.45	358.76	1/1/2013
Level U: Fragile Under 21	474.20	479.80	1/1/2013
Budget X Unaudited costs Field audited costs Field audit - interim portion	Changes: Licensure Usual and	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X Rate Sen	nester Change	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plan	_
Home Office: Brookdale Senior Living, Inc. Russ Bellora 111 Westwood Place, Suite 200 Brentwood TN 37027			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Desoto Health & Rehab				Provider Number:	0 316229-00	
1002 North Brevard Avenu	le			Date:	1/3/2013	
Arcadia FL 34266				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ingle Level	_	Current Rate	New Rate 245.73	Effective Date 1/1/2013	
- (g (-			1/1/2010	
Le	vel H: AIDS		407.44	396.54	1/1/2013	
Le	vel U: Fragile Under 21		527.19	517.58	1/1/2013	
Interior Settles	erim portion sts 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	Interim Component	
Contract Managemen Permanent File For information No Change in 1	n Only	N		Thomas Parker t Reimbursement Plan		
Home Office:	Anchor Management Phil Castleberg 1344 Longhill Drive Apopka FL 32712					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Laurellwood Nursing Ce	nter, Inc.		Provider Number:	0 316628-00
3127 - 57th Avenue Nort	h		Date:	1/3/2013
St. Petersburg FL 33714			Fiscal Year End:	5/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 199.66	New Rate 188.27	Effective Date 1/1/2013
C				_
1	Level H: AIDS	348.87	339.08	1/1/2013
1	Level U: Fragile Under 21	468.62	460.12	1/1/2013
Basis: Budget X Unaudited cos Field audited of Field audit - in Desk audited of Desk audit - Ir	costs nterim portion costs	Usual a Target l FRVS 0 X Rate Se	Total Prospective Prospective Adjusted Total Prospective with Tree Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution: Contract Manageme Permanent File For informati	Ç		Thomas Parker est Reimbursement Plan	_
No Change is Home Office:	Senior Care Group, Inc. Kathy Chudow			
	1240 Marbella Plaza Drive Tampa FL 33619			



HarbourWood Nursing Cer				Provider Number:	0 316636-00	
2855 Gulf to Bay Boulevar Clearwater FL 33759	rd, Building #31			Date:	1/3/2013	
Clearwater FL 33739				Fiscal Year End:	5/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:	ingle Level		Current Rate	New Rate	Effective Date	
Nursing Home Si	ingle Level		206.90	202.91	1/1/2013	
Le	evel H: AIDS	_	356.11	353.72	1/1/2013	
Le	vel U: Fragile Under 21	_	475.86	474.76	1/1/2013	
Interior Settles	erim portion sts erim Portion	Changes:	Licensure Usual and Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with e Rating Change d Customary Limitation ate limitation change hange nester Change [2] as of 07/03/1996	Interim Component	
Contract Managemen	t / Fiscal Agent			Thomas Parker		
Permanent File For information No Change in I Home Office:	n Only	Me		t Reimbursement Plans		
	Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

GraceWood Nursing C	Center, Inc.			Provider Number:	0 316644-00
8600 U.S. Highway 19				Date:	1/3/2013
Pinellas Park FL 33782	2			Fiscal Year End:	5/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
		(Current	New	Effective
.,	g		Rate	Rate	Date
Nursing Home	Single Level		196.78	183.73	1/1/2013
	Level H: AIDS	;	345.99	334.54	1/1/2013
	Level U: Fragile Under 21		465.74	455.58	1/1/2013
	C	_			
Rate Type:					
Interim		X	Prospectiv	Je	
	otal Interim		X	Total Prospective	
	nterim Component			Prospective Adjusted	for New Costs
	ettlement based on costs			Total Prospective with	
	rior Provider Prospective data			1	1
Basis:	-	Changes:			
Dasis.		Changes.			
Budget			Licensur	e Rating Change	
X Unaudited c	osts			d Customary Limitation	าท
Field audite				ate limitation change	<i>,</i> , , , , , , , , , , , , , , , , , ,
	- interim portion		FRVS C	=	
Desk audited	-			6	
	Interim Portion	X	Rate Ser	nester Change	
Desk Audit	- Prospective portion	-	On FRV	[2] as of 08/01/1998	
Distribution:				Thomas Parker	
Contract Manage	ment / Fiscal Agent		1:: 1 C		ning and Finance
Permanent File		Med	ncaid Cos	t Reimbursement Plan	ming and Finance
For inform	ation Only		wer)	11-01	2
No Change	e in Rate		4	120	
Home Office:	Senior Care Group, Inc.				
Home Office.	Kathy Chudow				
	1240 Marbella Plaza Drive				
	Tampa FL 33619				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

BayWood Nursing Center	, Inc		Provider Num	ber:	0 316652-00
2000 17th Avenue South			D	ate:	1/3/2013
St. Petersburg FL 33712			Fiscal Year E	nd:	5/31/2012
			Audit Sta	itus:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level	Curre: Rate 188.4	Rate]	fective Date L/ 2013
O	O				
L	evel H: AIDS	337.6	327.32	1/1/	/2013
L	evel U: Fragile Under 21	457.4	448.36	1/1	/2013
Basis: Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Interpretation	erim portion osts	Changes: Lice Usu Targ FRV	Total Prospective Prospective Adju Total Prospective Total Prospective Prospective Total Prospective P	e with Inter	
Distribution: Contract Management Permanent File For informatio	Ü	Medicaid	Thomas Parl	t Planning a	and Finance
No Change in	•		ZLX	L	
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619				



The Nursing Center at F			Pı	ovider Number:	0 317195-00
6410 21st Avenue Wes	t			Date:	1/3/2013
Bradenton FL 34209			F	iscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curr Rat 197	e	New Rate	Effective Date 1/1/2013
	Level H: AIDS	346	.58	348.25	1/1/2013
	Level U: Fragile Under 21	466	.33	469.29	1/1/2013
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Changes:	Pros Tota censure Ra ual and Cu rget Rate 1 VS Chang te Semeste FRV [2] a	ting Change astomary Limitation change ge er Change as of 06/23/1989	h Interim Component
Contract Managen	ant / Fiscal Agent		Т	Thomas Parker	
Permanent File	ient / Piscai Agent	Medicai	d Cost Re	imbursement Plar	nning and Finance
For information No Change	•		Z	226	2
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 111 Westwood Place, Suite 200 Brentwood TN 37027				



Darcy Hall of Life Care			Provider Number:	0 317349-00
2170 Palm Beach Lakes Blvd.			Date:	1/3/2013
West Palm Beach FL 3340	09		Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	Rate	Effective Date
Nursing Home S	lingle Level	214.24	214.09	1/1/2013
L	evel H: AIDS	363.45	364.90	1/1/2013
L	evel U: Fragile Under 21	483.20	485.94	1/1/2013
Inter	terim portion osts	Usual Targe FRVS	Total Prospective Prospective Adjusted	ith Interim Component
	rospective portion	On F	RV [2] as of 07/01/1990	
Distribution: Contract Management Permanent File For informatio No Change in	n Only		Thomas Parker Cost Reimbursement Pla	
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:	1/3/2013	
Kissimmee FL 34741		Fiscal Year End:	6/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 195.20	New Rate	Effective Date 1/1/2013	
Nursing Home Single Level	193.20	<u>197.42</u> _	1/1/2013	
Level H: AIDS	344.41	348.23	1/1/2013	
Level U: Fragile Under 21	464.16	469.27	1/1/2013	
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 an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with The Rating Change and Customary Limitation change	Interim Component	
Contract Management / Fiscal Agent	Madigaid Coa		ning and Finance	
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		st Reimbursement Plan		



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Parklands Rehabilitation and	d Nursing Center			Provider Number:	0 317578-00	
1000 S.W. 16th Avenue				Date:	1/3/2013	
Gainesville FL 32601				Fiscal Year End:	3/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Sir	ngle Level	-	Current Rate	New Rate 229.13	Effective Date 1/1/2013	
o .	S	_				
Lev	el H: AIDS		379.95	379.94	1/1/2013	
Lev	vel U: Fragile Under 21		499.70	500.98	1/1/2013	
Basis: Budget X Unaudited costs Field audited cos Field audit - inter Desk audit - Inter Desk Audit - Pros	ts rim 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	
Distribution: Contract Management Permanent File For information No Change in R	Only	M		Thomas Parker t Reimbursement Plan		_
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road # New City NY 10956	‡ 309				



Williston Rehabilitation and	d Nursing Center			Provider Number:	0 317586-00	
300 N.W. 1st Ave.				Date:	1/3/2013	
Williston FL 32696				Fiscal Year End:	3/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ngle Level	-	Current Rate	New Rate 230.43	Effective Date 1/1/2013	
ituising frome	ngic Devel	-	227.07		1/1/2013	
Le	vel H: AIDS		377.08	381.24	1/1/2013	
Le	vel U: Fragile Under 21		496.83	502.28	1/1/2013	
Interir Settler	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	Interim Component	
Distribution:	speed to postion					
Contract Management	: / Fiscal Agent		. 1 1. 0	Thomas Parker	.'1E'	_
Permanent File For information No Change in F	Rate	IV		t Reimbursement Plan	-	
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road # New City NY 10956	‡ 309				



Community Health a		<u>-</u>		Provider Number:	0 318779-00
3611 Transmitter Road		_		Date:	1/3/2013
Panama City FL 324	.04	-		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:	Charle I and	_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	202.80	205.10	1/1/2013
	Level H: AIDS	_	352.01	355.91	1/1/2013
	Level U: Fragile Under 21	_	471.76	476.95	1/1/2013
Desk audi Desk audi	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data I costs ited costs it - interim portion ited costs it - Interim Portion ited costs it - Interim Portion ited costs	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
•	ement / Fiscal Agent			Thomas Parker	
Permanent FileFor infor	e e	M		t Reimbursement Plan	_



Citrus Gardens of For	t Myers			Provider Number:	0 318787-00
7173 Cypress Drive S				Date:	1/3/2013
Fort Myers FL 33907				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
.,		_	Rate	Rate	Date
Nursing Home	Single Level	_	196.06	<u> 198.21</u> _	1/1/2013
	Level H: AIDS		345.27	349.02	1/1/2013
	Level U: Fragile Under 21	_	465.02	470.06	1/1/2013
	20101 CTT Mg. C C C C C	-	103.02	170.00	1/1/2013
Rate Type :					
		v	Dunamaativ		
Interim	Total Interim	<u> </u>	Prospectiv X	Total Prospective	
	Interim Component		<u> </u>	Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			Total Prospective with	Tinterini Component
	The Trovider Prospective data				
Basis:		Changes	<u>:</u>		
ъ. т.			Liconsur	e Rating Change	
Budget X Unaudited	acets		_	d Customary Limitatio	an .
Field audit		-		ate limitation change)II
	: - interim portion		FRVS C		
Desk audite	=		- 110,50	nunge	
	- Interim Portion	<u> X</u>	Rate Sen	nester Change	
	t - Prospective portion			[2] as of 01/01/1987	
Distribution:				Thomas Parker	
Contract Manag	ement / Fiscal Agent		adiacid Coo		ning and Einange
Permanent File		IVI	edicald Cos	t Reimbursement Plan	ming and rinance
For inform	nation Only		H	11-00	>
No Chang	ge in Rate		2	LDE	
	1 - No Home Office				
Home Office:	1 10 Home Office				



The Court at Palm-Aire				Provider Number:	0 318795-00
2701 North Course Drive				Date:	1/3/2013
Pompano Beach FL 33069				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level		urrent Rate	New Rate 237.23	Effective Date 1/1/2013
ruising frome	mgic Devel		33.31		1/1/2013
Le	evel H: AIDS	3	82.52	388.04	1/1/2013
Le	evel U: Fragile Under 21	5	02.27	509.08	1/1/2013
Basis: Budget X Unaudited costs Field audit - int Desk audited co Desk audit - Inte	erim portion osts	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:	ospective portion				
Contract Managemen	nt / Fiscal Agent) A 1	::10	Thomas Parker	ning and Eines
Permanent File For informatio No Change in	·	Medi		t Reimbursement Plan	_
Home Office:	FiveStar Quality Care Inc 400 Centre Street Newton MA 02458				



Palmer Ranch Healthcare				Provider Number:	0 319244-00	
5111 Palmer Ranch Parkway				Date:	1/3/2013	
Sarasota Fl 34238				Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home S	Single Level		256.76	258.48	1/1/2013	
I	Level H: AIDS		405.97	409.29	1/1/2013	
I	evel U: Fragile Under 21		525.72	530.33	1/1/2013	
Basis: Budget X Unaudited cost Field audit - in Desk audit - In Desk audit - In	osts terim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation at limitation change	Interim Component	
Distribution:				Thomas Parker		
Contract Manageme	ent / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File For information No Change in	*		Z	120	· —	
Home Office:	Emeritus Senior Living 3131 Elliott Avenue, Seattle WA 98121					



Port Charlotte Rehabi	litation Center			Provider Number:	0 319325-00		
25325 Rampart Blvd		-		Date:	1/3/2013		
Port Charlotte FL 339	083	_		Fiscal Year End:	12/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:							
		(Current	New	Effective		
			Rate	Rate	Date		
Nursing Home	Single Level		231.63		1/1/2013		
	Level H: AIDS	3	380.84	376.53	1/1/2013		
	Level U: Fragile Under 21		500.59	497.57	1/1/2013		
Rate Type:							
Interim		X	Prospectiv				
	Total Interim		<u>X</u>	Total Prospective			
	Interim Component			Prospective Adjusted			
	Settlement based on costs			Total Prospective with	1 Interim Component		
	Prior Provider Prospective data	1					
Basis:		Changes:					
Budget			Licensur	e Rating Change			
X Unaudited	costs			d Customary Limitation	on		
Field audit			Target Rate limitation change				
Field audit	: - interim portion		FRVS C	hange			
Desk audit	ed costs						
	- Interim Portion	X		nester Change [2] as of 05/15/1990			
Distribution:	t - Prospective portion		Oli FK V				
	ement / Fiscal Agent			Thomas Parker			
Permanent File	ement / Hiseat Agent	Med	licaid Cos	t Reimbursement Plan	ning and Finance		
	nation Only		Control	, 1 00	2		
No Chang			2	L-DE			
Home Office:	SBK Capital, LLC						
	Larry Shrewsbury						
	1935 Garraux Road, North	west					
	Atlanta GA 30327						



Harbour Health Center		Provider Number:	0 319333-00
23013 Westchester Boulevard		Date:	1/3/2013
Port Charlotte FL 33980		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 210.09	New Rate	Effective Date 1/1/2013
Level H: AIDS	359.30	364.29	1/1/2013
Level U: Fragile Under 21	479.05	485.33	1/1/2013
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 a Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plans	_
Home Office: 1 - No Home Office			



Atrium Healthcare Center		Provider Number:	0 319376-00	
9960 Atrium Way		Date:	1/3/2013	
Jacksonville FL 32225		Fiscal Year End:	12/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	209.54	204.64	1/1/2013	
Level H: AIDS	358.75	355.45	1/1/2013	
Level U: Fragile Under 21	478.50	476.49	1/1/2013	
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 Classificate limitation change	n Interim Component	
Contract Management / Fiscal Agent		Thomas Parker		
Permanent FileFor information OnlyNo Change in Rate Home Office: Brookdale Senior Living, Inc. Russ Bellora 111 Westwood Place, Suite 200 Brentwood TN 37027		Reimbursement Plan	_	



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Consulate Health Care of	Jacksonville		Provider Number:	0 319503-00
4101 Southpoint Drive Ea	ast		Date:	1/3/2013
Jacksonville FL 32216			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.31		1/1/2013
I	Level H: AIDS	349.52	349.57	1/1/2013
I	Level U: Fragile Under 21	469.27	470.61	1/1/2013
Basis: Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In	costs aterim portion osts	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective wit Sure Rating Change and Customary Limitati Rate limitation change Change Semester Change EV [2] as of 08/09/1996	h Interim Component
Contract Manageme	ent / Fiscal Agent		Thomas Parker	
Permanent File	mi, i iscai rigent	Medicaid C	Cost Reimbursement Plan	nning and Finance
For information No Change in	·	1	el Re	2_
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:	1/3/2013
Kissimmee FL 34741				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level		Current Rate 201.88	New Rate 195.26	Effective Date 1/1/2013
Le	vel H: AIDS		351.09	346.07	1/1/2013
Le	vel U: Fragile Under 21	_	470.84	467.11	1/1/2013
Basis: Budget X Unaudited costs Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion sts rim Portion	Changes:	Licensure Usual and Target R: FRVS CI	Total Prospective Prospective Adjusted a 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	Me		Thomas Parker t Reimbursement Plant	
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751				



Consulate Health Care N	Melbourne			Provider Number:	0 319520-00
3033 Sarno Road				Date:	1/3/2013
Melbourne FL 32934				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				Tada Sudusi	
			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	200.52	190.99	1/1/2013
	Level H: AIDS		349.73	341.80	1/1/2013
	Level U: Fragile Under 21	-	469.48	462.84	1/1/2013
Data Tyma t					
Rate Type :					
Interim	. 17	X	Prospectiv		
	tal Interim erim Component		<u>X</u>	Total Prospective Prospective Adjusted:	for Now Costs
	tlement based on costs			Total Prospective with	
	or Provider Prospective data			Total Prospective with	i interim Component
	or rrowled rrospective data	- CI			
Basis:		Changes	<u>:</u>		
Budget			Licensur	e Rating Change	
X Unaudited cos	sts	-	_	d Customary Limitation	on
Field audited				ate limitation change	
Field audit - i	interim portion	-	FRVS C	hange	
Desk audited			_		
	nterim Portion	X		nester Change	
	Prospective portion		On FRV	[2] as of 08/19/1994	
Distribution:				Thomas Parker	
Contract Managem	nent / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	ing Only			7	
For informat	•		2	L-DC	>
No Change i	ın kate				
Home Office:	Consulate Health Care, Inc.				
	Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751				



Consulate Health Care of Orange Park		Provider Number:	0 319538-00
1215 Kingsley Avenue		Date:	1/3/2013
Orange Park FL 32073		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	198.70	194.85	1/1/2013
Level H: AIDS	347.91	345.66	1/1/2013
Level U: Fragile Under 21	467.66	466.70	1/1/2013
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 Total Prospective with re Rating Change and Customary Limitation Rate limitation change Change mester Change [7 [2] as of 01/01/1990]	n Interim Component
Contract Management / Fiscal Agent		Thomas Parker	_
Permanent FileFor information OnlyNo Change in Rate Home Office: Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751		st Reimbursement Plan	



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Consulate Health Car	e of West Altamonte			Provider Number:	0 319546-00		
1099 W. Town Parkway				Date:	1/3/2013		
Altamonte Springs FI	L 32714			Fiscal Year End:	12/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
Name a Home	Cinala I aval	_	Rate	Rate	Date 1/1/2012		
Nursing Home	Single Level	_	204.92	<u> 198.07</u>	1/1/2013		
	Level H: AIDS		354.13	348.88	1/1/2013		
	Level U: Fragile Under 21	_	473.88	469.92	1/1/2013		
Rate Type :							
Interim		X	Prospectiv				
	Total Interim		<u>X</u>	Total Prospective	C. N. G.		
	Interim Component			Prospective Adjusted:			
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i interim Component		
	Thor Provider Prospective data		7				
Basis:		Changes:					
Budget			Licensur	e Rating Change			
X Unaudited	costs	-	-	d Customary Limitation	on		
Field audit	ed costs		Target Rate limitation change				
Field audit	: - interim portion		FRVS C	hange			
Desk audite			=				
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 02/17/1994			
Distribution:	Trospective portion			Thomas Parker			
Contract Manag	ement / Fiscal Agent		11 1				
Permanent File		Me	caicaia Cos	t Reimbursement Plan	ning and Finance		
For inform	nation Only			1000	>		
No Chang	ge in Rate		2	L-DE			
Home Office:	Consulate Health Care, Inc.						
	Kathy Urbanovich						
	800 Concourse Parkway Sou	th					
	Maitland FL 32751						



Franco Nursing and F	Rehab			Provider Number:	0 319554-00
800 NW 95th Street				Date:	1/3/2013
Miami FL 33150				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	emadated [e1
J I		1	Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	_	198.99	201.90	1/1/2013
	Level H: AIDS		348.20	352.71	1/1/2013
	Level U: Fragile Under 21	_	467.95	473.75	1/1/2013
Rate Type :					
Interim		X	Prospectiv	<i>r</i> e	
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	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 01/04/1996	
Distribution:				Thomas Parker	
Contract Manag	gement / Fiscal Agent		dissid Cos	t Reimbursement Plan	ning and Einanga
Permanent File		Me	uicaid Cos	t Kennbursement Pian	ming and rmance
For inform	nation Only			120	>
No Chang	ge in Rate		2		
Home Office:	Consulate Health Care, Inc	•			
	Kathy Urbanovich				
	800 Concourse Parkway Son	uth			
	Maitland FL 32751				



Consulate Health Car	e of Bayonet Point			Provider Number:	0 319651-00	
8132 Hudson Avenue	}			Date:	1/3/2013	
Hudson FL 34667				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	_
Provider Type:						_
			Current	New	Effective	
NI II	C' 1 . T 1		Rate	Rate	Date	
Nursing Home	Single Level	_	196.60	<u> 194.48</u> _	1/1/2013	
	Level H: AIDS		345.81	345.29	1/1/2013	
	Level U: Fragile Under 21	_	465.56	466.33	1/1/2013	
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	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 02/22/1993		
Distribution:				Thomas Parker		
Contract Manag	ement / Fiscal Agent		dissid Cos		ning and Einanga	
Permanent File		Me	dicaid Cos	t Reimbursement Plan	ming and Finance	
For inform	nation Only		~	L DE	>	
No Chang	ge in Rate		~	- all		
Home Office:	Consulate Health Care, Inc.					
	Kathy Urbanovich					
	800 Concourse Parkway Sou	ıth				
	Maitland FL 32751					
		·				



Consulate Health Care of Bra	andon			Provider Number:	0 319660-00	
701 Victoria Strees				Date:	1/3/2013	
Brandon FL 33510				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
••			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home Sin	gle Level	_	200.37	200.18	1/1/2013	
Leve	el H: AIDS		349.58	350.99	1/1/2013	
Leve	el U: Fragile Under 21	_	469.33	472.03	1/1/2013	
Rate Type :						
Interim		X	Prospectiv	Α		
Total Ir	nterim		-	Total Prospective		
	Component			Prospective Adjusted	for New Costs	
	ent based on costs			Total Prospective with		
Prior Pr	ovider Prospective data			_	-	
Basis:		Changes:	1			
Dusis.		Changes.	_			
Budget			Licensure	e Rating Change		
X Unaudited costs			Usual and	d Customary Limitatio	on	
Field audited cost	S	Target Rate limitation change				
Field audit - interi	im portion		FRVS C	hange		
Desk audited costs			_			
Desk audit - Interi Desk Audit - Pros		X		nester Change [2] as of 03/01/1999		
Distribution:	pective portion		OllTRV			
Contract Management /	/ Fiscal Agent			Thomas Parker		
Permanent File	11344111284111	Me	dicaid Cos	t Reimbursement Plan	ning and Finance	
For information (Only		ومدون	17-00	2	
No Change in Ra	-		2	L-DE		
Home Office:	Consulate Health Care, Inc.					
	Kathy Urbanovich					
	800 Concourse Parkway South					
	Maitland FL 32751					



Consulate Health Car	e of Lake Parker			Provider Number:	0 319678-00		
2020 W. Lake Parker Drive		•		Date:	1/3/2013		
Lakeland FL 33805				Fiscal Year End:	12/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
.		_	Rate	Rate	Date		
Nursing Home	Single Level	_	196.01	<u> 198.37</u> _	1/1/2013		
	Level H: AIDS		345.22	349.18	1/1/2013		
	Level U: Fragile Under 21	_	464.97	470.22	1/1/2013		
Rate Type:							
Interim		X	Prospectiv	ve			
	Total Interim		<u>X</u>	Total Prospective			
	Interim Component			Prospective Adjusted			
	Settlement based on costs			Total Prospective with	1 Interim Component		
	Prior Provider Prospective data						
Basis:		Changes:					
Dudget			Licensur	e Rating Change			
Budget X Unaudited	costs	-	•	d Customary Limitation	on		
Field audit		-	Target Rate limitation change				
Field audit	t - interim portion	<u> </u>	FRVS C	hange			
Desk audit	ed costs		_				
	- Interim Portion	X		nester Change			
Distribution:	t - Prospective portion		Oli FK V	[2] as of 05/14/1990			
	gement / Fiscal Agent			Thomas Parker			
Permanent File	ement / Fiscai Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance		
	nation Only				2		
No Chang	•		2	L-DE			
Home Office:	Consulate Health Care, Inc	•					
Home Office.	Kathy Urbanovich						
	800 Concourse Parkway So	uth					
	Maitland FL 32751						



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Consulate Health Care of 1	Pensacola			Provider Number:	0 319686-00
235 W. Airport Blvd.				Date:	1/3/2013
Pensacola FL 32505				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				110011 2000051	0
. 1			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home S	lingle Level	_	199.30	193.01	1/1/2013
L	evel H: AIDS		348.51	343.82	1/1/2013
L	evel U: Fragile Under 21	-	468.26	464.86	1/1/2013
Rate Type :					
Interim		X	Prospectiv	70	
	l Interim	A	-	Total Prospective	
	im Component			Prospective Adjusted	for New Costs
	ement based on costs			Total Prospective with	
	Provider Prospective data				
	r	Changes			
Basis:		Changes	<u>:</u>		
Budget			Licensur	e Rating Change	
X Unaudited costs			_	d Customary Limitatio	on
Field audited co		-		ate limitation change	
Field audit - int	terim portion		FRVS C	hange	
Desk audited co	_		_		
Desk audit - Int		X		nester Change	
	rospective portion		On FRV	[2] as of 01/08/1997	
Distribution:				Thomas Parker	
Contract Managemen	nt / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	0.1				
For informatio	•		Z	L DE	>
No Change in	Rate		100		
Home Office:	Consulate Health Care, Inc.				
	Kathy Urbanovich 800 Concourse Parkway South				
	Maitland FL 32751				



Consulate Health Care of Safety Harbor				Provider Number:	0 319694-00
1410 Fourth Street No		Date: 1/3		1/3/2013	
Safety Harbor FL 346	95			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N			Rate	Rate	Date
Nursing Home	Single Level	_	204.27		1/1/2013
	Level H: AIDS		353.48	352.82	1/1/2013
	Level U: Fragile Under 21	_	473.23	473.86	1/1/2013
Doto Truno					
Rate Type :					
Interim		X	Prospectiv		
	Γotal Interim		<u>X</u>	Total Prospective	Carlo Carlo
	Interim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i internii Component
	noi i tovidei i tospective data	T .	1		
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			<u>-</u>		
	- Interim Portion	X		nester Change [2] as of 01/01/2001	
Distribution:	- Prospective portion		Oll FK V		
· · · · · · · · · · · · · · · · · · ·	ement / Fiscal Agent			Thomas Parker	
Permanent File	ement / 1 iseat Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only		Control	, 1 00	2
No Chang	•		2	L DE	
Home Office:	Consulate Health Care, Inc.				
Tiome Office.	Kathy Urbanovich				
	800 Concourse Parkway South				
	Maitland FL 32751				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Consulate Health Care of S	t. Petersburg			Provider Number:	0 319708-00
9393 Park Boulevard				Date:	1/3/2013
Seminole FL 33777	_			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:		_	urrent Rate	New Rate	Effective Date
Nursing Home Si	ingle Level		202.72	204.34	1/1/2013
Le	vel H: AIDS	_ 3	51.93	355.15	1/1/2013
Le	vel U: Fragile Under 21		71.68	476.19	1/1/2013
Interior Settles	erim portion	Changes:	Licensuro Usual ano	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Desk audit - Inte		X		nester Change [2] as of 11/03/1995	
Distribution: Contract Managemen Permanent File For information No Change in I	n Only			Thomas Parker t Reimbursement Plan	- -
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Consulate Health Care of Tallahassee		Provider Number:	0 319716-00
1650 Phillips Road		Date:	1/3/2013
Tallahassee FL 32308		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 200.77	New Rate 190.87	Effective Date 1/1/2013
Level H: AIDS	349.98	341.68	1/1/2013
Level U: Fragile Under 21	469.73	462.72	1/1/2013
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 X Rate Ser	Total Prospective Prospective Adjusted at Total Prospective with The Rating Change and Customary Limitation Rate limitation change	Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker st Reimbursement Plan	-
Home Office: Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Consulate Health Care of Winter Haven		Provider Number:	0 319724-00	
2701 Lake Alfred Road		Date:	1/3/2013	
Winter Haven FL 33881		Fiscal Year End:	12/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 201.00	New Rate 193.09	Effective Date 1/1/2013	
Level H: AIDS	350.21	343.90	1/1/2013	
Level U: Fragile Under 21	469.96	464.94	1/1/2013	
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 - Prospective portion	Changes: Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted if 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		Thomas Parker Reimbursement Plans		



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Consulate Health Care of Lakel	and			Provider Number:	0 319953-00
5245 North Socrum Loop Road				Date:	1/3/2013
Lakeland FL 33809				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:		_	urrent Rate	New Rate	Effective Date
Nursing Home Single	e Level	1	89.82	180.99	1/1/2013
Level F	H: AIDS	3	39.03	331.80	1/1/2013
Level U	J: Fragile Under 21	4	58.78	452.84	1/1/2013
	portion	Changes:	Licensure Usual and Target R: FRVS CI	Total Prospective Prospective Adjusted Total Prospective with Read Rating Change d Customary Limitation ate limitation change	h Interim Component
Distribution: Contract Management / Fi Permanent File For information Onl No Change in Rate	-	Med		Thomas Parker Reimbursement Plan	_
Ka 80	onsulate Health Care, Inc. athy Urbanovich O Concourse Parkway South aitland FL 32751				



Consulate Health Care Of I	New Port Richey			Provider Number:	0 319970-00
8417 County Road 54				Date:	1/3/2013
New Port Richey FL 34653	3			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			urrent Rate	New Rate	Effective Date
Nursing Home Si	ingle Level	1	88.66	183.28	1/1/2013
Le	evel H: AIDS	3	37.87	334.09	1/1/2013
Le	evel U: Fragile Under 21	4	57.62	455.13	1/1/2013
Basis: Budget X Unaudited costs Field audited co 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 04/01/1998	h Interim Component
Distribution: Contract Managemen	t / Fiscal Agent			Thomas Parker	
Permanent File	tr / I isedi / igent	Med	icaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in	·		Z	L DE	-
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751				



Consulate Health Care o	f North Ft. Myers]	Provider Number:	0 320111-00
991 Pondella Road	1 Pondella Road		Date:	1/3/2013	
North Ft. Myers FL 3390	03			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curr <u>Rat</u> 182	<u>e</u>	New Rate 184.70	Effective Date 1/1/2013
	Single Devel				1/1/2013
	Level H: AIDS	331	.82	335.51	1/1/2013
	Level U: Fragile Under 21	451	.57	456.55	1/1/2013
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	costs nterim portion	Changes: Lice Us Ta FR X Ra	eensure Found and Corget Rate EVS Chair	Rating Change Customary Limitation change Inge Ster Change as of 04/01/1998	h Interim Component
Contract Managem	ent / Fiscal Agent	-		Thomas Parker	
Permanent File	ent / I iscai Agent	Medica	d Cost R	teimbursement Plan	nning and Finance
For information Processing For Formation Forma	•		Z	L-DE	2
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751				



Consulate Health Care of				Provider Number:	0 320129-00	
18480 Toledo Blade Boul	evard			Date:	1/3/2013	
Port Charlotte FL 33948				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
Numain a Hama	Ymala I awal	_	Rate	Rate	Date	
Nursing Home S	Single Level		201.53	203.87	1/1/2013	
L	evel H: AIDS		350.74	354.68	1/1/2013	
L	evel U: Fragile Under 21	_	470.49	475.72	1/1/2013	
	Ç	_				
Rate Type :						
Interim		X	Prospectiv	re.		
	l Interim		_	Total Prospective		
	rim Component			Prospective Adjusted f	for New Costs	
	ement based on costs			Total Prospective with		
	Provider Prospective data			1	1	
Basis:		Changes:				
Dasis.		Changes.	_			
Budget			Licensur	e Rating Change		
X Unaudited costs	s			d Customary Limitatio	n	
Field audited c				ate limitation change		
Field audit - in	terim portion	-	FRVS C	hange		
Desk audited co	_		•			
Desk audit - Int		X		nester Change		
	rospective portion		On FRV	[2] as of 03/12/1998		
Distribution:				Thomas Parker		
Contract Manageme	nt / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plans	ning and Finance	
Permanent File					_	
For information	on Only		-7	LDE	>	
No Change in	Rate		~_			
Home Office:	Consulate Health Care, Inc.					
nome office.	Kathy Urbanovich					
	800 Concourse Parkway South					
	Maitland FL 32751					



Consulate Health Care of	f Sarasota			Provider Number:	0 320137-00
4783 Fruitville Road				Date:	1/3/2013
Sarasota FL 34232				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				riddit Status.	
-10/1001 -J Pov			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		229.71	218.20	1/1/2013
]	Level H: AIDS	_	378.92	369.01	1/1/2013
]	Level U: Fragile Under 21	_	498.67	490.05	1/1/2013
Rate Type :					
Interim		<u>X</u>	Prospectiv		
	al Interim			Total Prospective	
	erim Component			Prospective Adjusted : Total Prospective with	
	tlement based on costs or Provider Prospective data			Total Prospective with	i internii Component
	of Frovider Frospective data		1		
Basis:		Changes:]		
Budget			Licensur	e Rating Change	
X Unaudited cos	sts	-		d Customary Limitatio	n
Field audited				ate limitation change	
Field audit - in	nterim portion		FRVS C	hange	
Desk audited of			•		
Desk audit - In		X		nester Change	
	Prospective portion		Oll FRV	[2] as of 02/18/1998	
Distribution:	(Thomas Parker	
Contract Managem	ent / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	ion Only				
For informati	•		Z	L-DE)
No Change i	ii Kate				
Home Office:	Consulate Health Care, Inc.				
	Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751				



Consulate Health Care of Vero Beach				Provider Number:	0 320145-00
1310 37th Street		Date: 1/		1/3/2013	
Vero Beach FL 32960				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
V 2			Current	New	Effective
N			Rate	Rate	Date
Nursing Home	Single Level		194.54		1/1/2013
	Level H: AIDS		343.75	342.34	1/1/2013
	Level U: Fragile Under 21	_	463.50	463.38	1/1/2013
Rate Type :					
Interim		X	Prospectiv		
	Cotal Interim		<u>X</u>	Total Prospective	
	nterim Component			Prospective Adjusted	
	ettlement based on costs			Total Prospective with	Interim Component
P	rior Provider Prospective data	-	_		
Basis:		Changes:			
Dudget			Licensur	e Rating Change	
Budget X Unaudited of	rosts		•	d Customary Limitatio	nn
Field audite		-	_	ate limitation change	711
Field audit	- interim portion		FRVS C	hange	
Desk audite	-		•		
	- Interim Portion	X		nester Change	
	- Prospective portion		On FRV	[2] as of 04/01/1998	
Distribution:				Thomas Parker	
_	ement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
For inform	•		2	L-DE	2
No Change	e in Kate				
Home Office:	Consulate Health Care, Inc.				
	Kathy Urbanovich				
	800 Concourse Parkway South Maitland FL 32751				
	Manana PL 32/31				



Consulate Health Care of W	Vest Palm Beach			Provider Number:	0 320153-00
1626 David Road				Date:	1/3/2013
West Palm Beach FL 33400	6			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Si	ngle Level		209.31	205.12	1/1/2013
Le	vel H: AIDS	3	358.52	355.93	1/1/2013
Le	vel U: Fragile Under 21		178.27	476.97	1/1/2013
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 hange nester Change [2] as of 04/01/1998	h Interim Component
Contract Management	t / Fiscal Agent			Thomas Parker	
Permanent File	i / I iscai Agoit	Med	icaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in F	•		Z	L DE	-
Home Office:	Consulate Health Care, Inc. Kathy Urbanovich 800 Concourse Parkway South Maitland FL 32751				



Zephyr Haven Health & R	ehab Center, Inc.			Provider Number:	0 320391-00	١
38250 A Avenue				Date:	1/3/2013	
Zephyrhills FL 33542				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level	-	Current Rate 203.31	New Rate	Effective Date 1/1/2013	
ruising Home 5	mgie Levei	-	203.31	<u>199.41</u> _	1/1/2013	
Lo	evel H: AIDS		352.52	350.22	1/1/2013	
Le	evel U: Fragile Under 21		472.27	471.26	1/1/2013	
Basis: Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Inte	erim portion osts	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with Rating Change d Customary Limitation at limitation change hange nester Change [2] as of 06/28/1989	Interim Componen	t
Contract Managemen	nt / Fiscal Agent			Thomas Parker		
Permanent FileFor informatioNo Change in Home Office:	n Only	N		t Reimbursement Plan	-	
nome Office:	602 Courtland Street, Suite 2 Orlando FL 32804	00				



Zephyrhills Health &	Rehab Center, Inc.			Provider Number:	0 320404-00	
7350 Dairy Road		•		Date:	1/3/2013	
Zephyrhills FL 33540)	•		Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
Nursing Home	Single I aval	_	Rate	Rate	Date	
Nursing Home	Single Level	_	202.48	204.83	1/1/2013	
	Level H: AIDS		351.69	355.64	1/1/2013	
	Level U: Fragile Under 21	- -	471.44	476.68	1/1/2013	
Rate Type :						
Interim		X	Prospectiv			
	Total Interim			Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i interiii Component	
<u> </u>	Thor Flovider Flospective data		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 06/23/1998		
Distribution:	e 110speante potaton			Thomas Parker		
Contract Manag	ement / Fiscal Agent		. 1: : 1			
Permanent File		IVI	edicaid Cos	t Reimbursement Plan	ning and Finance	
For inform	nation Only			120	2	
No Chang	ge in Rate		2	-C-AC		
Home Office:	Sunbelt Health Care Center	rs,Inc.				
	Kevin Sadler					
	602 Courtland Street					
	Orlando FL 32804					



Sunbelt Health & Reha	ab Center - Apopka, Inc.			Provider Number:	0 320412-00
305 E. Oak Street				Date:	1/3/2013
Apopka FL 32703				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 203.59	New Rate 205.95	Effective Date 1/1/2013
	Level H: AIDS		352.80	356.76	1/1/2013
	Level U: Fragile Under 21		472.55	477.80	1/1/2013
Basis: Budget X Unaudited c Field audite Field audit - Desk audited Desk Audit	d costs interim portion	Change	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
<u>Distribution:</u>	. (T' 1 A			Thomas Parker	
Contract Manage Permanent File	ment / Fiscal Agent	-	Medicaid Cos	t Reimbursement Plan	ning and Finance
For information No Change	•		Z	LDE	>
Home Office:	Sunbelt Health Care Center Kevin Sadler 602 Courtland Street Orlando FL 32804	s,Inc.			



East Orlando Health & I	Rehab Center, Inc.			Provider Number:	0 320421-00
250 S. Chickasaw Trail				Date:	1/3/2013
Orlando FL 32825				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 229.27	New Rate 232.06	Effective Date 1/1/2013
C					
	Level H: AIDS		378.48	382.87	1/1/2013
	Level U: Fragile Under 21		498.23	503.91	1/1/2013
Basis: Budget X Unaudited compiled audited Field audited Desk audited Desk audited Desk audited	costs interim portion	Change	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 02/08/1993	n Interim Component
Contract Managem	nent / Fiscal Agent			Thomas Parker	
Permanent File For informat No Change Home Office:	ion Only in Rate Sunbelt Health Care Center			t Reimbursement Plan	
	Kevin Sadler 602 Courtland Street Orlando FL 32804				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Adventist Care Centers - Co	urtland, Inc.			Provider Number:	0 320439-00	
730 Courtland Street				Date:	1/3/2013	
Orlando Fl 32804				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
••			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home Sir	ngle Level		217.18		1/1/2013	
Lev	el H: AIDS		366.39	359.02	1/1/2013	
Lev	el U: Fragile Under 21	_	486.14	480.06	1/1/2013	
Rate Type :						
Interim		X	Prospectiv	e		
Total I	nterim		X	Total Prospective		
Interim	Component			Prospective Adjusted	for New Costs	
	nent based on costs			Total Prospective with	Interim Component	
Prior P	rovider Prospective data					
Basis:		Changes:				
Budget			Licensure	e Rating Change		
X Unaudited costs				d Customary Limitation	nn	
Field audited cost	SS	Target Rate limitation change				
Field audit - inter	im portion		FRVS Cl	nange		
Desk audited cost	s					
Desk audit - Inter		X		ester Change		
Desk Audit - Pros	pective portion		On FRV	[2] as of 07/27/2000		
Distribution:				Thomas Parker		
Contract Management	/ Fiscal Agent	Me	dicaid Cost	Reimbursement Plan	ning and Finance	
Permanent File	0.1			-		
For information	•		2	L-20	>	
No Change in R	ate					
Home Office:	Adventist Care Centers					
	602 Courtland Street, Suite 200 Orlando FL 32804					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Florida Living Nursing	Center			Provider Number:	0 320463-00
3355 E. Semoran Blvd.				Date:	1/3/2013
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		224.25	226.76	1/1/2013
	Level H: AIDS	<u>.</u>	373.46	377.57	1/1/2013
	Level U: Fragile Under 21		493.21	498.61	1/1/2013
Basis: Budget X Unaudited confield audited Field audited Desk audited Desk Audited Desk Audited	costs interim portion	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted to Total Prospective with e Rating Change d Customary Limitatio ate limitation change	Interim Component
<u>Distribution:</u>	. (F' 1 A			Thomas Parker	
Contract Manager Permanent File	nent / Fiscal Agent	Med	licaid Cos	t Reimbursement Plan	ning and Finance
For informa No Change	•		2	120	>
Home Office:	Sunbelt Health Care Center Kevin Sadler 602 Courtland Street Orlando FL 32804	s,Inc.			



Health & Rehab. Cen			Provider Number:	0 320528-00
1820 Shore Drive, So			Date:	1/3/2013
St. Petersburg FL 337	07		Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Currer Rate 224.0	Rate	Effective Date 1/1/2013
runsing Home	Single Level		228.00	1/1/2013
	Level H: AIDS	373.2	3 378.81	1/1/2013
	Level U: Fragile Under 21	492.9	8 499.85	1/1/2013
Basis: Budget X Unaudited Field audit Field audit Desk audit Desk Audit Desk Audit Contract Manag Permanent File	ed costs - interim portion ed costs - Interim Portion t - Prospective portion ement / Fiscal Agent nation Only ge in Rate	Usua Targ FRV X Rate On F	Total Prospective Prospective Adjusted	ion nning and Finance
	•		ZL-DL	



Lehigh Acres Health &	Rehabilitation Center			Provider Number:	0 320978-00
1550 Lee Boulevard				Date:	1/3/2013
Lehigh Acres FL 33936				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 240.28	New Rate 243.66	Effective Date 1/1/2013
	Level H: AIDS		389.49	394.47	1/1/2013
	Level U: Fragile Under 21		509.24	515.51	1/1/2013
Basis: Budget X Unaudited coeffield audit - i Desk audited Desk Audit - I Desk Audit - I	costs interim portion	Change X	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:	(Thomas Parker	
Contract Managem Permanent File	nent / Fiscal Agent]	Medicaid Cos	t Reimbursement Plan	ning and Finance
For informat No Change	•		Z	L DE	>
Home Office:	Greystone Healthcare Mans 4042 Park Oaks Blvd, Suite Tampa FL 33610				



Ft. Lauderdale Health & Rehab Center		Provider Number:	0 321303-00
2000 E. Commercial Blvd.		Date:	1/3/2013
Ft. Lauderdale FL 33308		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	229.97		1/1/2013
Level H: AIDS	379.18	379.22	1/1/2013
Level U: Fragile Under 21	498.93	500.26	1/1/2013
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 CI	Total Prospective Prospective Adjusted at Total Prospective with Rating Change d Customary Limitation at limitation change	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plan	
Home Office: 1 - No Home Office			



The Palms Rehabilitati	on and Nursing Center			Provider Number:	0 321532-00
3370 NW 46th Terrace				Date:	1/3/2013
Lauderdale Lakes FL 3	33319			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				114411 2141431	
. 1			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	235.20	235.39	1/1/2013
	Level H: AIDS	_	384.41	386.20	1/1/2013
	Level U: Fragile Under 21		504.16	507.24	1/1/2013
Rate Type :					
Interim		X	Prospectiv	ve .	
T	otal Interim		X	Total Prospective	
	nterim Component			Prospective Adjusted	
	ettlement based on costs			Total Prospective with	Interim Component
P	rior Provider Prospective data				
Basis:		Changes	::		
Budget			Licensur	e Rating Change	
X Unaudited c	osts			d Customary Limitatio	on
Field audite				ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite			_		
	Interim Portion	X		nester Change [2] as of 01/01/1994	
Distribution:	- Prospective portion		Oll I'K V		
·	ment / Fiscal Agent			Thomas Parker	
Permanent File		M	ledicaid Cos	t Reimbursement Plan	ning and Finance
For inform	ation Only		in the second	11-00	,
No Change	· · · · · · · · · · · · · · · · · · ·		2	L-DE	
Home Office:	Hallmark Accounting				
	Jacob Karmel	w a o o			
	368 New Hempstead Road # New City NY 10956	7 309			
	116W City 11 1 10930				



Coral Gables Nursin	g and Rehabilitation	_		Provider Number:	0 323772-00
7060 SW 8th Street		_		Date:	1/3/2013
Miami FL 33144		_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:	a	_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	211.95		1/1/2013
	Level H: AIDS	_	361.16	363.04	1/1/2013
	Level U: Fragile Under 21	_	480.91	484.08	1/1/2013
Desk audi Desk audi Desk Aud	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data d costs it - interim portion ited costs it - Interim Portion lited rospective 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
Distribution:	<u>:</u> gement / Fiscal Agent			Thomas Parker	
Permanent File For infor	c c	М		t Reimbursement Plan	_
Home Office:	1 - No Home Office				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Tarpon Point Nursing & R	ehab Center			Provider Number:	0 323781-00
5157 Park Club Drive				Date:	1/3/2013
Sarasota FL 34235				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
		_	urrent Rate	New Rate	Effective Date
Nursing Home S	ingle Level		23.85	227.02	1/1/2013
I	evel H: AIDS	2	73.06	377.83	1/1/2013
		-			
Lo	evel U: Fragile Under 21	4	92.81	498.87	1/1/2013
Basis: Budget X Unaudited costs Field audit - int Desk audit - Inte Desk Audit - Pr	erim portion osts	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:				Thomas Parker	
Contract Managemen	nt / Fiscal Agent	Med	icaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For informatio No Change in	•		Z	L DE	<u>-</u>
Home Office:	Preferred Care, Inc. 5420 West Plano Parkway Plano TX 75093				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

St. Andrew's Bay Skill	led Nursing and Rehabilitatio			Provider Number:	0 323799-00
2100 Jenks Ave				Date:	1/3/2013
Panama City FL 32405	5			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
••		(Current	New	Effective
	.		Rate	Rate	Date
Nursing Home	Single Level		202.28	205.56	1/1/2013
	Level H: AIDS		351.49	356.37	1/1/2013
	Level U: Fragile Under 21	_	471.24	477.41	1/1/2013
Rate Type :					
Interim		X	Prospectiv	7e	
	otal Interim		X	Total Prospective	
	nterim Component			Prospective Adjusted	for New Costs
	ettlement based on costs			Total Prospective with	Interim Component
P	rior Provider Prospective data				
Basis:		Changes:	1		
200250		0110119000	_		
Budget			Licensur	e Rating Change	
X Unaudited c	eosts		Usual an	d Customary Limitatio	on
Field audite	ed costs		_	ate limitation change	
	- interim portion		FRVS C	hange	
Desk audited			7 . a		
	- Interim Portion - Prospective portion	X		nester Change [2] as of 01/01/2000	
Distribution:	Trospective polition			Thomas Parker	
Contract Manage	ement / Fiscal Agent		1: :10		. 15:
Permanent File	-	Me	aicaia Cos	t Reimbursement Plan	ning and Finance
For inform	ation Only		4-12	11-00	>
No Change	e in Rate		2	L-DE	
Home Office:	Preferred Care, Inc.				
	5420 West Plano Parkway				
	Plano TX 75093				



	Provider Number:	0 324027-00	
	Date:	1/3/2013	
	Fiscal Year End:	9/30/2012	
	Audit Status:	Unaudited [3]	
Current Rate	New Rate 244.33	Effective Date	
		1/1/2013	
387.64	395.14	1/1/2013	
507.39	516.18	1/1/2013	
Changes: Licensur Usual an Target F FRVS C X Rate Ser On FRV	Total Prospective Prospective Adjusted at Total Prospective with Total Prospective with The Rating Change and Customary Limitation Change Change The Rating Change Thange Thange Thange Thange Thange Thange Thomas Parker	n Interim Component	_
Z	L-DC	>	
	Rate 238.43 387.64 507.39	Thomas Parker Fiscal Year End: Audit Status: Current New Rate Rate 238.43 244.33 387.64 395.14 507.39 516.18 X Prospective Prospective Adjusted Total Prospective with Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Rate Semester Change On FRV [2] as of 01/03/1991 Thomas Parker Medicaid Cost Reimbursement Plane	Date: 1/3/2013 Fiscal Year End: 9/30/2012 Audit Status: Unaudited [3]



Advanced Rehabilitation &	Health Center			Provider Number:	0 324094-00
401 FAIRWOOD AVENU	E			Date:	1/3/2013
Clearwater FL 33759				Fiscal Year End:	2/29/2012
				Audit Status:	Unaudited [3]
Provider Type:		(Current	New	Effective
Nursing Home Si	ngle Level		Rate 236.66	Rate 234.99	Date 1/1/2013
Lev	vel H: AIDS		385.87	385.80	1/1/2013
Le	vel U: Fragile Under 21	<u></u>	505.62	506.84	1/1/2013
Interir Settler	rim 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	Interim Component
Desk Audit - Pro Distribution:	spective portion		Oll FRV	[2] as of 02/01/2000	
Contract Management	t / Fiscal Agent			Thomas Parker	
Permanent File For information No Change in F	Only	Med		Reimbursement Plan	
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road #309 New City NY 10956	,			



Bayside Rehabilitation & Health Center		Provider Number:	0 324108-00
811 Jackson Street North		Date:	1/3/2013
St. Petersburg FL 33705		Fiscal Year End:	2/29/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 258.65	New Rate 255.35	Effective Date 1/1/2013
Single Level	250.05		1/1/2013
Level H: AIDS	407.86	406.16	1/1/2013
Level U: Fragile Under 21	527.61	527.20	1/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 10/01/2001	n Interim Component
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker Cost Reimbursement Plan	_
Home Office: Hallmark Accounting Jacob Karmel 368 New Hempstead Road # New City NY 10956	309		



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

alth Center			Provider Number:	0 324116-00	
			Date:	1/3/2013	
			Fiscal Year End:	2/29/2012	
			Audit Status:	Unaudited [3]	
	Ra	ite	New Rate	Effective Date	
ingle Level		<u>8.11</u>		1/1/2013	
evel H: AIDS	382	2.32	379.93	1/1/2013	
evel U: Fragile Under 21	502	2.07	500.97	1/1/2013	
m Component ment based on costs Provider Prospective data sts erim portion sts erim Portion	Changes: L U T F	x To	cospective Adjusted otal Prospective with Rating Change Customary Limitation change ange	n Interim Component	
n Only Rate Hallmark Accounting	Medica			_	
	ingle Level Evel H: AIDS Evel U: Fragile Under 21 Interim In Component Inent based on costs Provider Prospective data ests Erim portion Interim portion Interim Inte	ingle Level 233 Evel H: AIDS 382 Evel U: Fragile Under 21 502 X Pro Interim m Component ment based on costs Provider Prospective data Changes: Li Us Ta Erim portion sts Erim Portion ospective portion It / Fiscal Agent Medica Hallmark Accounting	Current Rate 233.11 Evel H: AIDS Evel U: Fragile Under 21 Total X Prospective X Prospective AX Total Provider Prospective data Changes: Licensure I Usual and Target Rate FRVS Changes: Total A Rate Seme on FRV [2] It / Fiscal Agent Medicaid Cost I A Only Rate Hallmark Accounting	Date: Fiscal Year End: Audit Status: Current New Rate Rate Rate	Date: 1/3/2013 Fiscal Year End: 2/29/2012 Audit Status: Unaudited [3] Current Rate Rate Date Date 233.11 229.12 1/1/2013 Evel H: AIDS Evel H: AIDS Evel U: Fragile Under 21 502.07 500.97 1/1/2013 Evel U: Fragile Under 21 Total Prospective Enterim m Component Event Based on costs Every Prospective With Interim Component Event Prospective With Interim Component Every Prospective With Interim Component Event Prospective With Interim Component



Madison Pointe Reha	bilitation & Health Center			Provider Number:	0 324124-00
6020 Indiana Avenue		_ _		Date:	1/3/2013
New Port Richey FL	34653	_		Fiscal Year End:	2/29/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level	_	Rate 226.37	Rate	Date 1/1/2013
Nursing Home	Single Level	_	220.37		1/1/2015
	Level H: AIDS		375.58	376.69	1/1/2013
	Level U: Fragile Under 21	-	495.33	497.73	1/1/2013
Rate Type:					
Interim		X	Prospectiv		
	Total Interim		<u>X</u>	Total Prospective	C. N. C.
	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	<u>:</u>		
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	X		nester Change [2] as of 12/01/1995	
Distribution:	t - Prospective portion		Oli FK v	[2] as 01 12/01/1993	
	ement / Fiscal Agent			Thomas Parker	
Permanent File	ement / Piscai Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only			. 1	3
No Chang	·		2	L-DC	
Home Office:	Hallmark Accounting				
Home Office:	Jacob Karmel				
	368 New Hempstead Road	1 #309			
	New City NY 10956				



Shore Acres Rehabilitati	on & Health Center			Provider Number:	0 324132-00
4500 Indianapolis Street				Date:	1/3/2013
St. Petersburg FL 33703				Fiscal Year End:	2/29/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 229.64	New Rate 230.19	Effective Date 1/1/2013
8	8	_			
	Level H: AIDS	_	378.85	381.00	1/1/2013
	Level U: Fragile Under 21	_	498.60	502.04	1/1/2013
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audit - I Desk Audit - I	costs nterim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation at limitation change	n Interim Component
Distribution:	. / 5' 1 4			Thomas Parker	
Contract Managem Permanent File	ient / Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
Fermanent File For informat No Change i	•		Z	LDE	<u> </u>
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road # New City NY 10956	309			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Woodbridge Rehabilitat	tion & Health Center			Provider Number:	0 324141-00
8720 Jackson Springs R	oad			Date:	1/3/2013
Tampa FL 33615				Fiscal Year End:	2/29/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 227.16	New Rate	Effective Date 1/1/2013
Nursing Home	Single Level	-	227.10		1/1/2015
	Level H: AIDS		376.37	376.54	1/1/2013
	Level U: Fragile Under 21		496.12	497.58	1/1/2013
Rate Type :					
Int Ser	etal Interim terim Component ttlement based on costs	X		e Total Prospective Prospective Adjusted Total Prospective with	
Basis: Budget X Unaudited co Field audited		Change	Licensur Usual an	e Rating Change d Customary Limitatio ate limitation change hange	on
Desk audited Desk audit - l	•	<u> </u>	Rate Sen	nester Change [2] as of 09/01/1994	
Distribution:				Thomas Parker	
Contract Managen	nent / Fiscal Agent	N	Medicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For informa No Change	•			L DE	
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road # New City NY 10956	† 309			



Ocoee Health Care Facility		Provider Number:	0 324159-00
1556 Maguire Road		Date:	1/3/2013
Ocoee FL 34761		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 223.22	New Rate 217.62	Effective Date 1/1/2013
		<u> </u>	
Level H: AIDS	372.43	368.43	1/1/2013
Level U: Fragile Under 21	492.18	489.47	1/1/2013
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 of Total Prospective with Total Prospective with The Rating Change of Customary Limitation Change Change The Rating Change of Change of Change of 12 as of 08/16/1990	n Interim Component
Contract Management / Fiscal Agent		Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate Home Office: 1 - No Home Office		st Reimbursement Plan	_



Palmetto Rehabilitati	on and Health Center			Provider Number:	0 324167-00	
6750 West 22nd Cou	rt	•		Date:	1/3/2013	_
Hialeah FL 33016				Fiscal Year End:	2/29/2012	_
				Audit Status:	Unaudited [3]	_
Provider Type:						_
• •			Current	New	Effective	
	a		Rate	Rate	Date	
Nursing Home	Single Level		248.17	248.13	1/1/2013	
	Level H: AIDS	3	397.38	398.94	1/1/2013	
	Level U: Fragile Under 21		517.13	519.98	1/1/2013	
Rate Type :						
Interim		X1	Prospectiv	re		
	Total Interim			Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	Interim Component	
	Prior Provider Prospective data					
Basis:		Changes:				
Budget			Licensure	e Rating Change		
X Unaudited	costs			d Customary Limitatio	on	
Field audit	ted costs		Target Ra	ate limitation change		
Field audi	t - interim portion		FRVS C	hange		
Desk audit						
	t - Interim Portion t - Prospective portion	X		nester Change [2] as of 09/02/1987		
<u>Distribution:</u>				Thomas Parker		_
Contract Manag	gement / Fiscal Agent		1			
Permanent File		Med	iicaid Cos	t Reimbursement Plan	ning and Finance	
For inform	mation Only		7	L DE	>	
No Chan	ge in Rate		2			
Home Office:	Hallmark Accounting					
	Jacob Karmel	wa.a.a				
	368 New Hempstead Road # New City NY 10956	#309				
	New City IN I 10930					



Courtyards of Orlando				Provider Number:	0 324175-00
1900 Mercy Drive				Date:	1/3/2013
Orlando FL 32808				Fiscal Year End:	2/29/2012
				Audit Status:	Unaudited [3]
Provider Type:					
		(Current	New	Effective
N II G	1 7 1		Rate	Rate	Date
Nursing Home Sin	ngle Level		216.20		1/1/2013
Leve	el H: AIDS	Ź	365.41	364.68	1/1/2013
Leve	el U: Fragile Under 21		485.16	485.72	1/1/2013
Rate Type :					
Interim		X	Prospectiv	e	
Total In	nterim		X	Total Prospective	
Interim	Component			Prospective Adjusted	for New Costs
Settlem	ent based on costs			Total Prospective with	n Interim Component
Prior Pr	rovider Prospective data				
Basis:		Changes:			
Budget			Licensure	e Rating Change	
X Unaudited costs				d Customary Limitation	on
Field audited cost	s			ate limitation change	
Field audit - inter	im portion		FRVS Cl	nange	
Desk audited costs					
Desk audit - Interi Desk Audit - Pros		X		lester Change [2] as of 10/01/1991	
Distribution:	Francisco Francisco			Thomas Parker	
Contract Management	/ Fiscal Agent		1:: 1 C		
Permanent File		Med	ncaia Cosi	Reimbursement Plan	ning and Finance
For information	Only		7	L-DE	2
No Change in Ra	ate		2	- al	
Home Office:	Hallmark Accounting				
	Jacob Karmel				
	368 New Hempstead Road #309	•			
	New City NY 10956				



Royal Care of Avon Park		Provider Number:	0 324213-00
1213 W. Stratford Rd.		Date:	1/3/2013
Avon Park FL 33825		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 198.25	New Rate 193.62	Effective Date 1/1/2013
Level H: AIDS	347.46	344.43	1/1/2013
Level U: Fragile Under 21	467.21	465.47	1/1/2013
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 The Rating Change and Customary Limitation change	n Interim Component
<u> </u>		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office		st Reimbursement Plan	_



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Seminole Pavilion Rehab	ilitation & Nursing Service		Provider Nu	mber:	0 324230-00
10800 Temple Terrace				Date:	1/3/2013
Seminole FL 33772			Fiscal Year	End:	5/31/2011
			Audit S	Status:	Unaudited [3]
Provider Type:	G. 1 I	Curre Rate	Rate		Effective Date
Nursing Home	Single Level	200.2	202.96		1/1/2013
I	Level H: AIDS	349.4	<u>353.77</u>	_	1/1/2013
I	Level U: Fragile Under 21	469.2	474.81	_	1/1/2013
Basis: Budget X Unaudited cost Field audit - in Desk audit - In Desk Audit - P	ts costs aterim portion costs	Changes: Lice Usu Targ FRV	Total Prospect Prospective A Total Prospect Total Prospect ensure Rating Chang al and Customary L get Rate limitation of VS Change ESemester Change FRV [2] as of 07/01	djusted for the state of the st	Interim Component
Distribution: Contract Manageme Permanent File For information No Change in	on Only	Medicaic	Thomas Pa	ent Plann	
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 111 Westwood Place, Suite 200 Brentwood TN 37027				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Freedom Square Reha	abilitation & Nursing Services			Provider Number:	0 324248-00
10801 Johnson Blvd.		_		Date:	1/3/2013
Seminole Fl 33772		_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
	a		Rate	Rate	Date
Nursing Home	Single Level	_	199.74	202.38	1/1/2013
	Level H: AIDS		348.95	353.19	1/1/2013
	Level U: Fragile Under 21	_	468.70	474.23	1/1/2013
Rate Type :					
Interim		X	Prospectiv	<i>r</i> e	
	Total Interim	-		Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	Interim Component
1	Prior Provider Prospective data				
Basis:		Changes	3		
				D : G	
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	
Desk Audi	t - Prospective portion		On FRV	[2] as of 02/19/2002	
Distribution:				Thomas Parker	
Contract Manag	gement / Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
	nation Only		7	L-DE	?
No Chang	ge in Rate			- ELL	
Home Office:	Brookdale Senior Living,	Inc.			
	Russ Bellora				
	111 Westwood Place, Suite	e 200			
	Brentwood TN 37027				



Heritage Park Care an	d Rehabilitation Center			Provider Number:	0 324345-00	
2302 59th Street West	<u> </u>			Date:	1/3/2013	
Bradenton FL 34209				Fiscal Year End:	9/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
-			Current	New	Effective	
N	G. 1 T. 1		Rate	Rate	Date	
Nursing Home	Single Level		195.76	<u> 197.90</u> _	1/1/2013	
	Level H: AIDS	3	344.97	348.71	1/1/2013	
	Level U: Fragile Under 21		164.72	469.75	1/1/2013	
Rate Type :						
Interim		X	Prospectiv			
Total Interim		Total Prospective Prospective Adjusted for New Costs				
	Interim Component Settlement based on costs			Total Prospective with		
	Prior Provider Prospective data			Total Prospective with	i interim Component	
	Tior Frovider Frospective data					
Basis:		Changes:				
Budget			Licensur	e Rating Change		
X Unaudited	costs			d Customary Limitatio	on	
Field audite		Target Rate limitation change				
Field audit	- interim portion		FRVS C	hange		
Desk audite						
	- Interim Portion	X		nester Change		
	- Prospective portion		On FK V	[2] as of 08/31/1994		
Distribution:	· / E' 1 A			Thomas Parker		
-	ement / Fiscal Agent	Med	licaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File	nation Only					
No Chang	•		Z	L-DE	<i></i>	
	Signature Healthcare LLC					
Home Office:	Julie Kleiser					
	12201 Bluegrass Parkway					
	Louisville KY 40299					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Washington Rehabilitation				Provider Number:	0 324353-00	
879 Usery Road/Post Offic	ee Box 917			Date:	1/3/2013	
Chipley FL 32428				Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Signature Signature	ingle Level		Current Rate 208.77	New Rate 211.12	Effective Date 1/1/2013	
	ingle Level		200.77		1/1/2013	
Le	evel H: AIDS	<u></u>	357.98	361.93	1/1/2013	
Le	evel U: Fragile Under 21	_	477.73	482.97	1/1/2013	
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 if Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component	
Contract Managemen	at / Fiscal Agant			Thomas Parker		
Permanent File For information No Change in	n Only	Me		t Reimbursement Plan	_	
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				Date:	1/3/2013
Defuniak Springs FL	32435			Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
		•	Current	New	Effective
Nursing Home	Single I aval		Rate	Rate	Date
Nursing Home	Single Level	_	200.27		1/1/2013
	Level H: AIDS		349.48	353.38	1/1/2013
	Level U: Fragile Under 21		469.23	474.42	1/1/2013
Rate Type :					
Interim		X	Prospectiv		
Total Interim			<u>X</u>	Total Prospective	C. N. C.
	Interim Component Settlement based on costs			Prospective Adjusted : Total Prospective with	
	Prior Provider Prospective data			Total Prospective will	i internii Component
	Thor Frovider Frospective data		1		
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 audit					
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 03/01/1989	
<u>Distribution:</u>	• •			Thomas Parker	
Contract Manag	ement / Fiscal Agent		1: :10		· 1E'
Permanent File	-	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
For inform	nation Only			1000	2
No Chang	ge in Rate		2	LDE	
Home Office:	Signature Healthcare LLC				
1101110 011100.	Julie Kleiser				
	12201 Bluegrass Parkway				
	Louisville KY 40299				



Signature HealthCARE of G	College Park			Provider Number:	0 324370-00
13755 Golf Club Parkway				Date:	1/3/2013
Fort Myers FL 33919-5146	i			Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level		Current Rate 203.76	New Rate 206.09	Effective Date 1/1/2013
	ingle Devel		203.70		1/1/2013
Le	vel H: AIDS	<u> </u>	352.97	356.90	1/1/2013
Le	vel U: Fragile Under 21		472.72	477.94	1/1/2013
Interio Settles	Interim m Component ment based on costs Provider Prospective data	Changes:	Licensur Usual an Target R	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Field audit - inte Desk audited cos Desk audit - Inte Desk Audit - Pro	sts rim Portion	X		hange nester Change [2] as of 08/31/1994	
Distribution:				Thomas Parker	
Contract Management	t / Fiscal Agent	Med	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File For information No Change in I	•		2	L DE	-
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				



Signature HealthCARE of	Gainesville			Provider Number:	0 324388-00
4000 South West 20th Av	enue			Date:	1/3/2013
Gainesville FL 32607	_			Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:			urrent Rate	New Rate	Effective Date
Nursing Home S	Single Level	1	98.23	200.94	1/1/2013
L	evel H: AIDS	_ 3	47.44	351.75	1/1/2013
L	evel U: Fragile Under 21	4	67.19	472.79	1/1/2013
Basis: Budget X Unaudited costs Field audit - int Desk audited co Desk audit - Int	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 change	n Interim Component
Contract Management	nt / Fiscal Agant			Thomas Parker	
Permanent File	nt / 1 iscai Agent	Med	icaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in	•		2	L DE	-
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				



Signature Healthcare of No	orth Florida			Provider Number:	0 324396-00	
1083 Sanders Avenue				Date:	1/3/2013	
Graceville FL 32440				Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home Si	ngle Level		206.43	208.80	1/1/2013	
Le	vel H: AIDS		355.64	359.61	1/1/2013	
Le	vel U: Fragile Under 21	_	475.39	480.65	1/1/2013	
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 a Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component	
Distribution: Contract Management Permanent File For information No Change in F	ı Only	Me		Thomas Parker t Reimbursement Plan	_	
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299					



Signature HealthCARE Center of Waterford	_		Provider Number:	0 324400-00	
8333 W. Okeechobee Road	_		Date:	1/3/2013	
Hialeah Gardens FL 33016	_		Fiscal Year End:	7/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level		Current Rate 194.68	New Rate	Effective Date 1/1/2013	
Nursing Home Single Level		194.00	196.64	1/1/2015	
Level H: AIDS		343.89	347.45	1/1/2013	
Level U: Fragile Under 21		463.64	468.49	1/1/2013	
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:	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 01/01/2001	Interim Component	
Contract Management / Fiscal Agent			Thomas Parker		
Permanent FileFor information OnlyNo Change in Rate	Med		t Reimbursement Plan	_	
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299					



Signature Healthcare of	Brookwood Gardens		Provider Number:	0 324418-00
1990 S. Canal Drive			Date:	1/3/2013
Homestead FL 33035			Fiscal Year End:	7/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 204.70	New Rate 206.97	Effective Date 1/1/2013
runsing frome	Single Level	204.70		1/1/2013
	Level H: AIDS	353.91	357.78	1/1/2013
	Level U: Fragile Under 21	473.66	478.82	1/1/2013
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - 1	costs interim portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Sure Rating Change and Customary Limitation Rate limitation change Change Semester Change RV [2] as of 11/01/1989	n Interim Component
	nent / Fiscal Agent		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate			Cost Reimbursement Plan	- -
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



Signature Healthcare at the	Courtyard			Provider Number:	0 324426-00	
2600 Forest Glen Trail				Date:	1/3/2013	
Marianna FL 32446				Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:	nala Laval		Current Rate	New Rate	Effective Date	
Nursing Home Si	ngle Level		195.05	<u> 197.24</u> _	1/1/2013	
Lev	vel H: AIDS		344.26	348.05	1/1/2013	
Le	vel U: Fragile Under 21	_	464.01	469.09	1/1/2013	
Basis: Budget X Unaudited costs Field audit - inte Desk audit - Interior F	rim portion its rim Portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation at limitation change	Interim Component	
Distribution: Contract Management Permanent File For information No Change in F	Only	Me		Thomas Parker t Reimbursement Plan	_	
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299					



Signature Healthcare of Ora				Provider Number:	0 324434-00	
2029 Professional Center D	rive			Date:	1/3/2013	
Orange Park FL 32073				Fiscal Year End:	9/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ngle Level	_	Current Rate	New Rate 212.91	Effective Date 1/1/2013	
Lev	vel H: AIDS	_	358.68	363.72	1/1/2013	
Lev	vel U: Fragile Under 21	_	478.43	484.76	1/1/2013	
Basis: Budget X Unaudited costs Field audit - interior Desk audit - Interior Desk Audit - Pro	rim portion ts rim 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	Interim Component	
Distribution: Contract Management Permanent File	/ Fiscal Agent	Me	edicaid Cos	Thomas Parker t Reimbursement Plans	ning and Finance	
For information No Change in R	•		2	120)	
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299					



Signature Healthcare of Ormond		Provider Number:	0 324442-00
103 N. Clyde Morris Blvd		Date:	1/3/2013
Ormond Beach FL 32074		Fiscal Year End:	9/30/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 217.25	New Rate 220.36	Effective Date 1/1/2013
Level H: AIDS	366.46	371.17	1/1/2013
Level U: Fragile Under 21	486.21	492.21	1/1/2013
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 C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange	n Interim Component
Desk Audit - Prospective portion Distribution:	On FRV	[2] as of 05/20/1988	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate		Thomas Parker t Reimbursement Plan	_
Home Office: Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Anchor Care & Rehabilita	ation Center		Provider Number:	0 324451-00
1515 Port Malabar Blvd.	NE		Date:	1/3/2013
Palm Bay FL 32905			Fiscal Year End:	9/30/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 199.43	New Rate 202.13	Effective Date 1/1/2013
- · · · · · · · · · · · · · · · · · · ·				
I	Level H: AIDS	348.64	352.94	1/1/2013
I	evel U: Fragile Under 21	468.39	473.98	1/1/2013
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk audit - In	osts terim portion osts terim Portion	Usual Target FRVS X Rate S	Total Prospective Prospective Adjusted Total Prospective wit Sure Rating Change and Customary Limitation Rate limitation change Change	h Interim Component
Distribution:	rospective portion	Oll TR	V [2] as of 08/31/1994	
Contract Manageme	ent / Fiscal Agent		Thomas Parker	
Permanent File		Medicaid C	ost Reimbursement Plan	nning and Finance
For information No Change in	·		el De	2_
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Pinellas Park Care and R	ehabilitation Center		Pro	ovider Number:	0 324469-00
8701 49th Street North				Date:	1/3/2013
Pinellas Park FL 33782			Fis	scal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curr <u>Ra</u> 191	<u>te</u>	New Rate	Effective Date 1/1/2013
]	Level H: AIDS	340	.28	343.93	1/1/2013
]	Level U: Fragile Under 21	460	.03	464.97	1/1/2013
Basis: Budget X Unaudited cos Field audit - in Desk audited co	costs nterim portion costs	Changes: Lie Us Ta FF	Prosp Total Censure Rati ual and Cus rget Rate lin LVS Change te Semester a FRV [2] as	ing Change stomary Limitation mitation change e Change s of 03/01/1997	h Interim Component
·	ant / Figural A game		Tl	nomas Parker	
Contract Manageme	em / riscai Agem	Medica	id Cost Rei	mbursement Plar	nning and Finance
Fermanent File For informati No Change i	•		ZE	1-20C	2
Home Office:	Signature Healthcare LLC Julie Kleiser 12201 Bluegrass Parkway Louisville KY 40299				



Signature Healthcare	of Port Charlotte			Provider Number:	0 324477-00
4033 Beaver Lane		Date: 1/3/20			1/3/2013
Port Charlotte FL 339	52			Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
		•	Current	New	Effective
NI II	C' l . T l		Rate	Rate	Date
Nursing Home	Single Level		216.65	219.18	1/1/2013
	Level H: AIDS		365.86	369.99	1/1/2013
	Level U: Fragile Under 21	_	485.61	491.03	1/1/2013
Rate Type :					
Interim		<u> </u>	Prospectiv	ve	
	Total Interim		<u>X</u>	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
1	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)II
	- interim portion		FRVS C	=	
Desk audite	_				
	- Interim Portion	X		nester Change	
	z - Prospective portion		On FRV	[2] as of 08/31/1994	
Distribution:				Thomas Parker	
•	ement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File				C 20240 200 000	
	nation Only		2	L-DC	2
No Chang	ge in Rate		1782		
Home Office:	Signature Healthcare LLC				
	Julie Kleiser				
	12201 Bluegrass Parkway Louisville KY 40299				
	Louisville K I 40299				



The Bridge at Bay St.	Joe			Provider Number:	0 324485-00
220 9th Street				Date:	1/3/2013
Port St. Joe FL 32456				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			rrent	New	Effective
			ate	Rate	Date
Nursing Home	Single Level		1.38	193.97	1/1/2013
	Level H: AIDS	_ 34	0.59	344.78	1/1/2013
	Level U: Fragile Under 21	46	0.34	465.82	1/1/2013
Rate Type :					
Interim		X Pr	ospectiv		
	Total Interim	_		Total Prospective	
	Interim Component	-		Prospective Adjusted to	
	Settlement based on costs Prior Provider Prospective data	_		Total Prospective with	i internii Component
	Tiof Flovider Flospective data				
Basis:		Changes:			
Budget		I	icensur	e Rating Change	
X Unaudited	costs			d Customary Limitatio	on
Field audit	ed costs			ate limitation change	
Field audit	- interim portion	F	RVS C	hange	
Desk audite					
	- Interim Portion			nester Change [2] as of 10/01/1985	
Distribution:	- Frospective portion		JII I'K V		
·	ement / Fiscal Agent			Thomas Parker	
Permanent File	ement, i iseal rigent	Medic	aid Cos	t Reimbursement Plan	ning and Finance
	nation Only		Contract of	17-00	,
No Chang	•		2	L DE	
Home Office:	Signature Healthcare LLC				
nome office.	Julie Kleiser				
	12201 Bluegrass Parkway				
	Louisville KY 40299				



Kenilworth Care and I	Rehabilitation Center	Provider Number: 0 324493			0 324493-00
3011 Kenilworth Blvd	l.	Date: 1/3/2			1/3/2013
Sebring FL 33870				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
	a	_	Rate	Rate	Date
Nursing Home	Single Level	_	190.47		1/1/2013
	Level H: AIDS		339.68	343.46	1/1/2013
	Level U: Fragile Under 21	_	459.43	464.50	1/1/2013
Rate Type :					
Interim		X	Prospectiv	/e	
	Total Interim		<u>X</u>	Total Prospective	
	nterim Component			Prospective Adjusted	
	ettlement based on costs			Total Prospective with	Interim Component
P	rior Provider Prospective data	-			
Basis:		Changes:			
Dudget			Licensur	e Rating Change	
Budget X Unaudited of	posts	-	_	d Customary Limitatio	nn
Field audite			_	ate limitation change	711
Field audit	- interim portion		FRVS C	hange	
Desk audite	ed costs		_		
	- Interim Portion	X		nester Change	
	- Prospective portion		On FRV	[2] as of 07/01/1986	
Distribution:				Thomas Parker	
•	ement / Fiscal Agent	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
For inform			2	L-DC	>
No Chang	e in Kate				
Home Office:	Signature Healthcare LLC				
	Julie Kleiser				
	12201 Bluegrass Parkway Louisville KY 40299				
	Louisville K1 40233				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Peninsula Care and Rehabilitation Center				Provider Number:	0 324507-00	
900 Beckett Way		- -		Date:	1/3/2013	
Tarpon Springs FL 34	4689	_		Fiscal Year End:	9/30/2011	-
				Audit Status:	Unaudited [3]	
Provider Type:						-
			Current	New	Effective	
NI II	C' I . T I		Rate	Rate	Date	
Nursing Home	Single Level		213.16	215.46	1/1/2013	
	Level H: AIDS		362.37	366.27	1/1/2013	
	Level U: Fragile Under 21	_	482.12	487.31	1/1/2013	
Rate Type :						
Interim		X	Prospectiv	ve		
	Total Interim		<u>X</u>	Total Prospective		
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	n Interim Component	
	Prior Provider Prospective data					
Basis:		Changes:]			
Budget			Licensur	e Rating Change		
X Unaudited	costs		- Usual an	d Customary Limitatio	on	
Field audit	red costs		Target R	ate limitation change		
	t - interim portion		FRVS C	hange		
Desk audit			- D . C	. CI		
	- Interim Portion t - Prospective portion	X		nester Change [2] as of 03/01/1995		
Distribution:				Thomas Parker		
Contract Manag	gement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File						
	nation Only		7	L-DC	?	
No Chang	ge in Rate		_	- EL		
Home Office:	Signature Healthcare LLC					
	Julie Kleiser					
	12201 Bluegrass Parkway					
	Louisville KY 40299					
	-					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Winter Park Care and	Rehabilitation Center			Provider Number:	0 324515-00
2970 Scarlet Road				Date:	1/3/2013
Winter Park FL 32792	2			Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				Tudit Status.	enautres [e]
			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	206.23	208.62	1/1/2013
	Level H: AIDS	_	355.44	359.43	1/1/2013
	Level U: Fragile Under 21	-	475.19	480.47	1/1/2013
Rate Type :					
		v	D		
Interim	Γotal 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				
Basis:	1	Changes	.1		
Dasis:		Changes	<u>·</u>		
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	ed costs		_		
	- Interim Portion	X		nester Change	
	: - Prospective portion		On FRV	[2] as of 08/31/1994	
Distribution:	(T)			Thomas Parker	
_	ement / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	action Only				
	nation Only		2	L DE)
No Chang	ge iii Kale				
Home Office:	Signature Healthcare LLC				
	Julie Kleiser				
	12201 Bluegrass Parkway Louisville KY 40299				
	Louisville IX 1 TO2//				



Southern Oaks Rehabilitation and Nursing Center		Provider Number:	0 324566-00
600 West Gregory Street		Date:	1/3/2013
Pensacola FL 32501		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 209.50	New Rate 212.39	Effective Date 1/1/2013
Level H: AIDS	358.71	363.20	1/1/2013
Level U: Fragile Under 21	478.46	484.24	1/1/2013
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 at Target I FRVS C	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: Hallmark Accounting Jacob Karmel 368 New Hempstead Road #3 New City NY 10956	2	Thomas Parker est Reimbursement Plan	



Terraces of Lake Worth	Rehab and Health Center			Provider Number:	0 325031-00
1711 6th Avenue South		Date: 1/3			1/3/2013
Lake Worth FL 33460				Fiscal Year End:	2/29/2012
				Audit Status:	Unaudited [3]
Provider Type:				riddit Status.	
-JP			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	254.73	245.88	1/1/2013
	Level H: AIDS	_	403.94	396.69	1/1/2013
	Level U: Fragile Under 21	_	523.69	517.73	1/1/2013
	tal Interim	X		Total Prospective	
Int	erim Component			Prospective Adjusted	
	tlement based on costs			Total Prospective with	Interim Component
Pri	or Provider Prospective data				
Basis:		Changes	:		
Desk audited Desk audit - I Desk Audit -	costs interim portion	X	Usual an Target R FRVS C	e Rating Change d Customary Limitatio ate limitation change hange nester Change [2] as of 08/01/1986	on
Distribution:				Thomas Parker	
Contract Managem	nent / Fiscal Agent		edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
For informat			7	L-20	>
No Change	in Rate				
Home Office:	Hallmark Accounting				
	Jacob Karmel 368 New Hempstead Road #30 New City NY 10956	09			



Arbor Village Nursin	g Center			Provider Number:	0 325040-00
490 South Old Wire Road				Date:	1/3/2013
Wildwood FL 34785		_		Fiscal Year End:	2/29/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
.		_	Rate	Rate	Date
Nursing Home	Single Level	_	215.79	213.28	1/1/2013
	Level H: AIDS		365.00	364.09	1/1/2013
	Level U: Fragile Under 21	-	484.75	485.13	1/1/2013
Rate Type :					
Interim		X	Prospectiv		
	Total Interim		<u>X</u>	Total Prospective	C. N. C.
	Interim Component Settlement based on costs			Prospective Adjusted : Total Prospective with	
	Prior Provider Prospective data			Total Flospective with	i internii Component
<u> </u>	Thor Provider Prospective data				
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 10/01/1985	
Distribution:	<u> </u>		- OH TICY	Thomas Parker	
Contract Manag	gement / Fiscal Agent				
Permanent File	•	M	edicaid Cos	t Reimbursement Plan	ning and Finance
For inform	nation Only			1000	2
No Chang	ge in Rate		2	L-DE	
Home Office:	Hallmark Accounting				
	Jacob Karmel				
	368 New Hempstead Road	1 #309			
	New City NY 10956				



North Lake Rehabilitation a	and Health Center			Provider Number:	0 325163-00
750 Bayberry Drive				Date:	1/3/2013
Lake Park FL 33403	_			Fiscal Year End:	2/29/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Si	ngle Level	_	253.27	249.42	1/1/2013
Le	vel H: AIDS		402.48	400.23	1/1/2013
Le	vel U: Fragile Under 21	_	522.23	521.27	1/1/2013
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 F	ı Only	Me		Thomas Parker t Reimbursement Plan	_
Home Office:	Hallmark Accounting Jacob Karmel 368 New Hempstead Road # New City NY 10956	309			



Heartland of Jacksonvi	lle FL, LLC		Provider Number:	0 325236-00
8495 Normandy Blvd			Date:	1/3/2013
Jacksonville FL 32221	ider Type: Sing Home Single Level Level H: AIDS Level U: Fragile Under 21 ate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Curren Rate 190.9	Rate	Effective Date 1/1/2013
_				
	Level H: AIDS	340.1	343.88	1/1/2013
	Level U: Fragile Under 21	459.86	6 464.92	1/1/2013
Basis: Budget X Unaudited co Field audited Field audited Desk audited Desk audited	etterim Component ettlement based on costs rior Provider Prospective data osts d costs interim portion	Usua Targe FRV X Rate	Total Prospective Prospective Adjusted Total Prospective wit asure Rating Change I and Customary Limitati et Rate limitation change S Change Semester Change RV [2] as of 01/12/1990	h Interim Component
	ment / Fiscal Agent	-	Thomas Parker	
Permanent File For informa No Change	ation Only		Cost Reimbursement Plan	
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Heartland Health Care Center-Kendall		Provider Number:	0 325244-00	
9400 SW 137th Avenue		Date:	1/3/2013	
Kendall FL 33186		Fiscal Year End:	6/30/2012	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 203.52	New Rate 206.91	Effective Date 1/1/2013	
Single Devel			1/1/2010	
Level H: AIDS	352.73	357.72	1/1/2013	
Level U: Fragile Under 21	472.48	478.76	1/1/2013	
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 at Total Prospective with The Rating Change and Customary Limitation at 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		Thomas Parker st Reimbursement Plan		



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Heartland Health Care Ce	enter-Miami Lakes			Provider Number:	0 325252-00	
5725 NW 186th Street				Date:	1/3/2013	
Hialeah FL 33015				Fiscal Year End:	9/30/2012	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 206.03	Effective Date 1/1/2013	
i turbing frome	single Level	_	203,22		1/1/2013	
I	Level H: AIDS	_	354.43	356.84	1/1/2013	
I	Level U: Fragile Under 21	-	474.18	477.88	1/1/2013	
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 of Total Prospective with Rating Change d Customary Limitation at limitation change hange nester Change [2] as of 09/14/1990	Interim Component	
Contract Manageme	ent / Fiscal Agent			Thomas Parker		_
Permanent FileFor informationNo Change in Home Office:	on Only	M		t Reimbursement Plan	_	



Heartland Health Care Ce	enter-Orange Park			Provider Number:	0 325261-00
570 Wells Road				Date:	1/3/2013
Orange Park FL 32073				Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
Provider Type:			rrent ate	New Rate	Effective Date
Nursing Home	Single Level		6.72	198.82	1/1/2013
I	Level H: AIDS	34	5.93	349.63	1/1/2013
I	Level U: Fragile Under 21	46	55.68	470.67	1/1/2013
Basis: Budget X Unaudited cost Field audit - in Desk audit - In Desk Audit - P	costs aterim portion costs	Changes:	Licensure Jsual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with Read Rating Change I Customary Limitation of the limitation change	h Interim Component
Distribution: Contract Manageme Permanent File For information No Change in	on Only	Medic		Thomas Parker Reimbursement Plan	_
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Manor Care Nursing and	Rehabilitation Center			Provider Number:	0 325279-00
2075 Lochmond Drive				Date:	1/3/2013
Winter Park FL 32792				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	Single Level		203.89	206.23	1/1/2013
L	evel H: AIDS	_	353.10	357.04	1/1/2013
L	evel U: Fragile Under 21	_	472.85	478.08	1/1/2013
Basis: Budget X Unaudited cost Field audit - in Desk audit - In Desk Audit - Property of the second content o	osts terim portion osts	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 Manageme	nt / Fiscal Agent			Thomas Parker	
Permanent File	· - 	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in	•		Z	l De	-
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Heartland Health Car	e Center of South Jacksonville			Provider Number:	0 325287-00
3648 University Boul				Date:	1/3/2013
Jacksonville FL 3221	6			Fiscal Year End:	5/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
• •		_	urrent	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		200.82	201.34	1/1/2013
	Level H: AIDS	3	50.03	352.15	1/1/2013
	Level U: Fragile Under 21	4	69.78	473.19	1/1/2013
Rate Type :					
Interim		X I	Prospectiv	ve	
	Total Interim		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:			
Budget			Licensur	e Rating Change	
X Unaudited	costs		Usual an	d Customary Limitation	on
Field audit	ed costs		Target R	tate limitation change	
Field audit	t - interim portion		FRVS C	hange	
Desk audite	ed costs				
	- Interim Portion	X	Rate Ser	nester Change	
	t - Prospective portion				
Distribution:				Thomas Parker	
ē.	ement / Fiscal Agent	Med	icaid Cos	st Reimbursement Plan	ning and Finance
Permanent File					
	nation Only		2	L DE	2
No Chang	ge in Rate				
Home Office:	HCR Manor Care				
	Julie Yoxtheimer				
	333 North Summit Street				
	Toledo OH 43604				
				1	



Heartland of Brooksville I	FL, LLC			Provider Number:	0 325295-00	
575 Lamar Ave				Date:	1/3/2013	
Brooksville FL 34601				Fiscal Year End:	8/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home S	Single Level	_	195.27	<u> 197.47</u> _	1/1/2013	
L	evel H: AIDS	_	344.48	348.28	1/1/2013	
L	evel U: Fragile Under 21	-	464.23	469.32	1/1/2013	
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 of Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component	
Distribution: Contract Management File For information No Change in	on Only	M		Thomas Parker t Reimbursement Plan		
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Heartland Health Care Ce	enter-Boynton Beach			Provider Number:	0 325309-00
3600 Old Boynton Beach				Date:	1/3/2013
Boynton Beach FL 33436	5			Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	_	184.29	188.54	1/1/2013
I	Level H: AIDS		333.50	339.35	1/1/2013
I	Level U: Fragile Under 21	_	453.25	460.39	1/1/2013
Rate Type :					
Interim		X	Prospectiv	re	
Tota	al Interim		_	Total Prospective	
Inter	rim Component			Prospective Adjusted to	for New Costs
Settl	ement based on costs			Total Prospective with	Interim Component
Prior	r Provider Prospective data				
Basis:		Changes:			
Budget			Licensur	e Rating Change	
X Unaudited cost	cs		Usual and	d Customary Limitatio	on
Field audited c	eosts		Target R	ate limitation change	
Field audit - in	•		FRVS C	hange	
Desk audited c			- D . C	. CI	
Desk audit - In Desk Audit - P	rospective portion	X		nester Change [2] as of 01/16/1992	
Distribution:				Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					8
For information	on Only		7	L-20	>
No Change in	n Rate		2_		
Home Office:	HCR Manor Care				
	Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				
	101040 011 13001				



Heartland of Fort Myers FL, LLC		Provider Number:	0 325325-00	
1600 Matthew Drive		Date:	1/3/2013	
Ft. Myers FL 33907		Fiscal Year End:	9/30/2011	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	191.97	194.18	1/1/2013	
Level H: AIDS	341.18	344.99	1/1/2013	
Level U: Fragile Under 21	460.93	466.03	1/1/2013	
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	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 04/25/1991	n Interim Component	
Contract Management / Fiscal Agent		Thomas Parker		
Permanent FileFor information OnlyNo Change in Rate Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604		ost Reimbursement Plan	-	



Heartland Health Car	re Center-Lauderhill			Provider Number:	0 325333-00
2599 NW 55th Avenu	ue			Date:	1/3/2013
Lauderhill FL 33313					7/31/2012
		Thomas Parker Date: 1/3/2013 1/3/2012 1/3/2012 1/3/2012 1/3/2012 1/3/2012 1/3/2013			
Provider Type:					
• •			Current	New	
		_		Rate	
Nursing Home	Single Level	-	181.25	200.03	1/1/2013
	Level H: AIDS		330.46	350.84	1/1/2013
	Level U: Fragile Under 21		450.21	471.88	1/1/2013
Rate Type :					
Interim		V	Prospostiv	vo.	
	Total Interim	<u></u>	_		
	Interim Component			=	for New Costs
	Settlement based on costs				
	Prior Provider Prospective data			r.	r
Basis:	•	Change	2.		
Dasis.		Change	2.		
Budget			Licensur	e Rating Change	
X Unaudited	costs	-			on
Field audit	ted costs		Target R	ate limitation change	
Field audit	t - interim portion		FRVS C	hange	
Desk audit					
	t - Interim Portion t - Prospective portion	X			
Distribution:			OHTKV		
	gement / Fiscal Agent				
Permanent File	, oment / 1 isour 1 igont	N	ledicaid Cos	t Reimbursement Plan	ning and Finance
	mation Only		جعين	11-00	2
	ge in Rate		2	-6-26	
Home Office:	HCR Manor Care				
	Julie Yoxtheimer				
	333 North Summit Street				
	Toledo OH 43604				
	•				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

			Provider Number:	0 325341-00	
oad			Date:	1/3/2013	
			Fiscal Year End:	9/30/2011	
			Audit Status:	Unaudited [3]	
ingle Level		Rate	New Rate 207.86	Effective Date 1/1/2013	
evel H: AIDS		354.65	358.67	1/1/2013	
evel U: Fragile Under 21		474.40	479.71	1/1/2013	
m Component ment based on costs Provider Prospective data ests erim portion sts erim Portion	Changes:	Licensure Usual and Target Ra FRVS Cl	Total Prospective Prospective Adjusted at Total Prospective with Read Rating Change d Customary Limitation change thange	Interim Component	
n Only Rate HCR Manor Care Julie Yoxtheimer 333 North Summit Street	Med				
	Julie Yoxtheimer	ingle Level evel H: AIDS evel U: Fragile Under 21 X Interim m Component ment based on costs Provider Prospective data Changes: Evel W: Fragile Under 21 X Interim m Component ment based on costs Provider Prospective data Changes: Horizontal Agent Med The Manor Care Julie Yoxtheimer 333 North Summit Street	Current Rate 205.44 Evel H: AIDS Evel U: Fragile Under 21 Interim In Component Interim M Component Intent based on costs Provider Prospective data Changes: Licensure Usual and Target R Errim Portion Sts Errim Portion Sts Errim Portion On FRV At / Fiscal Agent In Only Rate HCR Manor Care Julie Yoxtheimer 333 North Summit Street	Date: Fiscal Year End: Audit Status: Current Rate Rate 205.44 207.86 Evel H: AIDS Evel U: Fragile Under 21 Avel U: Fragile Under 21 Total Prospective Medicaid Cost Reimbursement Plan Thomas Parker Medicaid Cost Reimbursement Plan In Only Rate Current New Rate Rate 10 Current New Rate Rate 10 Current New Rate Rate 10 Audit Status: Current New Rate Rate 10 Audit Status: Total Prospective A Total Prospective Total Prospective with Total Prospective with Target Rate limitation change FRVS Change State Thomas Parker Medicaid Cost Reimbursement Plan In Only Rate HCR Manor Care Julie Yoxtheimer 333 North Summit Street	Date: 1/3/2013 Fiscal Year End: 9/30/2011 Audit Status: Unaudited [3] Current Rate Rate Date 1/1/2013 Curlent Rate Rate Date 205.44 207.86 1/1/2013 Evel H: AIDS Evel U: Fragile Under 21 474.40 479.71 1/1/2013 Therm Component Prospective Adjusted for New Costs Total Prospective with Interim Component Target Rate Imitation change Frovider Prospective data Changes: Changes: Change Usual and Customary Limitation Target Rate Imitation change FRVS Change Step of 1/1/1/2013 Step of 1/1/2013 Thomas Parker Medicaid Cost Reimbursement Planning and Finance HCR Manor Care Julie Yoxtheimer 333 North Summit Street



Heartland of Tamarac				Provider Number:	0 325350-00	
5901 NW 79th Avenue				Date:	1/3/2013	
Tamarac FL 33321				Fiscal Year End:	9/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ngle Level	_	Current Rate 207.07	New Rate 209.47	Effective Date 1/1/2013	
_		_				
Le	vel H: AIDS	_	356.28	360.28	1/1/2013	
Lev	vel U: Fragile Under 21	-	476.03	481.32	1/1/2013	
Basis: Budget X Unaudited costs Field audit - inte Desk audit - Inter Desk Audit - Pro	rim portion ts rim Portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted at Total Prospective with e Rating Change d Customary Limitation at limitation change	Interim Component	
Distribution: Contract Management Permanent File For information No Change in F	Only	M		Thomas Parker t Reimbursement Plans		
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

ManorCare Health Se	rvices (Boca Raton)			Provider Number:	0 325368-00
375 Northwest 51st S				Date:	1/3/2013
Boca Raton FL 33431				Fiscal Year End:	5/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
		(Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	_	210.19	<u> 195.57</u>	1/1/2013
	Level H: AIDS		359.40	346.38	1/1/2013
	Level U: Fragile Under 21		479.15	467.42	1/1/2013
Rate Type:					
Interim		X	Prospectiv	ve	
	Гotal Interim		X	Total Prospective	
1	Interim Component			Prospective Adjusted	for New Costs
	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 audit	ed costs		Target R	tate limitation change	
Field audit	- interim portion		FRVS C	Change	
Desk audite					
	- Interim Portion	X		nester Change	
	t - Prospective portion		Not on F	FRV [1]	
Distribution:				Thomas Parker	
· ·	ement / Fiscal Agent	Me	dicaid Cos	st Reimbursement Plan	ning and Finance
Permanent File	. 01				
	nation Only		2	L DE	?
No Chang	ge in Rate		170		
Home Office:	HCR Manor Care				
	Julie Yoxtheimer				
	333 North Summit Street				
	Toledo OH 43604				



ManorCare Health Services-Boynton Beach		Provider Number:	0 325376-00
3001 S Congress Ave		Date:	1/3/2013
Boynton Beach FL 33426		Fiscal Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 200.36	New Rate 207.01	Effective Date 1/1/2013
Level H: AIDS	349.57	357.82	1/1/2013
Level U: Fragile Under 21	469.32	478.86	1/1/2013
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: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604		Thomas Parker It Reimbursement Plan	



ManorCare Health Service	es			Provider Number:	0 325384-00
13881 Eagle Ridge Drive				Date:	1/3/2013
Ft. Myers Fl 33912				Fiscal Year End:	5/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 210.70	New Rate 203.15	Effective Date 1/1/2013
8	8				
L	evel H: AIDS	<u></u>	359.91	353.96	1/1/2013
L	evel U: Fragile Under 21	<u> </u>	479.66	475.00	1/1/2013
Inter Settle	osts terim portion	Changes:	Licensur Usual an	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Desk audit - Int Desk Audit - Pr	terim Portion rospective portion	X		nester Change [2] as of 05/01/2000	
Distribution: Contract Manageme Permanent File For informatio No Change in	nt / Fiscal Agent	Med		Thomas Parker t Reimbursement Plan	_
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



Manor Care @ Lely Palr	ms			Provider Number:	0 325422-00
6135 Rattlesnake Hamm	ock Road			Date:	1/3/2013
Naples FL 34113				Fiscal Year End:	9/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 216.63	New Rate 219.14	Effective Date 1/1/2013
Trumbing Home	Single 20 (c)		210.00		1/1/2010
	Level H: AIDS		365.84	369.95	1/1/2013
,	Level U: Fragile Under 21		485.59	490.99	1/1/2013
Basis: Budget X Unaudited cos Field audited Field audit - is Desk audited of Desk audit - Is	costs nterim portion costs	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted of Total Prospective with e Rating Change d Customary Limitatio ate limitation change hange mester Change	Interim Component
Contract Managem	ent / Fiscal Agent			Thomas Parker	
Permanent File For informati No Change i	ion Only	Med		t Reimbursement Plan	
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



ManorCare Nursing and Rehabilitation Center		Provider Numbe	er: 0 325449-00
3601 Lakewood Blvd		Dat	e: 1/3/2013
Naples FL 34112		Fiscal Year End	1: 5/31/2012
		Audit Statu	us: Unaudited [3]
Provider Type:	Curr Ra		Effective Date
Nursing Home Single Level	204	.72 196.99	1/1/2013
Level H: AIDS	353	.93 347.80	1/1/2013
Level U: Fragile Under 21	473	.68 468.84	1/1/2013
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 audit - Interim Portion Desk Audit - Prospective portion	Changes: Lie Us Ta FF	Total Prospective Prospective Adjust Total Prospective Adjust Total Prospective verse censure Rating Change ual and Customary Limit rget Rate limitation change te Semester Change	with 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 Str Toledo OH 43604		Thomas Parke	Planning and Finance



ManorCare Health Services ((Plantation)			Provider Number:	0 325457-00	
6931 W Sunrise Blvd				Date:	1/3/2013	
Plantation FL 33313				Fiscal Year End:	5/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Sin	gle Level	_	Current Rate 203.93	New Rate 202.00	Effective Date 1/1/2013	
	Sie Zever		200.00	202.00	1/1/2010	
Leve	el H: AIDS		353.14	352.81	1/1/2013	
Leve	el U: Fragile Under 21	_	472.89	473.85	1/1/2013	
Settlem	Component ent based on costs rovider Prospective data s am 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 - Pros						_
Distribution: Contract Management A Permanent File For information O No Change in Ra	Only	Me		Thomas Parker t Reimbursement Plan		
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

ManorCare Health Services-Sarasota		Provider Number:	0 325465-00
5511 Swift Road		Date:	1/3/2013
Sarasota FL 34231		Fiscal Year End:	5/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	201.93	<u> 198.07</u> _	1/1/2013
Level H: AIDS	351.14	348.88	1/1/2013
Level U: Fragile Under 21	470.89	469.92	1/1/2013
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 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: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604		Thomas Parker at Reimbursement Plan	



ManorCare Health Services				Provider Number:	0 325473-00
1450 E. Venice				Date:	1/3/2013
Venice FL 34292				Fiscal Year End:	5/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
• •		(Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		213.10	219.05	1/1/2013
	Level H: AIDS	·	362.31	369.86	1/1/2013
	Level U: Fragile Under 21		482.06	490.90	1/1/2013
Rate Type :					
Interim		<u>X</u>	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 trovidor trospective data	GI	1		
Basis:		Changes:			
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					
	t - Interim Portion t - Prospective portion	X		nester Change [2] as of 06/05/1997	
Distribution:	= =			Thomas Parker	
Contract Manag	gement / Fiscal Agent	Med	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		IVICO	iicaid Cos	t Kennoursement i ian	ining and I manee
For inform	mation Only		7	120	2
No Chan	ge in Rate		~		
Home Office:	HCR Manor Care				
	Julie Yoxtheimer				
	333 North Summit Street				
	Toledo OH 43604				



Manor Care of W. Palm Bea	ch FL, LLC			Provider Number:	0 325481-00	
2300 Village Blvd				Date:	1/3/2013	
West Palm Beach FL 33409				Fiscal Year End:	9/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Sin	gle Level	_	Current Rate 204.46	New Rate 206.86	Effective Date 1/1/2013	
	gie Eever	_	204.40		1/1/2013	
Leve	el H: AIDS	_	353.67	357.67	1/1/2013	
Leve	el U: Fragile Under 21	_	473.42	478.71	1/1/2013	
Basis: Budget X Unaudited costs Field audited costs Field audit - interi Desk audit - Interi Desk Audit - Pros	Component ent based on costs rovider Prospective data s am 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	Interim Component	
Distribution: Contract Management / Permanent File For information (No Change in Ra	Only	Mo		Thomas Parker t Reimbursement Plan		-
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604					



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Kensington Manor-Sa	arasota FL, LLC			Provider Number:	0 325490-00
3250 12th Street				Date:	1/3/2013
Sarasota FL 34237				Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				Tradit Status.	
. 1			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	_	211.15	213.56	1/1/2013
	Level H: AIDS	_	360.36	364.37	1/1/2013
	Level U: Fragile Under 21	_	480.11	485.41	1/1/2013
Rate Type :		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:			
Budget			Licensur	e Rating Change	
X Unaudited	costs		Usual an	d Customary Limitatio	on
Field audit	red costs		_	ate limitation change	
	t - interim portion		FRVS C	hange	
Desk audit	ed costs - Interim Portion	<u> X</u>	Pata San	nester Change	
	t - Prospective portion	A		[2] as of 10/01/1985	
Distribution:				Thomas Parker	
Contract Manag	gement / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					_
	mation Only		7	L-DC	?
No Chang	ge in Rate				
Home Office:	HCR Manor Care				
	Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

ManorCare Health Service	es (Delray Beach)			Provider Number:	0 325520-00
16200 Jog Road				Date:	1/3/2013
Delray Beach FL 33446				Fiscal Year End:	4/30/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	ingle Level		196.61	193.05	1/1/2013
Le	evel H: AIDS	<u></u>	345.82	343.86	1/1/2013
Le	evel U: Fragile Under 21		465.57	464.90	1/1/2013
Basis: Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk Audit - Inte Desk Audit - Pre	erim portion sts	Changes:	Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution: Contract Management	nt / Fiscal Agent			Thomas Parker	
Permanent File	it / 1 isour 1 igoni	Med	licaid Cos	t Reimbursement Plan	ning and Finance
For information No Change in	•		Z	L DE	
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

ManorCare Health Serv			Provider Num	nber: 0 325678-	.00
3030 W. Bearass Avenu	ie		Γ	Date: 1/3/2013	3
Tampa FL 33618			Fiscal Year E	End: 5/31/201	.2
			Audit Sta	atus: Unaudited	[3]
Provider Type:		Curr Rat	e Rate	Effective Date	
Nursing Home	Single Level		<u>09</u> <u>214.52</u>	1/1/2013	
	Level H: AIDS	360	30 365.33	1/1/2013	
	Level U: Fragile Under 21	480	05 486.37	1/1/2013	
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	costs interim portion	Changes: Lice Us Tare FR		usted for New Costs we with Interim Compon mitation ange	ent
Permanent File For informa No Change	in Rate	Medicai	Thomas Par	at Planning and Finance	
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Manor Care of Dunedin FL, LLC				Provider Number:	0 325686-00	
870 Patricia Ave			Date:	1/3/2013		
Dunedin FL 34698				Fiscal Year End:	9/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:				radit Status.	emadated [e]	
			Current	New	Effective	
		_	Rate	Rate	Date	
Nursing Home	Single Level	_	183.82	185.96	1/1/2013	
	Level H: AIDS	_	333.03	336.77	1/1/2013	
	Level U: Fragile Under 21	_	452.78	457.81	1/1/2013	
Rate Type :						
Interim		X	Prospectiv	re		
	tal Interim	X Total Prospective				
	erim Component	Prospective Adjusted for New Costs				
Settlement based on costs				Total Prospective with	Interim Component	
Pri	or Provider Prospective data					
Basis:		Changes	:			
Budget			Licensur	e Rating Change		
X Unaudited costs		Usual and Customary Limitation				
Field audited costs		Target Rate limitation change				
Field audit - interim portion		FRVS Change				
Desk audited				G!		
Desk audit - Interim Portion Desk Audit - Prospective portion		Rate Semester Change On FRV [2] as of 05/01/1996				
<u>Distribution:</u>				Thomas Parker		
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance				
Permanent File		171	culculu Cos	t Kennoursement i ian	ming and I manee	
For information Only			-7	L-20	>	
No Change	in Rate		2_			
Home Office:	HCR Manor Care					
	Julie Yoxtheimer 333 North Summit Street Toledo OH 43604					



ManorCare Health Services-Palm Harbor				Provider Number:	0 325694-00	
2851 Tampa Road				Date:	1/3/2013	
Palm Harbor FL 34684				Fiscal Year End:	5/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:		_	urrent Rate	New Rate	Effective Date	
Nursing Home S	Single Level	1	96.60	194.62	1/1/2013	
L	evel H: AIDS	3	45.81	345.43	1/1/2013	
L	evel U: Fragile Under 21	4	65.56	466.47	1/1/2013	
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 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		Medi	Thomas Parker Medicaid Cost Reimbursement Planning and Finance			
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604					



Heartland of Zephyrills		Provider Number:	0 325708-00	
38220 Henry Drive		Date:	1/3/2013	
Zephyrhills FL 33540		Fiscal Year End:	9/30/2012	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 189.07	New Rate 192.72	Effective Date 1/1/2013	
Single Level	107.07		1/1/2013	
Level H: AIDS	338.28	343.53	1/1/2013	
Level U: Fragile Under 21	458.03	464.57	1/1/2013	
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 ar Target R FRVS C X Rate Ser	Total Prospective Prospective Adjusted at Total Prospective with Total Prospective with The Rating Change and Customary Limitation change that I change Thange Thange The Rating Change Thange Thank Than	n Interim Component	
Contract Management / Fiscal Agent	Thomas Parker			
Permanent File For information Only No Change in Rate Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604		st Reimbursement Plan		



Moosehaven, Inc.		_		Provider Number:	0 326011-00	
1701 Park Avenue	_		Date:	1/3/2013		
Orange Park FL 32073		-		Fiscal Year End:	4/30/2012	
				Audit Status:	Unaudited [3]	
Provider Type:	Charle I amal	_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	206.58		1/1/2013	
	Level H: AIDS	_	355.79	360.69	1/1/2013	
	Level U: Fragile Under 21	_	475.54	481.73	1/1/2013	
Basis: Budget X Unaudited Field audi Desk audi Desk Aud Distribution Contract Mana	Changes X	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				
Permanent File For information Only			w	11-01	2	
	nge in Rate		2	L-DE		
Home Office:	1 - No Home Office					